



Executive Office of Health and Human Services  
State of Rhode Island  
3 West Road, Cranston, RI, 02920

## **Rhode Island Preschool Development Grant Birth-Five Renewal -- Grant Narrative**

### **Note on Grant Narrative – January 2020:**

The following document includes the full Preschool Development Grant B-5 Renewal grant narrative as submitted by the State of Rhode Island to the Administration for Children and Families (ACF) on November 5, 2019.

On December 30, 2019, the Executive Office of Health and Human Services as part of a cross-agency effort was awarded \$26.82 million over three years to implement the State's PDG B-5 objectives to strengthen Rhode Island's B-5 system. Rhode Island received a partial award from the ACF, similar to all awarded states. The following grant narrative does not reflect adjustments made in response to ACF's requested submission of a modified budget.

**Project Title:** Rhode Island PDG B-5 Renewal

**Address:** 3 West RD, Cranston, RI, 02920

**Website Address:** [kids.ri.gov](http://kids.ri.gov)

**Project Abstract:** Rhode Island (RI) proposes to use the PDG B-5 Renewal grant to propel our B-5 system into the next phase of development, building off the extensive work conducted through the initial PDG B-5 grant and over a decade of focused state and community-wide collaboration supported by federal awards and state funding. RI's commitment to B-5 system development is evidenced by the decision to embed B-5 governance within the Governor's Children's Cabinet. The Children's Cabinet is a statutorily established body that brings together ten children- and family-serving state agencies to achieve a holistic vision for youth. By leveraging interagency collaboration in partnership with the community, RI has achieved impressive outcomes. Today, 98% of children are enrolled in health insurance, 64% of eligible families are enrolled in evidence-based home visiting programs, and approximately 27% of children (including 44% of low-income children) are enrolled in Head Start or State Pre-Kindergarten before entering Kindergarten. Even as RI has made progress, many children continue to face gaps in supports and services. For example, only 16.7% of child care providers who accept Child Care Assistance Program vouchers for low-income children are rated high-quality. We seek to serve the children in RI who are at the highest risk of being unprepared to enter Kindergarten. This target population includes: children of low-income families, children with developmental delays, children who have behavioral or mental health challenges, children facing trauma – particularly victims of child abuse or neglect, children in non-English speaking families, and children who have experienced homelessness.

RI greatly appreciates the initial PDG B-5 planning grant and is now positioned to further improve the State's B-5 system. We propose to use the PDG B-5 Renewal opportunity to direct and coordinate resources to better serve our target population groups by pursuing the following activities: (1) Address the findings from our comprehensive needs assessment to improve family access, better serve vulnerable populations, improve facilities, implement a clear workforce development strategy, and address funding needs across the system; (2) Implement our strategic plan which makes recommendations about governance, data infrastructure, workforce, family engagement, funding streams, expansion of quality programs (including universal Pre-K), and transitions across the system; (3) Maximize target parent choice, knowledge, and engagement by supporting a media campaign, introducing family navigators, enhancing referral services, expanding parent programming, and engaging parents in system governance; (4) Support providers by sharing best practices, coordinating technical assistance and professional development supports across state agencies, piloting an apprenticeship model for the infant/toddler workforce, and training providers ; (5) Improve overall quality by scaling evidence-based programs that have demonstrated success and supporting transitions; (6) Implement a governance structure to improve B-5 system and data coordination and (7) Conduct a performance evaluation to ensure that our work is leading toward improved child-level outcomes.

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**Approach:** RI's proposed PDG B-5 Renewal project will address needs assessment findings, implement the strategic plan, maximize parent choice and knowledge, support providers in sharing and implementing best practices, expand high-quality B-5 programs, utilize a newly formed governance structure embedded in the Children's Cabinet to support the B-5 system, and conduct a performance evaluation. RI's project focuses on achieving outcomes for all children B-5, with special attention to supporting vulnerable populations – including families with infants and toddlers -- in equitably accessing services that are responsive to their needs. While interagency collaboration and coordination can pose obstacles, RI will address these by enhancing existing collaborative structures that have been proven effective. We are confident in our ability to accomplish the proposed activities because of the extensive groundwork laid by the initial B-5 PDG planning grant, RI's history of successful system-wide collaboration to improve outcomes and our Governor and agency leadership's commitment to investing and supporting the B-5 system. RI Executive Office of Health and Human Services (EOHHS) – the secretariat coordinating all HHS agencies as well as RI's Medicaid agency and chair of the Children's Cabinet – will be the lead entity and will work in partnership with the Governor's interagency Children's Cabinet. The Children's Cabinet oversees an interagency B-8 Core Team and the newly formed B-5 Steering Committee that will serve as the PDG Project Team. These structures and teams will support RI in accomplishing the goals of this grant. RI will augment state capacity with expertise and capacity from consultants as described in Activities 1-6 and the Performance Evaluation. **Expected Outcomes:** Over the next 3 years, RI will use results from our PDG B-5 planning period to improve system-, family-, provider-, and child-level outcomes for our most vulnerable populations. We will continue to align our B-5 systems to improve coordination and transitional supports, to expand our workforce, and to better optimize resources

across agencies. We will engage families in B-5 governance, increase family knowledge through direct supports, and increase access to evidence-based services and programs. For providers, we will increase coordination, efficiency, and quality to better serve target populations. At the child-level, we will increase access to high-quality Early Care and Education (ECE) programs. We will measure and evaluate our performance across all outcomes to determine effectiveness and support continuous improvement. **Vision:** All RI children B-5 and their families have equitable access to the high-quality services and supports they need for children to enter Kindergarten educationally and developmentally ready to succeed. *This vision is founded on three integrated child-level outcome goals: 1) Families and children B-5 are empowered to lead healthy and engaged lives through timely, targeted services that include thoughtful transitions, 2) Children B-5 equitably access high-quality early childhood care and education, and 3) 4-year-olds participate in high-quality Pre-K.*

**Activity 1 - PDG B-5 Statewide Needs Assessment:** RI has taken a 3-phased approach to completing the statewide B-5 comprehensive needs assessment (NA): (1) Conduct new NAs (Completed, *July-Oct '19*); (2) Leverage data from existing systems, studies, and NAs (*Sept-Nov '19*); and (3) Synthesize inputs into a single, comprehensive NA (*Nov '19-Jan '20*). During Phase 1 of the NA process, NA teams delivered new information on workforce, family, facilities and data systems, with preliminary findings from a cost and funding streams analysis received in October. RI is currently in the process of completing Phases 2 and 3 of the assessment. **Building off the Initial grant, RI proposes to conduct a population level survey (Activity 1.1) and conduct additional research on children involved in child welfare and/or with special needs (Activity 1.2).** *Needs Assessment Process:* The RI Department of Human Services (DHS), Department of Education (RIDE), Department of Health (RIDOH), Department of Children

Youth and Families (DCYF), EOHHS, and the Governor’s Office, in partnership with the State Advisory Council, known as the Early Learning Council (ELC), helped the develop research questions and data collection instruments utilized in RI’s NA. Our consultants collaborated with stakeholders across the RI B-5 system to collect data. The process included; *Interviews:* Administrators and faculty from all of RI’s 3 public post-secondary institutions’ early childhood programs; Five major providers of ECE professional development. *Focus groups:* 10 family focus groups in 3 communities conducted in 2 languages; 3 family home childcare providers focus groups; and 1 local real estate developer’s focus group targeted on barriers to developing new ECE space. *Surveys:* More than 700 parents and guardians of children 0-5; 2,221 members of the state’s B-5 workforce including child care, IDEA Part C - Early Intervention (EI), and Family Home Visiting (FHV). In order to complete the NA requirements, 5 state agencies have coordinated the analyses of extant data. Thirty local agencies and providers across the B-5 mixed delivery system assisted in data collection by disseminating surveys and focus group invitations. RI shared initial findings for review and feedback across the five state agencies overseeing the B-5 system and through formal presentation to the ELC and Children’s Cabinet. *Table 1: Definition of Key Terms:*

<b><i>Key Term</i></b>	<b><i>Definition</i></b>	<b><i>RI Data</i></b>
<b><i>Quality ECE</i></b>	3 Stars or above on RI’s BrightStars Quality Rating and Improvement System (QRIS)	175 programs
<b><i>High Quality ECE</i></b>	4 or 5 stars on Bright Stars QRIS	111 programs
<b><i>Availability</i></b>	Through the ongoing strategic planning ( <i>see Activity 2</i> ), RI is developing a state definition of availability for each sector of the B-5 space.	

<b><i>Vulnerable or Underserved</i></b>	Children at-risk of not being educationally or developmentally ready for Kindergarten.	
<b><i>Children in Rural Areas</i></b>	RI has no “rural areas” as identified within the 2013 Rural-Urban Continuum code listing.	N/A

**Vulnerable and Underserved Children and Families:** As demonstrated in RI’s first system level goal, RI is dedicated to empowering vulnerable populations to lead healthy, engaged lives through access to timely, targeted services. RI’s Renewal Proposal is structured to center the needs of vulnerable populations through eliciting families’ needs, developing a responsive governance structure, and piloting and expanding programs that best serve vulnerable families. For PDG B-5, RI’s definition of children who are vulnerable and underserved draws on the target population groups identified in the ELC strategic plan, which have been carried over into the PDG B-5 strategic plan currently in development, and include:

*Table 2: Target Population definitions:*

<b>Key Term</b>	<b>Definition</b>	<b>RI Data</b>
<b>Children in low-income families</b>	< 200% FPL	43% (27,788) of RI children > age 6
<b>Infants &amp; toddlers</b>	Age 0-3	Approx. 30,000 children
<b>Children with developmental delays and disabilities</b>	Enrolled in early childhood special education (EI and IDEA Part B, Section 619)	Approx. 5,000 children B-5
<b>Children who have behavioral or mental health (MH) challenges:</b>	Visited the emergency room with a primary diagnosis of a mental disorder	Approx. 100 children B-5
<b>Children facing trauma</b>	Victims of maltreatment	Approx. 1,500 children B-5
<b>Children in non-English speaking families</b>	Born to a mother who does not speak English	Approx. 5,800 children B-5

<b>Children who have experienced homelessness</b>	Children who stayed at an emergency homeless shelter, domestic violence shelters or transitional housing facility	539 families with 998 children; 51% were under age 5
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While there is some overlap in the numbers above, at a minimum RI currently has 30,000 vulnerable and/or underserved children who would potentially benefit from the work being proposed in this application. ***Quality and availability of ECE:*** RI’s data systems, including the state’s consumer website, Exceed.ri.gov, provide the availability of childcare slots by age and municipality for total number of slots and number of quality slots. RI’s recently conducted family NA confirmed that “access to affordable childcare” and “childcare close to home” were the most commonly identified needs among respondents. More than 66% of families in vulnerable populations indicated that they experienced barriers to accessing services, with the most common barriers being perceived ineligibility for services and transportation issues. ***Unduplicated number of children:*** RI is successfully piloting efforts to identify the unduplicated number of children served in existing programs and the unduplicated number of children awaiting services through ongoing cohort studies. The initial phase of this work utilizes data currently available through the EOHHS Data Ecosystem, which integrates child level data from Medicaid, DHS, DCYF, RIDOH, and Behavioral Health, with the second phase to integrate data from RIDE. To support this work, RI has prioritized developing an updated data governance framework through its strategic planning activities (*see Activity 6*). RI’s PDG B-5 NAs provided actionable information and demonstrated the need for further updates to the NAs to address gaps including: ***Gaps in data about quality and availability of programming: Activity 1.1 : Conduct a full resident survey (Year 1: Jan - Dec)*** - RI’s recently completed family NA focused on assessing vulnerable populations; over 75% of the study’s participants were families with



vulnerable children, including many working families and families seeking employment or job training. Building on this, the state will conduct a population survey of ECE access in RI, replicating RI's current successful methodology for assessing statewide access to health insurance. RI will conduct a full resident survey to broaden the scope of our findings and assess the availability and program participation among a robust and representative state sample of families. ***Gaps in data to support program coordination and collaboration: Activity 1.2: Conduct additional research on children involved in child welfare and/or who have special needs (Year 1: Jan - Dec)***: Key findings to date from the family NA indicate that families who care for foster children and/or who have special needs are less likely to report experiencing benefits from their participation in B-5 programming and more likely to experience barriers to accessing programs. Feedback from childcare providers indicate they may feel disincentivized from serving these populations due to inadequate subsidy rates and lack of additional supports, such as extra staffing and behavioral health supports. RI will conduct additional research to understand the barriers experienced by these families and help develop ways to improve outcomes for children involved in child welfare and/or with special needs.

***Current measurable indicators of progress:*** RI is currently developing key progress indicators that align with the state's vision and desired outcomes as defined in the B-5 Strategic Plan. Many of these indicators are detailed in the *Program Performance Evaluation section*. ***Concerns or issues related to ECE facilities:*** RI's facilities NA found that developing new classrooms and facilities takes time and funding beyond the current resources of most childcare providers. A lack of suitable sites and buildings in RI's already densely built urban areas creates additional growth complications and RI's existing early learning infrastructure needs significant attention. This is especially true for infant/toddler providers. Additionally, most providers lack resources to

address maintenance issues, make quality improvements or capitalize on unused spaces for expansion. As a result of these NA findings, RI is proposing a subgrant activity to help support providers in improving and expanding facilities (*see Activity 5*). ***Barriers to funding and identifying more efficient use of resources:*** RI is conducting a funding stream and cost analysis for the B-5 system. The final report is expected by December 15, 2019. The report will provide cost model analyses and projections, recommendations for leveraging existing federal, state and local funding streams, and the identification of new potential revenue streams. The assessment's design and implementation were overseen by RIDE, DHS and the Office of Management and Budget (OMB). In addition to the funding stream analysis, RI is utilizing the strategic planning process to develop a governance framework that supports the efficient use of resources and streamlining of services to provide comprehensive B-5 services for families through the integration of Head Start, Child Care Assistance Program (CCAP) and state-provided early childhood services. ***Transition supports and gaps:*** RI is currently identifying transition supports and gaps that impact children's transitions between ECE programs and supports and school entry. The Family NA found that only 56% of families with children ages 3-5 had heard about the RI Pre-K lottery, indicating that more communication is needed to support families in learning about how to access and transition their child from I/T care to Pre-K (*see Activity 3*). Furthermore, less than half of RI preschool teachers report communicating with families about the transition to Kindergarten (K) consistently and about 20% report never communicating with families about K. This indicates a need for additional school entry support within the state. Building on this finding, RI is conducting a statewide "Transition to K" survey of all public-school K teachers to better understand the current status of Pre-K to K transition planning activities. In addition, RI proposes *Bonus Activity 3. Timeline of Work Left to be Completed -*

**2019:** 1) (*Oct*) All new NA reports completed. 2) (*Nov*) PDG Data Coordinator will complete synthesis of the state’s multiple NA inputs into one comprehensive NA submission. 3) (*Dec*) Three family focus groups will be facilitated by a local parent advocacy group to provide feedback to the NA findings and input into the goals and activities of the strategic plan.

***Periodically update the NA and address data gaps*** - Establishing regular routines for addressing data gaps will be a core goal of the State’s coordinated B-5 governance process. RI will leverage the state’s regular data publications including the annually released RI Kids Count Factbook and regularly conducted state and federal NAs, including those undertaken for FHV, Title V- Maternal and Child Health, and EI, to update the comprehensive NA on an ongoing basis. RI will also utilize the EOHHS Data Ecosystem, which integrates person-level information from all HHS agencies, including all Medicaid claims, to understand population-level access and utilization of HHS services. The PDG Grant Manager, in coordination with the PDG Project Team, will be responsible for compiling all NA information into a comprehensive NA. After completing the initial synthesis of NA inputs under the current grant, RI will utilize the governance framework currently in development described in *Activity 6* to review findings, assess progress along the indicators identified through the strategic planning process, and identify gaps in research and data for further investigation utilizing the following timeline and milestones: 1) (*Jan-Feb*) Engage consultants for Population Survey (*1.1*) and Foster/Special Needs Child Study (*1.2*); 2) (*March*) Approve study designs after vetting and seeking feedback from a broad range of stakeholders including the ELC; 3) (*March-May*) Data collection; 4) (*June-Aug*) Data analysis, including focus groups with parents to engage families in assessing what has been learned and helping determine goals and activities (*see Activity 3.5*); 5) (*Sept*) NA updated; 6) (*Oct*) Identify additional gaps in research or data for subsequent NA updates, update

strategic plan based on findings of supplementary research and ongoing incorporation of state NAs; 7) (*Nov-Dec*) Prioritize gaps in research or data to be addressed and identify available resources for their investigation.

**Activity 2: PDG B-5 Strategic Plan:** Under PDG B-5, RI convened an interagency Design Team – comprised of the leaders who oversee CCDF, FHV, Medicaid, EI, IDEA Part B - Section 619 (ECSE), Pre-K, TANF, and child welfare, as well as the Governor’s Office and Children’s Cabinet – to develop a comprehensive B-5 Strategic Plan that encompasses education, development, behavioral health, and health. As of Nov 2019, RI has developed a draft B-5 strategic plan and is seeking feedback from a range of stakeholders with the goal of finalizing the plan by January 2020. Key emerging themes demonstrate the need for coordinated workforce development, deeper parent engagement, further development of our data systems and data governance and stronger transition supports between all EC programs. **RI proposes the addition of an Early Childhood (EC) Coordinator and an EC Data Governance lead (*see PPE*) to ensure forward momentum on the strategies and actions outlined in the strategic plan.**

***Strategic Plan Process & Progress:*** After procuring a strategic planning vendor, RI’s process for developing the strategic plan included: 1) (*June-July*) Reviewed & collated the goals, strategies, and key metrics from 6 existing strategic plans across agencies & stakeholder groups. This allowed RI to build on previous efforts rather than duplicate work. 2) (*June-Sept*) Engaged with over 50 ECE programs, 700 families, and 2,200 members of the B-5 workforce through the PDG B-5 NAs to surface the current needs in the B-5 system and; 3) (*Jul-Sept*) Facilitated 5 in-person design sessions that included 13 state agency officials representing all key B-5 programs. To finalize the plan, RI will implement the following timeline: 4) (*Oct-Dec*) solicit feedback through several venues, including three facilitated family feedback sessions held in the community

outside of working hours, online survey forms distributed to ELC members and B-5 programs, and discussions at the ELC and Children’s Cabinet. 5) (*Nov-Dec*) RI will update the Plan to incorporate and respond to feedback as it is received and ensure alignment with the B-5 Governance structure, 6) (*Jan’20*) RI will release the updated plan and submit for Federal consideration 7) (*Feb*) Pending Federal approval, RI will disseminate the plan via the Children’s Cabinet, ELC, new B-5 website platform, and through program and family partners. 8) (*Feb*) RI will begin implementation, utilizing the updated governance structure identified in the plan.

***Periodic Updates to Strategic Plan:*** RI is committed to centering family needs and implementing a responsive, data-driven system. RI will review and update the actions and goals articulated in the strategic plan on an ongoing basis utilizing the enhanced governance structure (*see Activity 6 and findings from Activities 1, 3.1, and 3.5*). The B-5 Governance structure will ensure the regular review of the impact of strategies and actions. Any significant strategy change proposals will be elevated to leadership via the updated governance process for review. If applicable, revisions to the plan will be agreed upon by B-5 leadership and adjusted in the plan. Anticipated opportunities for further reflection will occur in April, when the RI Kids Count Fact Book is released, to determine whether the plan remains responsive to statewide needs; when the data systems are further developed and able to provide relevant reports on each of the key areas (*Activity 6*); and when NAs (*Activity 1*) are completed. The team will share findings of NAs with key stakeholders – including families, programs, and advocates - for insight on root causes and potential strategies to address needs (*including Activity 3.5*). Updates to the plan and rationale for changes will be shared at subsequent public meetings of the Children’s Cabinet meeting and ELC and posted to the Children’s Cabinet website. The B-5 project teams will continue to monitor the impact of changes through the governance process. ***Strategic Plan Scope &***

**Content:** The finalized plan will fully meet each of the PDG B-5 renewal grant criteria requirements through the framework of RI's goals, strategies and actions and stakeholder map. As of November 2019, the plan includes the following: **Full range of stakeholders:** RI consulted 6 major categories of stakeholders in developing the plan; state agencies, advocacy groups, programs/providers, LEAs, workforce, and families. **Clearly outlined goals & action steps:** The draft plan includes proposed goals with associated strategies and action steps to establish a comprehensive, aligned, and family-centered B-5 system. These goals and action steps involve the collaboration and coordination of multiple state agencies in partnership with programs and families, and are inclusive of the following domains: 1: Governance, Structure, and Sustainability, 2: Workforce and Professional Development, 3: Family Engagement and Community-Centered Systems, 4: High-Quality Programs, 5: Coordination and Transitions Between Programs and into K. **Partnerships, collaborations, coordination, and quality improvement to leverage policy alignments, program quality, and service delivery:** The plan proposes several opportunities, including: **Partnerships:** In partnership with RI's higher education institutions, DHS, RIDE, RIDOH and the Department of Labor and Training (DLT) are collaborating on implementing a coordinated professional development center to create clear, accessible career pathways for the B-5 workforce. Also, RI is partnering with advocates such as RI Kids Count on their public awareness campaigns to ensure that messaging is consistent and complementary and that families have clear, correct information about the B-5 system. **Collaboration:** Led by RI Kids Count, RI has brought together a multi-sector collaboration involving Medicaid, DHS, pediatricians, doulas, and the ELC to spearhead the First 1000 Days initiative, with a focus on reviewing and improving the health benefits provided to children enrolled in Medicaid. Also, RI is collaborating with families through a series of family feedback

sessions and a new RIDOH Family Council to improve service quality through direct consumer feedback. *Coordination:* RI's Community Health Teams and FHV teams are coordinating to ensure maximization of time and resources by clarifying program roles and responsibilities to ensure families get the care they need, when they need it, from the program that is best suited for their needs. *Quality Improvement:* RI moved child care licensing from the child welfare agency (DCYF) to DHS, which administers CCDF and oversees RI's QRIS. This significant structural change will streamline the process for providers to receive licenses and engage in the QRIS simultaneously. This will increase the number of programs engaged with the QRIS and increase access for low-income children to high-quality care. ***Improving transitions across programs:*** To support family transitions across the B-5 system, RI's many family visiting programs (FHV, EI, EHS) provide transition supports by referring families to trusted resources, such as child care providers, pediatricians, community health centers, and walking families through how to engage with the services. RI seeks to expand on this type of facilitated navigation that supports transitions across the B-5 system by implementing a more formal family navigator program (*see Activity 3.1*). RI also has local teams that support families as they transition between programs for prenatal to age 3, such as FHV and EI, and programs for 4- to 5-year-olds, such as IDEA Part B, Section 619 (ESCE). For transitions from Pre-K to elementary, RI is providing professional development to K teachers on Teaching Strategies Gold (TSG), the assessment used in Pre-K classes, and developing an annual "Transitions to K" summit where ECE stakeholders can share best practices related to transitions. This model will serve as the groundwork for a plan to require districts to develop transition plans for students and to provide all elementary schools with transition files for all entering students with data from the B-5 data system. ***Build & support improved coordination and collaboration among ECE programs:*** the strategic plan specifically

addresses coordination & collaboration among programs. Initial strategies proposed include: inserting language into state-procured programs that requires collaboration across the B-5 system; use of active contract management to support collaboration and coordination; including collaboration as part of quality rating systems; developing statewide guidance on opportunities for collaboration; and building on successful efforts, such as the work of the ACF-led Whole Family Approach to Jobs initiative. In addition, the updated governance structure will enhance opportunities to align, coordinate, and optimize efforts. ***Incorporated and aligned health & mental health:*** RI has strong interagency and inter-program collaboration through the Children's Cabinet, as established by RI state statute. Under PDG B-5, the state Design Team included leadership from Medicaid, Public Health, WIC, FHV, EI, CCDF, TANF, and Child Welfare. As a result, all goals, strategies, and activities were designed to incorporate early childhood education, development, behavioral health, and health. For example, one of our system level goals is to ensure timely, targeted services for RI families, with a focus on wraparound supports, health, and behavioral health. The PDG work was also woven into ongoing work streams in the Health space; for example, a grant application for the First 1000 Days Initiative cited the PDG B-5 strategic planning process as a backbone of the state's B-5 system coordination efforts. ***Framework for increasing overall participation:*** RI plans to implement a comprehensive approach to increase family participation. The approach includes: 1) Building awareness through a continued marketing campaign & implementation of a family navigator program embedded in the community to help families access services (*see Activity 3*). 2) Increasing ease of access: mitigate the barriers identified through the family NA and family feedback sessions with families. 3) Increasing access: expand proven, high-quality programs and ensure further geographic reach through focused investments in facilities. 4) Improving quality of services:



Invest in workforce development, enhance supports for programs, and ensure the success of the child care licensing move to DHS. ***Assess current statutory requirements & identify barriers:*** The plan included a scan of current barriers and found key areas needing to be addressed. For example, RI found that ambiguity in local and state regulatory language for facilities resulted in some programs reporting difficulty in understanding how to expand or diversify their offerings. In addition, RI's ongoing funding streams analysis identified barriers at the state and federal level in transitioning our Pre-K funding system from a per classroom model to a per pupil model. The strategies being developed in our strategic plan will work to mitigate these barriers. ***Use of indicator data:*** To ensure continuous quality improvement and that our plan is data-driven, every goal, strategy, and activity will have associated indicators that are reviewed regularly. B-5 leadership and project teams will analyze and discuss implementation and performance against progress indicators on an ongoing, frequent basis through the enhanced governance framework. If progress indicators are positive but the outcome indicator is static or moving in the wrong direction, the team will re-assess whether the activities and strategies provide the right path forward to achieving the desired outcomes. The team will review all NA findings, which will serve as leading indicators, on a frequent basis for insight on possible alternative strategies to better address barriers or challenges. To ensure that data is available, accurate, and timely, RI's plan focuses on establishing clearer EC Data Governance that will be led by an EC Data Governance lead. ***Involvement of State Advisory Council:*** The ELC has a formal place in the proposed governance structure as a key advisory body (*see Activity 6*). The ELC will continue to be a meaningful venue for feedback on strategic decisions, programmatic changes, and indicator/needs assessment review. ***PDG B-5 Progress & Milestones: Activity 1: Milestones:*** Q1-2: Procured skilled vendors to support comprehensive NA for facilities, family needs,

workforce, and funding streams. Q2-3: Conducted NAs that engaged over 700 families (almost twice the goal number of families), 50 B-5 programs, and over 2,200 members of the B-5 workforce, as well as reviewed over 10 funding streams. *Challenges:* To be successful, the NAs needed many of the same community partners and programs to participate. This had the potential to be a burden on our partners and families. *Strategy:* RI coordinated across all NAs to communicate comprehensively about the project and ensure programs & families understood how the different pieces were related to each other. As a result, RI had impressive response rates to all NAs (for example, over 89% of the EI workforce participated). *Activity 2: Milestones:* Q1-2: Procured skilled vendor to lead the strategic planning process. Q2-3: Held 5 design team meetings; reviewed & distilled six existing strategic plans; and held multiple community input sessions, yielding a draft comprehensive strategic plan. *Challenges:* Given the broad scope of the B-5 plan, different components required specialized expertise that the initial consultant could not provide. *Strategy:* RI engaged additional experts to support the process, such as a B-5 Governance consultant to recommend and implement enhancements to the existing governance structure. *Activity 3: Milestones:* Q1-2: Procured vendors. Q2: Marketing: Through expert interviews and the initial family NA findings, RI developed a marketing strategy and collateral to maximize parent choice and knowledge about B-5 programs in RI. The soft launch was on October 28<sup>th</sup> and collateral is actively implemented in outreach sessions and on the kids.ri.gov website. Pilot Programs for Families: 8 community-based programs received grants to pilot or expand programs serving target families. Collectively these programs are reaching over 550 families to increase parent knowledge about programs and support families in being their child's first, best teacher. Family involvement in governance: RI will host three in-person family feedback sessions on the B-5 plan, facilitated by a parent engagement expert to support authentic

discussion and feedback. *Challenges:* Parallel work streams between the marketing vendor and family NA vendor created potential duplication of efforts to understand family needs, slowing progress towards milestones. *Strategy:* the PDG grant manager implemented all-vendor calls to ensure that relevant information was being shared in a timely manner. *Activity 4: Milestones:* Q1-2: Procured vendors. Q2-3: Implemented onsite coaching and modeling to 45 center-based early childhood centers to increase QRIS rating which resulted in 19 programs planning to apply for rating increases or for initial ratings; supported Family Child Care (FCC) providers in using existing training funding to support a staffed FCC network; began business systems analysis of the B-5 data systems; deployed 100-Day Action Plan to increase system alignment through the transfer of RI's child care licensing unit to DHS. Q4: RI will deliver training on reflective supervision for up to 60 providers & RI will complete a business systems analysis of the data systems and conduct back-end improvements based on the plan. *Challenges:* Securing data sharing and data access agreements was difficult for the business systems analysis vendor due to legal constraints. *Strategies:* By leveraging the governance structure, RI was able to bring together the appropriate legal and data analytics leads to resolve the issues and allow the work to move forward. *Activity 5:* RI has not yet begun Activity 5 but has initiated planning for a "Transitions to K" summit which will expand support beyond RI Pre-K to include child care and Head Start providers. ***Impact of the Strategic Plan & Initial Grant Activities:*** The initial B-5 strategic plan and other PDG B-5 activities have already had positive impacts on the coordination and quality of RI's B-5 system. *Needs Assessment Implications:* As a result of the family NA, RI is proposing to develop a system of family navigators embedded in the community through RI's Health Equity Zones (HEZ) and organize a new engagement approach that centralizes information on the Children's Cabinet website and focuses on communication

channels that align to how families want to receive information, such as through credible messengers (*see Activity 3*). As a result of the facilities NA, RI also proposes to provide start-up funding for ECE centers to assess viability of diversifying programming through facility changes & expansion to the communities that have no licensed I/T slots (*see Activity 5*). The workforce NA revealed the need for a universal application for CCAP and licensing, confirming the need to move child care licensing from DCYF to DHS to streamline the process for providers. A uniform pre-service training to establish baseline skills across Child Care, EI and FHV for the entire ECE workforce and implementation of credential pathways is proposed (*See Activity 4*). ***Progress on vision, logic model, and governance structure:*** As part of the strategic planning process, RI updated the vision statement based on the feedback of a broad state team and will gain additional feedback via a widely circulated survey to families, programs, and advocates. The logic model remained very similar (*see Logic Model*) but included new inputs from the NAs, a new focus on providing information in a family-centered approach and child-level outcomes. The B-5 governance structure has received significant time and focus – RI hired a consultant specifically to support the development of a strong governance structure at the state level, with an emphasis on ensuring that family voices are regularly incorporated in our work (via yearly statewide NA (*Activity 1*), and continuation of facilitated family sessions (*Activity 3*)). RI is in the process of implementing a B-5 governance structure to allow for agile, data-driven decisions that move the system towards our achievement of the child-level outcome goals (*see Activity 6*) and to provide clear leadership to successfully implement the activities proposed in this renewal grant. To support this governance, RI proposes to engage an EC Governance. ***Impact on spending alignment & efficiencies:*** RI engaged an expert consultant to support a comprehensive B-5 funding streams analysis with an emphasis on identifying opportunities to drive efficiencies

across CCAP, TANF, Title 1, Medicaid, local/municipal funding and philanthropic investments. In this initial grant year, RI has made significant progress. *Spending funding differently:* RI is exploring how to move from a per classroom model for Pre-K funding to a per pupil model, allowing the State to further braid State Pre-K funding with CCDF, Head Start, and other potential sources beyond the three classrooms currently doing so. *Aligning funding:* For the FY21 state budget request, all B-5 involved agencies coordinated their early childhood-related requests through the B-5 leadership team and governance structure. These requests were based on the emerging strategies from the B-5 strategic plan, such as expanded Pre-K funding, FHV, investments in the HEZs, and tiered rates of reimbursement for child care based on quality. *Increased efficiencies:* State agencies worked together to use existing frameworks to realize efficiencies in building and implementing programs. For example, to run the PDG Pilot Supports for Parents, instead of developing a new infrastructure, RI utilized the HEZ to engage partners and implement programs. This allowed the State to save on start-up costs and ensure more funding went to programming. *Additional funding streams under review:* RI will leverage funding streams to deliver a more unified and holistic system through shared governance and shared goals. For example, RI has secured an 1115 waiver amendment for Medicaid that allows for matching for FHV programs due to the vital role FHV plays in RI's early childhood strategy. The updated B-5 governance structure will include opportunities to review decisions related to funding and sustainability, including the school funding formula, potential proposals for future Medicaid waivers, requests for General Revenue, and proposed budgets in federal grants.

**Activity 3: Maximizing Parent and Family Knowledge, Choice, and Engagement in their**

**Child's Early Learning Development:** Ensuring that parents have the information, resources, and access to services that they need to support their children's healthy development and

education is a fundamental pillar of RI's early childhood system. While RI has a strong set of B-5 services, RI's target families experience disparities in accessing services based on geography, ability, culture, language, and income. This was reconfirmed in the PDG-funded Family NA (*see Activity 1*). Sixty-six percent of all vulnerable families reported experiencing barriers to services, with more than 80% of families with foster children or children with special needs reporting barriers. RI has implemented policies and systems enhancements to coordinate services to maximize accessibility, choice, and affordability; however further effort is needed to ensure that our system is equitable and that it addresses the needs of highly vulnerable young children and families. **RI is proposing the following activities to respond to issues identified in the NA and ensure families are informed, empowered, and engaged in their child's early learning and development: embed family navigators in communities to create strong partnerships to inform families and support them to access services (*Activity 3.1*); improve use of electronic information sharing and referral systems to reduce barriers to enrolling in services (*Activity 3.2*); implement services that promote strong parent-child relationships (*Activity 3.3*); support families to make the best choices for their families (*Activity 3.4*); and empower families to be leaders in the B-5 system (*Activity 3.5*).**

***Activity 3.1 Embed Family Navigators in Health Equity Zones (HEZs):*** Through the family NA, RI learned that families in programs with a navigator reported fewer barriers in accessing B-5 services for their children. In response to this finding, RI will enhance its existing community-based infrastructure of HEZs with Family Navigators (FNs) to support comprehensively informing and connecting all families, especially vulnerable families, to existing resources, services, and programs. The HEZs provide a unique framework for addressing this need because - through a collaborative, community-led process - each HEZ has developed essential, local

partnerships within communities and also with statewide systems to support families. Through PDG renewal, RI will embed FNs who will be accessible at the community level and will assist families in ensuring that they are aware of, understand, and can access needed early childhood and family services, in a culturally and linguistically appropriate way. These FNs will support all families in the community but focus outreach to families who have children with disabilities, and those facing cultural and linguistic barriers. To ensure that all the FNs have comprehensive information and can support a two-generation approach, they will participate in a learning collaborative (the structure for this is already in place) about safety net and other services, including housing, food, training/employment, income support, health, mental health, and child care as well as participate in the comprehensive B-5 pre-service training (*see Activity 4.1*). RI will develop a family assessment protocol so that FNs can elicit families' needs in a structured way. This will allow the state to collect data on unmet needs in real time and also ensure that all families are asked about their basic needs and other types of services (*Activity 1.1*). A key component of this program will be ensuring families are linked to appropriate services. FNs will be trained to help a family follow-up on any developmental or other concerns with their primary care provider, as well as the appropriate IDEA services. RI's family NA also found that family participation in SNAP and EI was lower than expected; as a result, FNs will focus on ensuring that families are linked to these programs. FNs will coordinate with existing information systems and trusted community-embedded program, including: United Way of RI, the RI Parent Information Network (RIPIN), the Rhode Island Parent Support Network (PSN) and BrightStars QRIS. Once the FNs have been in place for three months, RI will support and develop a CQI learning collaborative with local HEZs, using data to understand how the project is successful or if there are challenges that need to be addressed, such as lack of capacity in services,

unsuccessful referrals, or other identified issues. The HEZ framework naturally incorporates the voices and viewpoints of local residents, and will be able to support RI to assess its community needs in an ongoing way. While the HEZs span 7 major areas of the state and many of RI's vulnerable families live within them, if this model is successful in year 1, RI will explore expanding it to additional areas of the state. **Activity 3.2 Expand and implement an electronic referral system:** A key component of assisting families to access and engage in supportive services – including housing, food, income, training and employment supports, health and mental, and child care – is streamlining the process for both families and service providers. To improve the availability and usability of information for families, as well as support coordinated referrals across the B-5 system, RI has been developing an electronic referral system (RISES). RISES allows social services providers to help families connect with services and resources and enables service providers to monitor the outcome of a referral to understand whether the family accessed a service or might need something additional or different. RI will expand this work, so that the system is available to more types of providers, including child care, Head Start, and Pre-K providers. This will enable FNs (*Activity 3.1*) and others to more easily refer families to services in real time, if the family wishes, and to close the referral loop. **Activity 3.3 Extension of parent support programs through HEZ:** In the PDG Initial Grant, RI provided pilot grants to HEZ communities to implement evidence-based parenting education and support programs based on community needs. These pilot grants have proven to improve family- and child- level outcomes. Programs funded under this work support a two-generation approach to improving family outcomes as well as incorporate a trauma informed approach when delivering services. For example, one HEZ community implemented Conscious Discipline training for parents which supported parents in increasing their knowledge of methods to respond to difficult behaviors and



improve children’s regulation and behavior. **Activity 3.4 Expand Public Action Campaign to better inform parents about their choices for services and supports:** RI’s initial PDG B-5 grant created a statewide public awareness campaign for parents of children B-5, called “the Rhode Island Way.” This multi-lingual campaign brings all programs – from immunization to early education -- under one umbrella, helps families get information about this important time in their child’s life, and maximizes parent choice by ensuring families are aware of and understand all B-5 options. Due to the Family NA finding that “more information about programs” is one of the top needs of families, RI plans to invest in further content and media to continue promoting the information to parents and soon-to-be parents, using real RI children in the content. A rollout of a TV and social media campaign on the importance of early childhood education is planned in both English and Spanish (the two major languages in RI) and could be extended for a longer period of time to reach more families and be translated into more languages. In addition, as RI moves to Universal Pre-K, a media campaign that explains *In Rhode Island, public school starts at 4, not 5*, would help inform families and the community of the importance and availability of Pre-K. Within this campaign, RI will design a media strategy for promoting B-5 enrollment for vulnerable families and customize the content for specific audiences and geographies to further tailor communication. **Activity 3.5 Ensure parent voice in decision making and governance:** RI believes families’ voices should be central to all decisions and include “family engagement and community-centered centered systems” as a key focus in the strategic plan. RI is already engaging parents and caregivers to participate in leadership, so they can be partners in the planning and implementation of services and supports. RI strongly believes that increasing family engagement in all aspects of the B-5 system (e.g. governance, system design and implementation, data and NA review, and program evaluation) will improve outcomes. RI will

build on existing work to develop a Family Council which will include members from communities across the state from EI, child care, FHV, Early Head Start and Head Start, and child welfare. The State will ask B-5 programs and partners to support continuous recruitment for potential members in the Family Council to ensure that there is diverse representation. The Family Council will appoint representatives to serve on the ELC to advise and ensure parent voice is reflected in the B-5 Governance structure. RI is committed to recognizing families' expertise in designing the B-5 system and proposes incentives for involvement in the Family Council. In addition, RI will ensure translation services are available for families who want to participate but speak a language other than English. RI will also evaluate the success of the initial PDG B-5 partnership with RIPIN to facilitate family engagement with strategic planning; if successful, RI will expand upon the model.

#### **Activity 4 - Sharing Best Practices and Professional Development for the Early Childhood**

**Workforce:** RI funds more than \$6M in professional development (PD) and technical assistance (TA) support to the ECE workforce. Most of this PD is braided through the state's PDTA Hub, the Center for Early Learning of Professionals (CELP). This Hub was developed in 2014 through the Race to the Top Early Learning Challenge (RTT-ELC) grant. All PD and TA designed and delivered through this Hub is evidence-based, aligned to the state's RI Early Learning Guidelines, BrightStars and RI's ECE Workforce Knowledge and Competencies (WKC). PD vendors are required to provide corresponding onsite implementation support and to monitor participants' progression on the state's QRIS, BrightStars. PD is delivered face to face, online and within the classroom, and has been designed to reflect best practices in adult learning. Under RTT-ELC, RI developed WKC Frameworks which articulate the knowledge and skills the ECE workforce needs to support young children's healthy development and learning within high-

quality programs while presenting aligned career pathways that specify the education, experience, and PD required to advance in an ECE career. RI's 3 state colleges provide both entry level and post BA certificates to promote advancement along the ECE career pathway including articulated programs leading to AA and BA degrees. Over the past 2 years, RI has strengthened its credit-bearing coursework to meet the needs of the workforce by increasing access to hybrid and e-learning opportunities and developing coursework for Spanish speaking professionals. RI's Child Care Licensing Regulations require individuals employed in child care settings to complete a standard set of hours of state-approved PD, as administered by the state's PD approval system, CELP. ***Incorporating evidence-based practices into PD:*** The state made significant efforts to include evidenced-based content within the PD system. State-approved PD is required to incorporate recent resources and evidence-based practices for supporting the state's most vulnerable populations, including trauma informed approaches to address adverse experiences. RI has further worked to maintain and continually update access to open-source PDTA resources through the CELP website, including the ACF developed Homelessness and FEMA Emergency Preparedness modules. Additionally, RIDE has developed an Itinerant Special Education Model (RI-IECSE,) which includes PDTA surrounding best practices related to inclusion of children with special needs. Rather than pulling children with special needs into a separate classroom, the model allows young children with disabilities to actively participate in all classroom-based activities by embedding the necessary supports, services, and interventions into their everyday routines. Additionally, all the RI Early Learning and Development Standards courses speak to vulnerable children with unique needs and the impact of their development and learning. ***Efforts to improve the training and experience of ECE providers:*** Under RI's initial PDG B-5 award, RI awarded contracts to three vendors to deliver evidence-based PDTA to the

ECE workforce. Two of these vendors are institutions of higher education in RI, and the third is Emma Pendleton Bradley Hospital which has a dedicated focus on mental health support and consultation to the early learning community. These contracts implemented tailored coaching, modeling and mentoring to address varying and unique needs of programs not currently engaged in the QRIS system, those seeking to increase their existing star rating, and those with leaders looking to expand their reflective supervision skills. The state worked closely with these new and existing partners to support enhanced collaboration, data sharing, and case management across programs. Under these awards, 116 providers received intentional, comprehensive onsite coaching and modeling with the long-term goal of increasing their BrightStars' rating, with interim goals within standards. Participants who completed classroom observations reported that they either strongly agreed or agreed that their knowledge of specific BrightStars standards improved after their observations. Based on current projections, 19 programs plan to apply for rating increases or for initial ratings. RIDOH has also developed open-sourced Foundations for Infant/Toddler Social Emotional Health and Development modules. These were a collaborative effort between FHV and EI leadership and were developed in partnership with the National Infant and Toddler Child Care Initiative at Zero to Three, a project of the federal Child Care Bureau. The course includes 16 computer-based learning (CBL) modules in and are embedded in a learning management system that serves to track and monitor user participation and provide post-assessments of learning and will be included in *Activity 4.1*. **RI proposes the following activities to expand and improve PDTA opportunities and promote the sharing of best practices for the ECE workforce; develop an interdisciplinary preservice training for all ECE professionals (*Activity 4.1*), provide PD for a Child Care Mental Health Consultation Model (*Activity 4.2*), pilot an apprenticeship model with the infant/toddler workforce**

**(Activity 4.3), and develop pathways for ECE Workforce to achieve credentials and certifications (Activity 4.4). Activity 4.1 - Develop an interdisciplinary preservice training for all ECE professionals:** To promote increased understanding of the PD offerings, system regulations, best practices, and cross-sector opportunities to support families, we propose offering a pre-service training to ECE providers across all program types. According to the PDG B-5 workforce NA, the ECE workforce across all sectors accesses anywhere between 15-31 hours of PD per year. Over the next year, RI will reexamine, and potentially redesign, the non-credit bearing PD offered to the ECE workforce to ensure efficacy and alignment across sectors. DHS, RIDE, EOHHS, and RIDOH intend to broaden the scope of the CELP to include special educators, EI, FHV, child welfare and Family Navigators (Activity 3.1). RI will solicit a cross-agency RFP to facilitate the design and alignment of required pre-service training across the entire ECE system (year 1) and then implement the pre-service training in years 2-3 of the renewal grant. The pre-service training will include baseline education for child care, FHV, EI, special education preschool, RI Pre-K, Head Start and FNs and will introduce new professionals to the broader B-5 field by providing interdisciplinary core content in health and safety, child development, cultural and linguistic responsiveness, family engagement, two-generation approaches, and social services (housing, employment and job training opportunities, etc.). Activity 4.2 - PD for Child Care Health and Mental Health Consultation Model: Access to consultation services from health experts can be important in helping providers meet health and safety requirements. In anticipation of the need for increased expert consultation, RI is designing a child care health consultation model which will be implemented by the end of 2019 as a cross-agency partnership between RIDOH, RIDE, and DHS. Numerous research studies indicate Child Care Health Consultants (CCHCs) are effective in increasing health and safety policies and

practices, children's immunization rates, and environmental health practices within ECE settings. This model will expand upon RI's investments in the SUCCESS early childhood mental health consultation model by ensuring that we have additional training and TA on all aspects of health and will support early learning programs in accomplishing the following key goals; 1) Strengthening the ECE workforce's understanding of basic health and safety practices, public health priorities, and prevention and intervention-focused strategies; and 2) Introducing CCHC services to licensed child care programs, particularly those serving infants and toddlers and vulnerable child and family populations in order to: a) Assess child care facilities/environments for health and safety in response to a compliance finding from a licensor and/or inquiry from a CCAP program; b) Develop strategies for inclusion of children with special health care needs, c) Support early educators to prevent and manage injuries and infectious disease, d) Connect early educators and families to community health resources, e) Provide current information on regulations and best practices, f) Provide health and safety technical assistance and training, and g) Provide recommendations on health and safety policies and practices in child care programs,

**Activity 4.3 - Pilot an Apprenticeship Model with Infant/Toddler Workforce to Address Turnover & Career Pathways:** Under the PDG workforce NA, clear findings demonstrate that the ECE workforce is underpaid, with significant pay discrepancies between settings which has led to workforce attrition. In 2018, RI Kids Count and the RI Association for the Education of Young Children (RIAEYC) convened an Infant/Toddler Educator Compensation Task Force to review the current data on compensation and develop a set of recommended strategies to improve the compensation of professionals who work in child care, FHV, and EI. Informed by these findings and recommendations to pilot a wage demonstration project, RI has committed to developing a pilot to improve the recruitment and retention of early educators. Additionally, the RI FHV

Strategic Plan for 2019-2024, developed in collaboration with EI stakeholders, identifies the need to improve staff recruitment, retention, and quality as top priorities to strengthen services for families. In partnership with institutes of higher education and national TA partners, DHS will pilot a Registered Apprenticeship (RA) model with 5 ECE programs who service infants and toddlers, including approximately 25-30 ECE professionals. RAs combine classroom instruction, on-the-job training, and mentorship to create professional pathways for the incumbent and existing workforce. RA programs are a flexible model for early childhood educators to improve their knowledge and skills with the goal of acquiring a state-defined credential, a child development associate (CDA) credential, an associate's degree, or a bachelor's degree, all while improving the quality of their employer's program and increasing their wages through a wage subsidy. The state hopes that the culmination of these efforts to create and retain readily trained employees who can meet the current and anticipated demand for additional early learning teachers, coupled with investments in the expansion of high-quality programs (*see Activity 5*), will increase the availability of qualified providers throughout RI. *Activity 4.4 - Develop pathways for ECE Workforce to achieve credentials and certifications:* RI is working to streamline its career pathway to support increasing articulation agreements and pathways for early educators to enter and complete credentials and degrees. The workforce NA findings indicated that RI's current pathways to certification are not aligned for the current workforce and existing preparation pathways leading to a PreK-2 credential appear to be designed primarily for recent high school graduates, without incorporating supports that might help currently working and mid-career educators obtain PreK-2 credentials. RI is proposing a cross-agency workgroup including all state higher education programs to develop a pathway to credential for a workforce that works full-time while still maintaining the fidelity of the PreK-2 certification. The state will

ensure the quality of its pathways by supporting degree program accreditation, minimally at the Community College of RI, and by identifying strategies to strengthen articulation and support seamless transitions for students. *PD strategies to support the ECE workforce successfully transition children into K:* RIDE offered a “Transition to K” summit to three communities in 2018 as a pilot using PDG 2014 Supplemental funds. Under PDG B-5, this pilot is expanding to three new communities in 2019. With additional funding, this work will continue to expand to include 3-5 additional communities each year until the effort reaches statewide capacity to support LEAs, child care and pre-k providers with transition planning (*see Bonus Activity 3*). RI’s efforts have been recognized at the national Office of Head Start Transition Summit, where Woonsocket’s Head Start and School District showcased their coordinated transition activities.

**Activity 5 - Improving Overall Quality and Service Integration, Expanding Access and**

**Developing New Programs:** RI will award subgrants for the following activities directly to programs in specific high needs communities; *Activity 5.1:* Expand the number of RI Pre-K seats; *Activity 5.2:* Expand high-quality infant/toddler slots; and *Activity 5.3:* Expand evidence-based FHV Slots. *Activity 5.1 - Expand the number of RI Pre-K seats:* One of RI’s key goals is to achieve universal access to high-quality Pre-K for all 4-year-olds in the state with a commitment to preserving the state’s mixed delivery model, while also strengthening the entire B-5 system. RI’s high-quality state prekindergarten program, RI Pre-K, is one of only three state preschool programs in the country that meets or exceeds the nation’s highest quality benchmarks as measured by the National Institute for Early Education Research (NIEER) and has been a national leader in the development of high-quality mixed delivery preschool programs. *Need for program expansion:* RI is currently serving children in 13 of the highest need communities which have poverty rates between 38% and 87%. In the 2019-2020 school year, RI enrolled



1,420 children out of the 4,063 applications received, leaving 65% of children who applied unserved. RI has successfully prioritized enrollment for families with vulnerable children, and in the 2018-2019 school year 11.5% of the RI Pre-K students were children with disabilities, while the statewide average is 8%. English Language Learners made up 20% of the students in 2018-2019 compared to 7% state-wide. However, many families who would benefit from high-quality Pre-K are unable to access it. A specific finding from the family NA was that nearly half of families had not heard about how to access RI Pre-K, and that vulnerable families faced barriers even when they were aware of and attempted to access quality services such as Pre-K. RI will expand its efforts to ensure that vulnerable families are aware of and can access services through greater information, outreach and support (*see Activity 3*). ***Proposed project period and SMART objectives:*** RI has demonstrated the ability to expand pre-k while maintaining high-quality. To bring Pre-K to scale, additional resources are required to select, mentor and support implementation at new sites. To reach scale, RI's current plan sets the objective of adding 300 high-quality RI Pre-K seats. To achieve this, RI will use renewal grant funds to select programs through an RFP process in Year 1 to add 300 RI Pre-K seats and maintain these high-quality seats in Years 2-3. RI will use the existing annual RFP process for RI Pre-K to allocate sub-grant funds: *April* – RFP released with specific requirements to demonstrate community need and dedication to support children with special needs, from low-income families, and homeless children; *May* – RFPs reviewed by interagency team; *June* – Awarded programs notified; *July* – RI Pre-k lottery launches for families; and *September* – new RI Pre-K classes begin. Activity 5.1a: RI anticipates serving an additional 300 children with direct subgrants to high-quality Pre-K programs through a mixed delivery model. With average RI Pre-K class size of 19, RI anticipates that approximately 16 classrooms will open in high-needs communities; Activity

5.1b: additional funding is also needed for RIDE to support PD, TA, and monitoring of RI Pre-K programs to ensure maintenance of the high-quality standards and Activity 5.1c: two additional contracted staff are needed at RIDE to support the new subgrantees' contracts and monitoring.

***Supplement not supplant***: RI's third system-level goal is to achieve universal, high-quality Pre-K for 4-year olds and therefore is committed to expansion. RI will not supplant any current state RI Pre-K funding. RI funded 1,420 seats in the 2019/2020 school year with state funding, fulfilling the commitment to sustain the expansion of Pre-K from the original PDG. RI will continue to fund existing seats and use this renewal grant to fund new seats for at-risk children with a commitment to sustain these seats at the end of the PDG period. ***Comprehensive and targeted to improve outcomes for low-income and disadvantaged children***: RI Pre-K sits within the state's comprehensive early childhood system – with connections to health services, mental health services, and family support services. With this funding RI will build on current successful strategies to provide comprehensive programs for children living in low-income and/or disadvantaged families, as well as children who are homeless. RI will support subgrantees to engage with their community partners in health, mental health, nutrition, and other comprehensive services to form communication and service systems that support the provision of seamless access to comprehensive family services for all RI Pre-K Program children and families. Examples include CCHC, KidsConnect (a supportive service for young children with behavioral health needs), and case management for referral and coordination of community-based services. RI is also training all teachers in Conscious Discipline, a skills-based program to give teachers the skills they need to create a safe classroom culture. RIDE works closely with the Pre-K programs in each community to ensure that the Pre-K lottery is available and accessible to all families in the community. Implementing a full range of culturally and linguistically diverse

outreach strategies will continue to be a high priority for Pre-K programs and other early childhood partners. In addition, Pre-K program providers recruit locally to identify hard to reach families and children who are homeless to ensure they access the lottery. The lottery is weighted to ensure the proportion of children eligible for free and reduced priced lunch (FRPL income is less than 185% of the federal poverty live) chosen for each classroom reflects that of the community. *Activity 5.2 - Expand high-quality infant/toddler (I/T) slots:* RI is currently working to increase I/T rates to ensure that high-quality providers are reimbursed at the 75<sup>th</sup> percentile of market rates. In addition to this, through this grant, RI will expand high-quality I/T slots by scaling the Early Head Start/Child Care (EHS/CC) Partnership. EHS introduces comprehensive services and resources into the array of traditional child care and family child care settings and creates new opportunities to improve outcomes for infants, toddlers and their families. EHS is evidence-based and adheres to the research-based Head Start Program Performance Standards (HSPPS). RI has supported and funded Head Start as a critical component of RI's comprehensive ECE system since 1988 and in 2014 RI launched the EHS/CC Partnership Grant in 2014 as an opportunity to funnel federal Head Start resources into RI's existing child care infrastructure to improve the quality of infant/toddler seats. ***Need for program expansion:*** The statewide Facilities NA identified 18 communities as having no high-quality I/T seats available for families. Additionally, this assessment indicated there are 24 communities in RI that have more than 3 I/Ts for every one licensed I/T program seat. Furthermore, the Family NA indicates all families (particularly those identified as vulnerable) identify access to affordable child care as the highest need. RI will prioritize enrollment of I/Ts in vulnerable families with this funding. Prioritized populations will also include low-income families; families with ELL children; and families that have a history of child abuse or neglect or have had interactions with child welfare

services. ***Proposed project period and SMART objectives:*** Currently, the EHS/CC Partnership grant serves 100 I/Ts across 6 community-based organizations in the urban core of RI. Over the next three years, RI aims to expand its EHS/CC Partnership Grant to serve 100 additional I/Ts in communities with identified shortages of high-quality I/T care. These sub-grants will be funded from September 2020 to December 2022. This will enable RI to invest in the existing ECE system, building on existing infrastructure by infusing federal investments into community-based organizations who serve predominantly vulnerable children. RI proposes to add an additional 40 I/T seats by 2020, 35 I/T seats by 2021 and 25 I/T seats by 2022 for a total of 100 seats by 2022. These seats will be added to community based organizations currently serving CCAP children who demonstrate a commitment to quality improvement and serving children in high-quality learning environments. These programs will be located in communities who identified shortages in I/T care in the Facilities NA. RI will also fund quality improvement grants for these programs to make immediate programmatic and environmental improvements to meet the HSPP Standards. CCDF subsidies will also be leveraged for this expansion to provide additional funds and support to organizations and programs serving at-risk, low-income families. Through processes built into the state's B-5 governance routines, RI will be able to assess whether the program level activities are meeting the objectives. Child outcomes will be closely monitored through formative assessment tool results, EI referral outcomes, coordinated monitoring to ensure key objectives are met to leverage state, or federal Head Start funds, for sustainability after the sunset of PDG.

**Activity 5.3 - Expand FHV Slots:** RI will expand the Parents as Teachers (PAT) FHV program to reach its youngest children and expand a critical component of its early childhood system. RI currently supports three FHV programs in ten communities that have significant numbers of vulnerable families at risk for poor outcomes. RI proposes to use the funding from this

opportunity to expand PAT by 300 slots, in communities identified through the Family NA as having high numbers of families who would benefit from services and who are currently on a waitlist to receive services. In RI, there are approximately 2,100 children born each year facing significant adversity, such as poverty, a history of child abuse or neglect, a parent with a history of substance use, or parents with low education. Combining all programs, RI currently has 1,400 FHV slots, 350 of which are PAT. ***Need for program expansion:*** Currently PAT programs in most communities have waiting lists. RI has chosen to expand PAT because it demonstrates improved educational outcomes. This PDG funding would almost double the number of children served in PAT. Families with vulnerable children, or who reside in high-risk communities as identified in the statewide PDG needs assessment, will be prioritized for enrollment. RI has created and established referral pipelines that facilitate connecting families with FHV programs, including PAT. Referral sources include pediatricians, WIC, child welfare and other family home visiting programs. Families may also refer themselves via phone or text. ***Proposed project period and SMART objectives:*** *Activity 5.3a:* RI has selected expanding PAT by 300 slots based on identified statewide needs and existing strengths and challenges within our highest need communities. The subgrants will be awarded in Year 1 and maintained for Years 2-3. The 300 slots will be awarded based on community need, and agency readiness to begin implementation to expedite expansion. The objectives of expanding PAT are twofold; 1) Increasing the number of children who can access evidence-based services, toward the goal of improving child and family outcomes; and, 2) Strengthening early childhood systems within communities by developing early childhood professional networks to connect home visitors with home-based child-care providers, and other early childhood service providers within communities to strengthen community connections, and access to services. *Activity 5.3b:* Additional staff support

is needed to support the expansion and monitoring of the additional FHV seats, as well as achieve the second objective and facilitate the cross-system connections. The state is confident that this federal investment will help RI leverage state funds and enhance both state and federal aspirations to move toward full capacity of high-quality home visiting supports and services for children and their families. *Supplement not supplant:* These funds will supplement and not supplant any other Federal or State, or local funds that would otherwise be available to carry out these activities. RI will continue to fund the existing 350 Parents as Teachers family slots and use the Renewal PDG funds to support new family slots for at-risk children in high needs communities. *Comprehensive and targeted to improve outcomes for low-income and disadvantaged children:* PAT improves child and family outcomes through the implementation of 4 strategies; 1) Increasing parent knowledge of early childhood development and improve parent practices; 2) Providing early detection of developmental delays and health issues; 3) Preventing child abuse and neglect; and, 4) Increasing children's school readiness and success. Families can enroll in PAT prenatally and stay enrolled until the child is five years of age. Resources for a staff person to coordinate early childhood networks will be awarded with PAT slots so that home visitors can be connected with other early childhood and social service providers in communities. For example, they will connect with family child care providers who are often isolated from other professionals while they care for highly vulnerable children as well as housing authorities who serve homeless families. Connecting them to home visitors and other providers will help them to have greater access to resources, including PD and TA. RIDOH will provide continuous monitoring through its current infrastructure to PAT sites to ensure enrollment of new families at an appropriate pace to reach the goal of 300 new families and to ensure that PAT is implemented to fidelity to show improved outcomes. The PAT state lead at

RIDOH will provide TA to support the efficient start up and training for new sites. The activities associated with expanding PAT will include focusing on outreach to the most vulnerable families through the proposed FNs and public campaign (*see Activity 3*). To date, RI data shows that all FHV programs are successful at engaging and enrolling families facing significant adversity. PAT has the built-in ability to provide services to families facing homelessness or frequent mobility because home visitors travel to wherever families are, and will use existing networks of service providers to reach and engage families as well as the proposed e-referral system (*Activity 3.2*). ***RI will also award subgrants to indirectly improve quality: Activity 5.4 - Facilities Planning and Pre-Development Fund***: RI's early learning infrastructure needs immediate improvement in order to ensure the well-being of its youngest learners. RI will award funds to support the numerous pre-development activities needed to plan a successful early learning facility project with priority given to CCAP providers, CBOs, and BrightStars rated programs. ***Need for project***: Early learning facilities studies conducted for RI in 2014 and 2019 both point to a lack of safe, quality spaces available to house early learning programs across RI. Children are especially vulnerable to health and safety concerns from exposure to environmental toxins. Without expansion of physical spaces for programs, RI will not achieve its vision for B-5. ***Plan for improving ECE facilities***: Funding is needed to support the many pre-development activities that are essential to planning a successful facility project, such as a new high-quality child care center. These planning and pre-development grants will be available to support providers to do early feasibility work. Grants will range in size depending on scope and scale of the project. ***Proposed project length and sub-grants***: RI proposes to develop a competitive sub-grant pool that will support high-quality providers to address facility planning needs. This will help to improve existing infrastructure, vital in a state where new space is very challenging to come by,

allowing programs to plan expansion and quality improvement opportunities without taking resources away from staff and programming. RI anticipates awarding between 8-20 planning grants to programs. To ensure that resources benefit those programs that serve the state's most vulnerable children and families, programs will be awarded based on the following facility priorities; located in prioritized communities, serving PDG target population groups (ages, income ranges, etc.), run by providers with demonstrated capacity to offer high quality programming, and/or have proposed improvements most in line with state priorities such as improvements that allow movement up the BrightStars QRIS. RI will develop an RFP in Spring 2020, review proposals in Summer 2020, and make awards by the end of Summer 2020. From Fall 2020- Winter 2020, RI will monitor use of planning grants to determine whether the same process should be run in Year 2-3 of the renewal grant, or if adjustments need to be made to better support facilities planning and increasing the pipeline of programs ready to expand. RI anticipates these planning grants will result in at least 5 programs per year identifying feasible expansion projects and leveraging findings to secure sources of funding to implement projects.

#### **Activity 6: Monitoring, Evaluation, and Data Use for Continuous Improvement**

**Part I – Data Management, Integration, and Use:** In RI, many state agencies have focal points beyond B-5 children, which means each agency needs their own data system(s) to achieve independent goals related to research, policy, operations, and public information needs. These include: RI Bridges, housed at DHS which functions as the integrated eligibility system for public benefit programs and houses data on CCAP, SNAP, TANF, Medicaid, etc.; KIDSNET, RI's child public health data system, managed by RIDOH which includes child level identifiers, IDEA Part C, as well as child health data (e.g., lead screening, immunization, newborn developmental risk screening, etc.); Early Childhood Education Data System (ECEDS) housed at



RIDE includes data on the workforce, program quality and licensing, and child enrollment and attendance in RI Pre-K.; and, Rhode Island Children's Information System (RICHIST) system which is used by DCYF and manages child welfare and child care licensing information. Many of these connect to the Ecosystem, which is a statewide integrated data environment currently housed at EOHHS and used for business intelligence, analytics, internal agency operations, program improvement, and quality improvement. ECEDS has been an important system to bring RI's early childhood data together to help form a more comprehensive view of the ECE system and run key operations. The ECEDS system is a centralized tool that aligns data collection for use across programs and state agencies. It also serves as a consumer-facing content delivery system, providing information, news, and links to other sites to educate and inform the different classes of users. Members of the early childhood workforce can create a resume using their registry profile, and maintain their employment history for the purposes of sharing information employers need for licensing and various program participation (e.g., TEACH, BrightStars). Families can search for programs by location and rating level and also find information on child development services and supports. The PDG B-5 grant supported a comprehensive analysis of the current system functions, capacities and opportunities for greater integration and modernization across B-5 related data systems. While ECEDS provides information to support key aspects of the B-5 system, RI needs additional system integration to support provider coordination and facilitate family transitions among programs - such as from a home-visitor to a Head Start provider - to ensure that no families fall through the cracks and provider accountability is clear. ECEDS also needs a data governance and reporting/analytic function to monitor early childhood intervention progress. **To sustain and drive further integration, the**

**state plans to enhance existing systems (see Activity 6.1) and implement a clear data governance structure to monitor performance and identify gaps as work progresses.**

*Developing an integrated data system:* [In the planning process] RI has worked to integrate its mixed delivery systems and corresponding data elements since 2011 and has established a rich landscape of databases from a variety of sources that together are the foundations of a comprehensive Early Childhood Integrated Data System (ECIDS). The state agencies that are involved in this effort include RIDOH, DHS, DCYF, RIDE, BHDDH, EOHHS, and DLT. Other organizational stakeholders include the ELC, BrightStars, RI Kids Count, the Children's Cabinet, the Hassenfeld Early Child Health Institute at Brown University, and DataSpark at University of Rhode Island (URI). **Ecosystem:** RI built the Ecosystem to connect data at the person level to understand the whole human being, family, and community. The Ecosystem can be the research engine of RI's ECIDS. Of data related to all children, the Ecosystem currently holds the following data connected at the person level; Medicaid claims and enrollment (July 2013 - current), CCAP, TANF, SNAP (September 2016 - current), EI (2010 - current), DCYF case management data (1980s - current), and KIDSNET Developmental Screening, lead screening, immunizations, vitals (birth records), FHV (2010 - current). **ECEDS:** ECEDS can serve as the operational backbone for key components of the B-5 system, tying together health and educational data at the child-level. During the state's initial PDG B-5 grant, the public-facing functions were drastically improved. The Exceed.ri.gov website was made 508 compliant, the system was transferred to a content management system which allows the state better functionality to manage content across agencies, licensing reports were made available online in order to meet the CCDF requirements, and the family search functionality was improved to support better reporting and user interface functions. However, back-end functions were

minimally revised and the state is currently completing an assessment of current operations and recommendations for enhanced improvements that will inform future proposed plans within this grant opportunity see (*Activity 6.1*). **Collaboration with State Longitudinal Data System (SLDS):** The NA identified ongoing infrastructure developments which are required for development of a comprehensive ECIDS, with a focus on improving ECEDS. These include: hiring designated staff to maintain ECEDS, formalizing the ECEDS Governance Board and establishing a long-term residence for ECEDS. In response to these recommendations, the Governor's office is leading an integrated data strategy group, which aims to incorporate the recommendations of the NA including the SLDS (DataSpark at URI), the Ecosystem and ECEDS. Across all these sites, the state will have a single project review and approval structure, a single set of legal agreements and request documents, and a single approach to data security, access and storage. ***Activity 6.1: Enhancing and Sustaining ECE Data Systems:*** Despite many advancements, some key data elements are not integrated in a way that would help all agencies answer key policy questions or achieve operational goals. With a new round of PDG funding, RI would award resources to EOHHS to link data sets which are not currently fed into the Ecosystem, with a focus on educational data. This would allow the state to build on the previously conducted NA and to incorporate the findings for system improvement. Informed by the NA, the state goals include; (1) Improving and expanding the use of State's integrated data system among users (increasing digital literacy); (2) Integrating data not currently connected to the Ecosystem (RIDE, Head Start), (3) Planning to finish and fully fix operations of ECEDS, (4) Outlining and operationalizing a Data Governance Structure tasked with creating a series of key policy and research questions the Ecosystem team can evaluate; and (5) Having a designated EC Data Governance Coordinator with expertise in Data Management Systems and Program/User

Needs and a designated ECEDS Developer/IT Manager. These enhancements will allow policy makers to analyze outcomes of investments and make longitudinal decisions related to participation in various state supported ECE programs. ***Current Data Collection:*** *[In the planning process/partially operational]* RI's early childhood data elements are currently collected and managed across several different agencies and data systems, with all Health & Human Services data being fed into the Ecosystem. The Office of Child Care subsidy information is maintained and managed using RI Bridges, the state's integrated eligibility system. Child Care Licensing information is managed using a child welfare data system, RICHIST. IDEA Part C and Family Visiting are managed through the KIDSNET System, RI Pre-K is managed through an agency developed application and selection system developed by RIDE, and Head Start and Early Head Start systems are managed through a federal data system called the Head Start Enterprise System. IDEA Part B and Public K-3 data are stored in the RIDE Data Warehouse and connect to the SLDS. Apart from the RI Pre-K data, RIDE Data Warehouse, and Head Start Enterprise System, all elements are fed into the Ecosystem. The state is assessing federal privacy rules to determine the feasibility of linking these data elements in the future to create a comprehensive child-level data system. ***Linking data across early childhood programs:*** *[In the planning process / already operational]* Since data feeds into the Ecosystem from most of the state's current data systems and children are assigned a unique identifier from KIDSNET at birth, child/family level participation across programs such as CCAP, WIC, EI, Medicaid, child welfare, and FHV can be monitored. Further, RI Bridges tracks adult information using social security numbers. This data can be connected across TANF, SNAP, and the ECEDS workforce registry. However, in order to answer key policy questions and support the full range of B-5 data system needs, the state needs increased functionality and integration

from the Ecosystem. Once fully operationalized, in conjunction with the longitudinal cohort study carried out by the Hassenfeld Institute at Brown University, the state will have additional information about eligible children not engaged or awaiting services, use and outcomes of cross sector program participation, and later life outcome analysis. ***Data to inform transition practices, professional development, access to quality, and kindergarten readiness:*** Each of the agencies and programs that the state contracts with to provide programming, use data to inform policy practices and PD. Currently, these functions do not come from ECEDS or the Ecosystem and are a more programmatic level analysis of program operations. For example, RI funds a PD/TA hub which maintains a participant and attendance database related to PDTA activities. There have been plans to connect that data with the Workforce Registry within the ECEDS, however that work has not been operationalized to date. At the current time, program/provider-level decision makers tend to use their own data system or program metrics to inform decisions, rather than have access to a more system-wide view. In addition, programs transitioning in new children often do not have comprehensive information about the child's previous ECE experiences, which limits their ability to meet the child and family's unique needs. It is for this reason that the state proposes *Activity 6.1* funding to better support feeds, reporting, and integration within ECEDS and the Ecosystem in order to more fully actualize the vision for the system and support coordinated policy and programmatic decision making. ***Data literacy of our key data users:*** Increasing the data literacy of key users has risen as a priority from the first round of PDG B-5 work and is a key focus of the strategic plan. The state has and continues to invest significantly in technology training, and plans to expand these efforts with state agency staff led by EOHHS. EOHHS has an existing internal infrastructure to support other state agencies in identifying and monitoring data elements that can more holistically inform program

design, implementation, and oversight. Additionally, the state has engaged the state's Division of Information Technology (DoIT) to build sister agency capacity and infrastructure across project areas. **Data Governance:** *[In the planning process/partially operational]* The Governor's Office is currently leading a statewide data strategy group to establish a formal governance structure that will; (1) Outline a process for coordinating internal and external requests for data; (2) Normalize data definitions across agencies; (3) Assign ownership and accountability for key data elements. The strategy group will define roles and responsibilities for data staff, data stewards and data managers within contributing agencies. Building on the Children's Cabinet statutory authority, the B-5 Governance Framework will provide oversight and progress monitoring to implement a coordinated data governance structure as well as the data literacy of user groups. Recently, all agencies under the EOHHS umbrella executed a single MOU to allow for ongoing data sharing with the Ecosystem to allow for more rapid and agile data integration for new research projects. RIDOH and RIDE have an ongoing MOU to allow for the exchange of data between KIDSNET and ECEDS. To ensure successful governance implementation and ongoing improvement, RI proposes to engage an EC Data Governance lead as part of the PDG Renewal activities. **Unique identifiers:** RI has an established system in place for the creation of unique identifiers for children. These are established at birth through an assigned birth record ID. Once children are enrolled in public school, they are additionally assigned a State Assigned Student Identifier (SASID) which is linked to their original birth record ID within KIDSNET. KIDSNET also receives information from multiple community programs and links child level information about a constellation of different services. Further, the Ecosystem assigns a unique ID across all its data feeds, including KIDSNET, to allow for matching across programs. **Unduplicated count of children:** As discussed in *Activity 1*, we are using the EOHHS Ecosystem, including the

KIDSNET data feed, to pilot an unduplicated count of children through the analysis of state-wide enrollment and eligibility data across agencies and programs. **Part II – Monitoring, Evaluation, and CQI:** RI engaged in a strategic planning process that integrated perspectives across state agencies and subject matter experts (*see Activity 2*). A key component of this process was to identify strategies to expand evidence-based, high-quality programs and to improve the quality of existing services. In order to align standards across programs and expand the capacity of quality programs in RI, key partners have begun to articulate a common set of standards to define quality across programs and systems. This alignment in the conception of quality - in terms of defining, measuring, improving, and expanding quality programming - ensures that state and community agencies are working toward common goals, and accountability for delivering on quality is clear for those who are providing services and implementing programs. RI intends to leverage its governance framework to evaluate program performance evaluation, and will integrate Ecosystem data into that review (*as described in Activity 6 - Data Use*). This evaluation will yield a comprehensive understanding of the outcomes of our coordinated investments at the end of the grant cycle and will also provide real-time data to support a performance management and CQI. The B-5 project team will meet regularly to review metric development, program implementation, progress towards goals, and ensure incorporation of the results from the NA and Strategic Plan into the performance evaluation and CQI activities. As RFPs are issued, the state will ensure they include expectations for reporting, measurement, and quality improvement. Active contract management processes will continue to be adopted to ensure performance data is being reviewed regularly and programmatic course corrections are made when improvement expectations are not being met. ***Decreasing fragmentation and overlap in mixed delivery system:*** RI has made significant progress toward decreasing fragmentation and overlap in the

state's mixed delivery system however there are opportunities for improvement. Initial PDG B-5 planning work, such as the strategic planning process and development of a new B-5 Governance structure, has resulted in increased cross-agency planning and accountability for outcomes at both the state and community level designed to reduce fragmentation and better integrate services. Example areas for improvement include: (1) Address fragmentation: coordinating care throughout the day – children often participate in more than one program in a single day, such as RI Pre-K during working hours and aftercare in the evenings. Current RI systems do not always address these overlapping enrollments in programs to best support transitions and efficiency; (2) Address overlaps: several B-5 programs and adult programs include a family visiting or case management component, oftentimes leading to several programs contacting families at once. This can have a negative impact on families' trust in the system and willingness to participate. Efforts moving forward will include a focus on developing protocols or agreements across systems that reduce barriers to coordinating services, referrals and eligibility including sharing information, PDTA, and contracting training. ***Updating, enhancing and implementing the Program Performance Evaluation (PPE) Plan:*** The PPE Plan has several key purposes; 1) Assess the progress that programs are making toward meeting identified quality standards and target outcomes, and identify gaps in reaching goals; 2) Track RI's progress in implementing key workstreams and initiatives within its ECE system, and make informed decisions on redirections of funding, staff resources, and strategy based on performance monitoring; 3) Ensure that PDG sub-recipients have the existing internal controls needed to prevent fraud, waste, abuse, and that funds are spent on appropriate activities, aligned with approved budgets; 4) Promote efficiencies, and achieve compliance with all applicable statutory and regulatory requirements; and 5) Identify existing, effective practices and resources within collaborating state agencies, and enable peer-



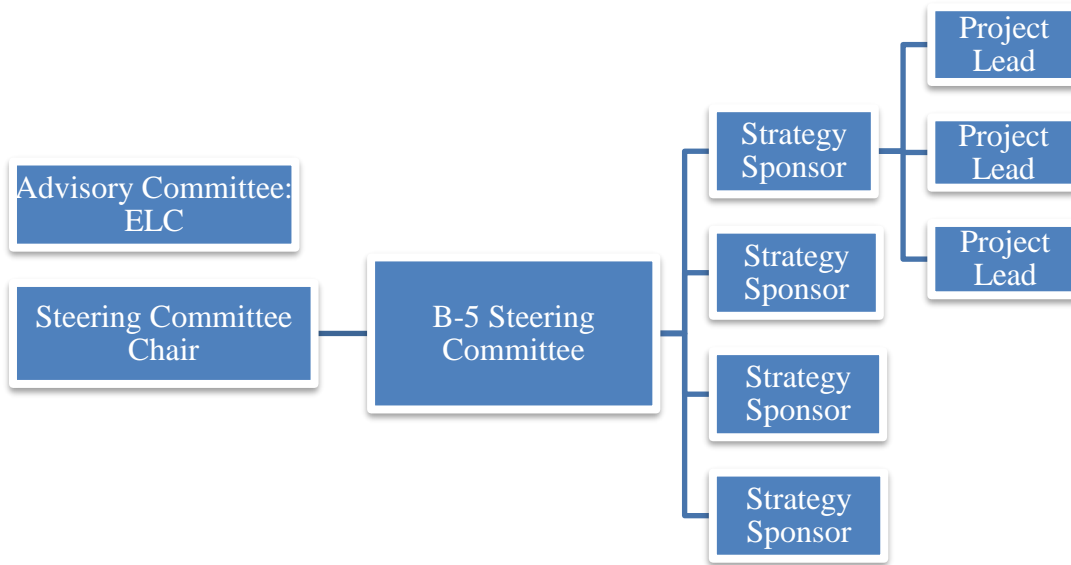
to-peer learning to improve implementation of the ECE initiatives identified in the State's strategic plan. Today, programs are evaluated on a quarterly and annual basis against the quality outcomes defined within their contracts and reports. *Key personnel involved in the evaluation and their responsibilities:* Included in the B-5 Governance framework is a focus on programmatic outcomes, as well as the implementation of quality improvement strategies for services, care, education and supports. Performance evaluations will be conducted regularly with Agency leads responsible for programmatic oversight. The key personnel involved in the PPE plan include; 1) *PDG Evaluation Manager:* will lead analysis and facilitation of discussion on performance; 2) *EC Data Governance Lead:* will collect, manage and use program performance data; 3) *ECEDS Developer/IT Manager:* will integrate data not currently connected to the Ecosystem needed for the PPE; 4) *B-5 Leadership (see pages 49-50):* will review program data indicating progress towards meeting quality standards and target outcomes, and approve the strategies to improve performance; and 5) *ELC:* will provide input on the child outcome findings and needs for children, youth and families to inform the ongoing PPE plan. Alignment with the strategic plan: The PPE aligns with the strategic plan by incorporating the key metrics currently envisioned for monitoring and evaluating different domains at the system, provider, family and child-levels. The PPE also includes data sources, frequency, and targets. *Periodically updating and aligning the PPE plan:* On a quarterly basis, the B-5 Leadership team – facilitated by the EC Coordinator, project teams, EC Data Governance lead and/or PDG Evaluation Manager – will review performance data, NA findings, and regulatory changes and recommend changes or enhancements to existing strategies and actions in order to improve performance. These changes will be codified in the updated PPE plan and shared at the Children's Cabinet *Identifies strategy for data collection, sampling, measurement, and analysis: See PPE Plan section pages 55-59.*

*Identifies how award will build on progress from PDG B-5 Initial Grant to increase efficiency, target new funding, and better align/maximize resources: see Activity 2 pages 19-20.* **Part III – Meaningful Governance and Stakeholder Engagement:** Through the PDG B-5 strategic planning process, RI validated its intent to continue leveraging a coordinated governance model, with shared accountability and ownership for B-5 initiatives held by multiple agencies. Under our enhanced governance framework – which assigns more specific roles, responsibilities, and decision-making authority than before the Initial grant – greater emphasis has been placed on a sub-set of Children’s Cabinet members to provide oversight and support towards the implementation of our B-5 strategic plan and to monitor the impact of our strategic plan on RIs overarching vision. This B-5 Steering Committee (B-5 Leadership Team), is comprised of leadership from key B-5 agencies - RIDOH, DHS, EOHHS, and RIDE - and is chaired by an executive representative from the Governor’s Office. The B-5 leadership team, has been charged with: (1) Approving and operationalizing the vision, objectives, and strategies of our strategic plan (*see Activity 2*) by the end of Jan. 2020; (2) Clearly assigning ownership and accountability for quality implementation and achievement of target outcomes; (3) Streamlining decision making processes across the agencies involved in implementing the strategies and actions articulated in the B-5 Strategic Plan; (4) Systematically reviewing progress against implementation goals, as well as the impact of the strategic plan actions and strategies on our objectives, through data-driven performance evaluation; and (5) Ensuring alignment and mutual advocacy across all Cabinet members for the sustainability and expansion of B-5 initiatives. Under our enhanced Governance framework, the EC Data Governance Lead (*see PPE*) and EC Coordinator (*see Activity 2*) will support the Steering Committee in ongoing evaluations of implementation progress as well as the impact of strategies and actions on target outcomes using

short-cycle leading indicators of success. During these stock take meetings, the Steering Committee and project teams will collectively review the quality and progress of implementation, as well as relevant impact data, and jointly identify steps needed to improve the quality of outcomes and implementation; ownership over action steps will be clearly assigned, and captured by the EC Coordinator and followed-up on during the next scheduled stock-take meeting. ***RI's decision-making path***; The B-5 Governance framework allows for quick escalation of decisions and issues from project teams to B-5 leadership. Through our strategic planning process, accountability for specific strategies has been assigned to owners within each of the B-5 agencies, called Strategy Sponsors. By articulating the decision-making authority of these Strategy Sponsors, RI has empowered these leaders to act on issues pertaining to the tactical execution of specific projects. Issues requiring leadership intervention or support, as well as decisions representing a meaningful shift in strategy, are escalated to the Steering Committee for resolution and validated with advisory groups such as the ELC. The Steering Committee Chair holds executive decision-making rights; they are empowered to resolve inter-agency disputes and to speak on behalf of the Governor's office. **Governance Map Members** (*see Governance Map Graphic below*): ***Steering Committee Chair***: Kevin Gallagher, Senior Deputy Chief of Staff (speaks on behalf of the Governor), ***Steering Committee Members***: DHS Director Courtney Hawkins; RIDE Commissioner Angelica Infante-Green; RIDOH Director Nicole Alexander-Scott; and EOHHS Secretary Womazetta Jones, ***Strategy Sponsors***: Agency leaders, such as the Chief of Teaching and Learning at RIDE and EOHHS Chief of Staff, will ensure cross-agency participation and coordination on the actions and initiatives articulated in the B-5 strategic plan. ***Governance Facilitators***: The EC Coordinator and EC Data Governance Lead play a meaningful role in the facilitation of ongoing performance reviews and stock take

meetings, and lead the data governance and PPE work as described in *Activity 6 - Part II and PPE.*, and *Project Leads and Team Members*: Comprised of members from the Strategic Plan Design Team, Governor’s office policy leads, and core PDG workstreams, as well as other subject matter experts within agencies representing various programs.

Governance Map:



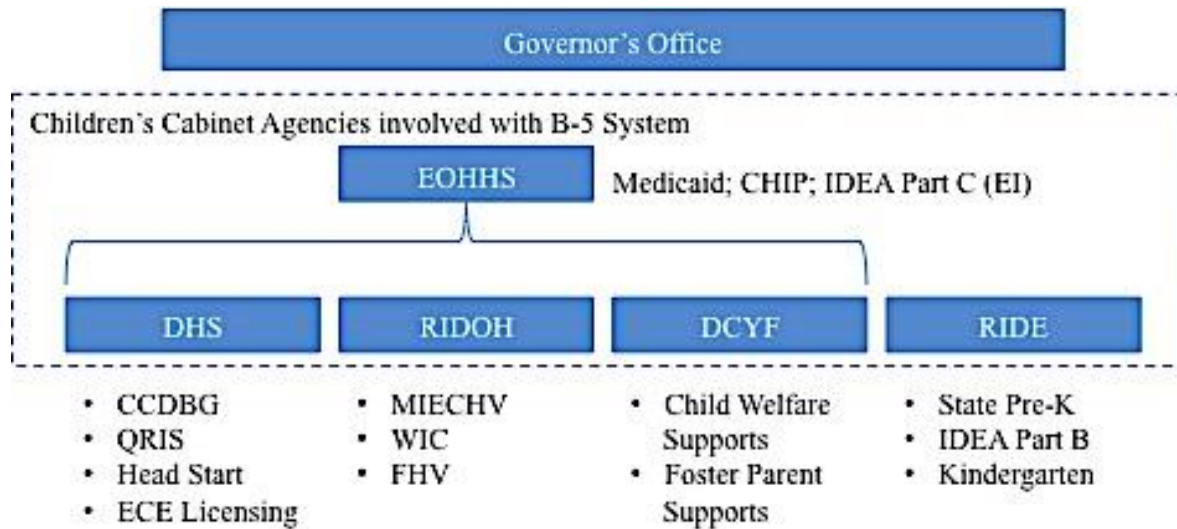
Stakeholder Chart: RI has a collaborative network of both government and non-government stakeholders involved in the assessment, planning and implementation of our B-5 system activities. Government stakeholders are detailed in *Activity 6 – Part III on pages 49-50* and in the *Organizational Capacity section on pages 53-55*. Many of the non-government stakeholders are members of the ELC, which serves as the main advisory committee in RI’s B-5 Governance structure and meets quarterly. The chart below details the current and future involvement of the key individual stakeholders across our B-5 system including child care, health and family support services:

**Project Timelines & Milestones:** Major project timelines and milestones are referred to throughout the grant. The PDG Project Manager, along with the PPE team will ensure all project timelines are tracked, monitored and refined throughout the three year grant period.

**Organizational Capacity:** EOHHS is the state's Medicaid agency and lead organization governing all RI health and human service agencies and will serve as the lead entity for this grant. Its Secretary serves as Chair of the Children's Cabinet, and its staff manages the Ecosystem, Medicaid, CHIP, IDEA Part C (EI). EOHHS has strong expertise in large-scale, interagency project and budget management; it manages RI's \$3B Medicaid program and was a lead agency for the federal, 4-year, \$20M System Innovation Model grant. will partner with the Governor's Office and fellow Children's Cabinet agencies, including DHS, RIDE, RIDOH, and DCYF (*see B-5 Organizational Chart below*). EOHHS will be responsible for project oversight, management, and fiscal management of grant activities. As a key individual in the EOHHS secretariat, DHS Director **Courtney Hawkins** will continue to oversee staff with primary grant management and implementation responsibilities, in collaboration with DHS's Asst. Director of Child Care, **Caitlin Molina**, to ensure continuation from the success of the current PDG B-5 structure. Acting EOHHS Chief of Staff and Children's Cabinet Policy Director **Kayla Rosen** will have day-to-day oversight of the PDG project manager, compliance officer, and finance specialist (positions to be posted and filled upon receipt of the grant). The **PDG Project Manager** will be responsible for meeting all project milestones and deliverables, including completing procurement processes, overseeing consultants, and communicating with key staff & directors across agencies about project progress. The **PDG Compliance Officer** will work with all partners and vendors to ensure that PDG measures, quarterly reports, and financial reports are recorded and reported accurately and on time. EOHHS finance lead **Brenda Whalen Monroe** as

well as the **PDG Finance Specialist** will oversee PDG financial management. **Kim Paull**, Director of Data and Analytics at EOHHS, will be responsible for PPE work and data system integration. The Children’s Cabinet’s B-5 Steering Committee will drive coordination between agencies and serve as the interagency Project Team for PDG B-5 Renewal. As described in *Activity 6 – Part III*, regular stock-take meetings between B-5 Steering Committee and Project Teams will convene to review progress against the goals and objectives of the B-5 Strategic Plan, and activities outlined in the PDG B-5 Renewal Grant. By design, the project teams include key staff who oversee the B-5 programs and services that support vulnerable children and families. We will use the Governance structure to coordinate the grant and ensure ongoing adjustment based on the NA findings and strategic planning work, with the PDG Project Manager and EC Coordinator joining the team to drive collaboration, coordination, and action items across departments. Team members will serve as liaisons to their respective departments and be responsible for ensuring coordination with various department units as needed. Team members include **Caitlin Molina**, Assistant Director of Child Care at DHS, **Lisa Foehr**, Chief of Teaching & Learning at RIDE, **Blythe Berger**, Chief, Perinatal and Early Childhood Health, Division of Community Health and Equity, RIDOH, **Joseph Carr**, Project Director, RI Getting to Kindergarten Initiative at DCYF, **Cara Harrison**, Early Childhood Policy Advisor at the Governor’s Office, and **Ashley O’Shea**, Director of Community Investments at EOHHS. RI’s B-5 programs are organized by department in the graphic below and are supported by the State’s higher education pipelines and the workforce pipelines at the DLT.

*RI’s B-5 Organizational Chart:*



**Program Performance Evaluation (PPE) Plan:** RI will implement a plan for the PPE that will incorporate CQI strategies that ensure the state executes the goals and objectives outlined in the strategic plan and logic model with excellence and that children B-5 have the services and supports they need to enter school educationally, developmentally and socially and emotionally ready to succeed. PPE plan will monitor ongoing activities and the progress toward the goals and objectives of the project. Key elements of the PPE will include bi-weekly meeting and input sessions on progress toward goals and objectives to stakeholders at the tactical, strategic and programmatic level: *Staffing for performance evaluation:* Guiding the performance management evaluation and the input from these groups will be a PDG Evaluation Manager at 100 % FTE with oversight by Kim Paull, EOHHS Director of Analytics. The PDG Evaluation Manager, with help from the EC Data Governance lead and PDG Grant Compliance Officer, will also convene a mixed internal/external performance management and CQI stewards group to guide the work and integrate information from other systems as needed, such as from KIDSNET, ECEDS, and Ecosystem. This team will have regular meetings, anticipated to be monthly, readjusted based on progress and needs. The PDG Evaluation Manager will outline a road map for systematically reviewing and responding to trends in data across programs/agencies and

prepare data to drive action-oriented meetings with state and local agencies. Linking data to operations through high-frequency sharing and review of data will allow agencies to learn how RI is progressing toward various goals, and identify and prioritize actions to improve performance. ***Input: Organization & Processes:*** The PDG Evaluation Manager will form and lead a PPE project team created within the B-5 governance structure. This project team will meet monthly to review metric development, implementation and progress from the performance evaluation and CQI stewards group, coordinate activities, and ensure incorporation of the results from the NAs and Strategic Plan into the PPE plan and CQI activities. This project team will focus on implementation, ongoing refinement to the PPE and logic model, and key messages and metrics we need to share with project and state leadership. The B-5 Leadership (meeting monthly), Children’s Cabinet (meets monthly) and the ELC (meets quarterly) will review progress and consider strategic recommendations from the project team to continually refine the performance evaluation analysis, the logic model, target populations or geographic areas identified in the NAs and strategic plan. ***Input: Infrastructure:*** The State has developed - and will use this grant opportunity to enhance and continue to implement - data, evaluation and CQI infrastructure assets that will provide the routinized, organized, systematic data to both performance evaluation and CQI and for ad hoc agency needs so they can continue data-driven, performance management and CQI development on their own. The key data resources are described in *Activity 6 - Data Use*. Through this grant, we will continue to both leverage these assets and enhance them to meet activity goals and to ensure long-term success. Specifically, we will integrate data from outside EOHHS including RIDE, Head Start and Early Head Start, and DLT data - to the Ecosystem to more holistically and accurately track outcomes and performance and ultimately achieving the unduplicated count of children B-5 in services or awaiting services.



Performance Indicators will be reported to the performance management/CQI team lead who in turn will report to the state team, who will own the data, performance evaluation and continuous quality improvement activities along with local partners and communities. This infrastructure will support in-depth analysis of progress, cost, and outcome indicators and refinement of the logic model and target populations. **Obstacles:** As the state plans to incorporate additional datasets into our integrated data Ecosystem, we recognize that updating and establishing, when needed, the necessary data use agreements and ensuring compliance with all relevant privacy rules will take time and may present unanticipated challenges. We are confident that we can leverage legal expertise as needed across agencies to establish the appropriate mechanisms to achieve our goals while maintaining compliance and protecting the information of those we serve. **Input: Collaborative partners to support analyzing results:** Collaborators and TA partners will support and continually refine the analysis of our results. Through years of consistent focus on the B-5 system, the state has cultivated a community of in-state and external practitioners with programmatic and analytic expertise, have successfully measured progress and held each other accountable in aligned areas, and are already organized to guide the work. These groups include the Children's Cabinet, the ELC, the B-8 Core team, the Hassenfeld team, and the EOHHS Data Ecosystem Child Maltreatment Prevention Project Advisory Group who guided a study of whole-family factors that contribute to maltreatment. **Metrics, Data Sources, Data Elements and Methodological Approach:** The metrics for the proposed process, cost, and program implementation which will guide the evaluation are described in more detail in *Activity 6, Part 1*. RI's robust data and available metrics will support a systematic approach to evaluating B-5 programs and system performance as well as engaging in CQI. By design PPE is integrated with *Activity 6*, to optimize the use of resources. Many partners within the B-5 system in RI have

evaluation, performance management and CQI built into the programs they administer; each state agency works with funded community agencies to ensure that this data is collected, cleaned, stored securely and utilized appropriately. In addition, many contracts are deliverable- and performance- based, ensuring that funding is used efficiently and only for the highest quality programs that achieve outcomes. Many activities currently embed CQI cycles (quarterly or biannually), with regularity. For planned activities that do not already use CQI these will be added and customized by activity. The PPE describes different levels of data and examples that may be used for PPE and CQI: Number and capacity of different types of ECE programs; capacity of high quality ECE programs, number of professional and non-professional staff i.e. workforce capacity, program costs, parent satisfaction of services, and number of children eligible and number of children enrolled in programs. If new data is needed as RI further develops its PPE plan, it will use existing structures to determine the feasibility of collecting new elements.

*PPE Table – Short- and Long-Term implementation outcomes:*

	<b>Outcomes</b>	<b>Indicator level Time frame</b>	<b>Data Source</b>	<b>Metric/Target</b>
<b>Monthly Reporting</b>	Greater system alignment	Systems Short Term	RIDOH RIDE DHS EOHHS	50% aligned referral criteria and referral protocols/ electronic referral system
	↑ workforce effectiveness	Program Short Term	RIDOH RIDE DHS	Aligned core competencies/ 10% increase in workforce retention
	↑ use of data to measure performance	Program/Systems Short Term	EOHHS	CQI processes used in programs at least 2x/year
	↑ resources leveraged	Program Short Term	EOHHS	Expansion of Family Home visiting expanded by 300 slots, RI Pre-K by 300 seats, I/T CC/Head Start by 100 seats
	↑ target population enrollment in high quality ECE	Child/Family Short Term	RIDOH RIDE DHS	# new children enrolled in high-quality ECE programs

	↑ % parents who feel engaged/empowered	Child/Family Short Term	EOHHS	To be developed with Family Council
	↑ in engagement and retention in services for target populations	Child/Family & Program Short Term	RIDOH RIDE DHS	40% of families have meaningful participation
Quarterly	Governance structure and process established	System Short Term	EOHHS	Structure established/ meeting frequency/ decision outcomes
	↑ access to high quality programs	Child/Family Short Term	RIDOH DHS RIDE	10% of programs will increase their BrightStars rating
	↑ the % of children who are ready for K	Child/Family Short Term	RIDE DHS	TSG assessment data
Annual	↑ 3 <sup>rd</sup> grade reading proficiency	Program Level Long Term	RIDE	RICAS scores

RI has incorporated NA findings in the selection of outcomes and indicators and aligned them with the logic model and strategic plan, with known indicators to measure cost that are collected for many programs, such as FHV or Pre-K. If additional cost information is needed a plan for data collection will be developed. RI may decide to further investigate some specific areas of work, for example, surveying focus groups to measure indicators such as *Increase % parents who feel engaged/empowered*. RI's sampling plan will include the collection of baseline information of indicators prior to implementation of PDG activities and will continue to monitor these monthly, quarterly, or annually. RI anticipates collecting information on at least 30% of the programs for adequate sample size. Agency responsibilities for data collections are in the PPE table. *Technical Assistance:* RI will work with ACF TA providers to finalize implementation-reporting plans. Together RI will identify how implementation-reporting finding will be used to inform continuous quality improvement efforts.

**Logic Model:**

**Goal:** RI children B-5 have the needed services and supports to enter school ready to succeed; **Objective:** RI children access targeted & timely services, high quality ECE, and high quality Pre-K in order to be developmentally & educationally ready for K; **PDG B-5 Goal:** RI has the necessary systems and structures in place to implement a robust, equitable B-5 system that serves our target populations. **Procedures:** EOHHS will manage the project, coordinating with 4 other state agencies in the Children's

**Target Populations:** Children ages B-5 who are (1) in poverty (2) infants & toddlers (3) have developmental delays (4) have behavioral or mental health challenges (5) victims of abuse or neglect (6) in non-English speaking families children (7) homeless

INPUTS		ACTIVITIES		OUTPUTS		OUTCOMES	
<ul style="list-style-type: none"> <li>- B-5 needs assessments &amp; strategic plan</li> <li>- Cross-Sector B-5 Approach, Governance &amp; Staffing</li> <li>- Investment</li> <li>- QRIS</li> <li>- RI Early Learning &amp; Development Standards</li> <li>- Data-driven performance management</li> <li>- Workforce knowledge &amp; competencies</li> <li>- Family centered models</li> <li>- Community engagement</li> </ul>	<b>1. Address B-5 Needs Assessments</b>		<p><b>Systems:</b></p> <ul style="list-style-type: none"> <li>- Ongoing needs assessments</li> <li>- Quality improvements</li> <li>- Integrated Data Systems</li> </ul> <p><b>Family:</b></p> <ul style="list-style-type: none"> <li>- Parent referral services</li> <li>- Parent education and governance opportunities</li> </ul> <p><b>Providers:</b></p> <ul style="list-style-type: none"> <li>- TA opportunities</li> <li>- PD opportunities</li> <li>- Improved data coordination</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>- Increase access to high-quality services</li> </ul>	<p><b>Short Term (Year 1-3):</b></p> <p><b>Systems</b></p> <ul style="list-style-type: none"> <li>- ↑ systems aligned</li> <li>- ↑ workforce effectiveness</li> <li>- ↑ resources leveraged</li> <li>- ↑ use of data to measure performance</li> <li>- Clear B-5 governance</li> </ul> <p><b>Family:</b></p> <ul style="list-style-type: none"> <li>- ↑ parents engaged and empowered</li> <li>- ↑ target population engagement and retention in B-5 services</li> </ul> <p><b>Providers:</b></p> <ul style="list-style-type: none"> <li>- ↑ Improved program quality</li> </ul> <p><b>Children:</b></p> <ul style="list-style-type: none"> <li>- ↑ access to high quality programs</li> <li>- ↑ target population enrollment in high quality ECE</li> <li>- More children are ready for K</li> </ul> <p><b>Long term:</b></p> <ul style="list-style-type: none"> <li>- More children proficient in reading by 3<sup>rd</sup> grade</li> </ul>			
	<b>2. Implement B-5 Strategic Plan</b>						
	<b>3. Maximize Parent Choice &amp; Knowledge</b> <ul style="list-style-type: none"> <li>• Introduce navigators to direct referrals and strengthen e-referral structures</li> <li>• Expand parent programming for target populations and engage parents in governance</li> </ul>						
	<b>4. Best Practices &amp; PD for Workforce:</b> <ul style="list-style-type: none"> <li>• Develop preservice training, apprenticeship model, certification pathways and mental health PD</li> </ul>						
	<b>5. Improve Quality &amp; Expand Access</b> <ul style="list-style-type: none"> <li>• Expand # of high-quality pre-k, infant/toddler, and FHV seats</li> </ul>						
	<b>6. Continuous Improvement</b> <ul style="list-style-type: none"> <li>• Use data to drive A2 implementation</li> </ul>						
<b>Conduct a Performance Evaluation</b> <ul style="list-style-type: none"> <li>• Track progress and revise the logic model</li> </ul>							

**Project Sustainability Plan:** RI has successfully sustained many of the efforts that developed out of ARRA, RTT-ELC, PDG – among others – and will similarly sustain key, proven elements of PDG B-5 Renewal Grant. For example, the 2014 PDG Expansion work has been fully sustained and even expanded by state funding. *Partnerships, Coalitions, and Systems for Sustainability:* Existing state personnel and governance structures -- such as the B-8 Core Team, the Children’s Cabinet, and the ELC -- will be core participants in all grant activities and will remain in place after the grant period has ended to carry forward the efforts. We will also incorporate new structures, such as the B-5 Steering Committee, which will ensure movement on the strategies identified in *Activity 2* to support K readiness. Members of these structures helped define the strategies in *Activity 2*, so will have the knowledge, experience, and buy-in to carry forward the strategies and activities during and after the grant period. The Children’s Cabinet and state agencies will be responsible for implementing recommendations from *Activity 2* through our newly defined governance structure (*see Activity 6*). The ELC will support ongoing coordination and engagement with a range of stakeholders to carry forward the strategic plan recommendations. Community partners (*see Stakeholder Chart*) will support ongoing advocacy and community investment in successful PDG B-5 activities. Governor Raimondo is committed to prioritizing the B-5 system and will use PDG B-5 to determine strategic investments.

***Identifying funding efficiencies:*** We anticipate that *Activities 1, 2 and 6* will provide a clear path for the development of RI’s B-5 system and will recommend activities and investments for the future. We also anticipate that pilot programs may have varying levels of success, and we will use our PPE to understand which elements should continue. We are committed to not carrying forward practices which prove to be ineffective, but rather to utilize evaluation data to make ongoing improvements to funded models and program designs. We also plan to use the

findings from our funding stream analysis, being conducted through the PDG B-5 Initial grant, to identify ways to spend funds more efficiently. The final analysis report will be completed in December 2019 and will serve an integral role in guiding the work of this grant. This report will recommend ways to blend or braid funds across programs in our mixed delivery system and will determine the existing program rules that may be negatively impacting collaboration and blending or braiding of funds. The Governor can immediately use these recommendations to develop the Recommended FY21 Budget, submitted January 2020. Already this year, through the work of PDG B-5, we have started efforts to braid Head Start and State Pre-K funds in order to add more high-quality pre-k seats. We anticipate the funding stream analysis will identify other strategies to further integrate and align funding streams to create greater efficiencies to ensure more unified and holistic program delivery. **Dissemination Plan:** We will disseminate project updates, project interim reports, final reports, and outputs through several channels to ensure that all stakeholders have access. PDG B-5 Renewal updates will be a regular agenda item at the public meetings of the Children’s Cabinet (monthly) and ELC (quarterly). The Project Team will also post information on Key B-5 websites to ensure that information is easily accessible for all stakeholders and will track site visits and downloads to understand how widely the outputs are being reviewed and used. We will also use the stakeholder and parent engagement sessions proposed in the PDG B-5 Renewal to share broader project updates.

### **Bonus Activity 1: Coordinated Application, Eligibility, and Enrollment for Families**

In 2016, RI launched its integrated eligibility system, RI Bridges. Through this implementation, RI is one of only a few states in the country that provides integrated eligibility determination across all public benefit programs including, Medicaid, TANF, SNAP, QHP and CCDF. In RI, this system runs eligibility across thirteen programs for a family applying for public benefits in RI. For example, a family may visit a DHS field office to apply for SNAP benefits, and through integrated eligibility determination, be identified as eligible for multiple public benefit programs, such as child care assistance, Medicaid and the state's cash assistance program, RI Works. RI DHS does not administer WIC benefits, RIDOH does. WIC does not require families to be documented US citizens, while SNAP does. To ensure maximum coverage, RI plans to conduct cross-enrollment analysis in coordination with funding to conduct family focus groups on two concepts; **Concept 1:** In our Family NA, of the 176 non-English speaking families surveyed, 61.9% participate in WIC, but only 22.1% participate in SNAP. Of the 180 families with a special needs child surveyed, 55% participate in WIC but only 22.9% participate in SNAP. Of the 50 families with a foster child surveyed, 34% participate in WIC but only 20.7% participate in SNAP. Of the 482 low-income families surveyed, 76.3% participate in WIC but only 39.6% participate in SNAP. In order to understand these discrepancies and develop coordinated eligibility solutions, we will analyze cross-enrollment data on families accessing WIC benefits, but not accessing SNAP benefits. This will require a RIDOH and DHS cross-agency effort to ensure dual enrollment. **Concept 2:** (DHS/RIAIEYC)- Identifying children in RI Bridges who were deemed eligible for child care assistance, but who were never enrolled with a CCAP provider, (i.e. eligible but not enrolled.) Typically, CCAP holds a caseload of approximately 17,000 children; however, on a given month, only 9-10,000 of those children actually enroll with

a CCAP provider (i.e. use their voucher.) This will require a DHS and RIAEYC collaborative effort to ensure dual enrollment. **Bonus Activity 2 - Infant/Toddler Mental health consultation:**

RI is dedicated to ensuring that there is a strong network of I/T care, and is bolstering the sector through rate enhancements, workforce development investments, and facility investment supports. In addition, RI is implementing activities to improve care in ECE programs by supporting staff and families with addressing children’s social and emotional needs. Through a combination of training, TA, and expert consultation, RI will expand on successful foundational child development and behavior guidance supports, to offer more targeted Infant and Early Childhood Mental Health Consultation (IECMHC) to support families, and ECE providers. RI pairs IECMHC’s with ECE programs to support the social, emotional, and behavioral health needs children in ECE settings, with a focus on supporting staff capacity building to better support children with diverse needs. Focusing on both the needs of the child and those of the parent/family has a broader impact and results in more greatly improved outcomes. Consultants will work with classroom and administration staff, providing targeted training and consultation to improve the program’s capacity to support healthy social emotional development. Consultation may include: 1) *Brief consultations* about individual children using classroom observations, standardized questionnaires, and conversations with program staff and children’s caregivers; 2) *Feedback and recommendations* to program staff and families; 3) *Collaborative planning* with program staff and families to identify strategies and supports; 4) *Follow-up supports* to integrate consultation recommendations, (i.e. helping families get connected to community supports and services, consulting with programs to enhance their capacity to respond to children’s social, emotional, and behavioral health needs); 4) *Program assessment* to determine goals and activities and build readiness to engage in promotion and prevention



activities; 5) *Building program capacity to support infant/toddler development and promote social emotional competence*: understanding development and developmental milestones, supporting parents to understand development, learning about effective communication, promote parent involvement and engagement, engage in reflective supervision; and 6) *Building program and classroom capacity* to identify and respond to emotional and behavioral outcomes. RI also invests in bringing early childhood mental health consultation supports to the broader field. A program's ability to implement a core set of strategies builds upon foundational PDTA curriculum focused on schedules, classroom environments, differentiation etc. These courses speak to supporting skills at the top of the Social-Emotional Foundations for Early Learning Pyramid Model Targeted Social and Emotional Supports. With PDG B-5 investments, the state has also funded the IECHM team to offer reflective practice training and consultation as part of its existing menu of supports. With the support of this grant, RI will: (1) Host monthly networking for consultants and child care providers to come together, share information, and learn about a specific topic relevant to infants and toddlers, so that they can be resources for each other; (2) Expand training for I/T care providers by expanding access to a set of I/T on-line learning modules, designed to teach ECE providers to support I/T social emotional health. RI will specifically outreach to family child care providers about using the modules because it is more flexible than having a consultant come into the home. This will significantly expand the availability of PD. The combination of these activities will result in more knowledgeable providers, identification and mitigation of early social emotional health issues, and support the use of a trauma informed approach. Detailed reporting protocols for tracking information related to these activities are currently in place. Information is reported to the state monthly and these protocols will be expanded if necessary to ensure that evaluation activities can be completed.

**Bonus Activity 3: Collaborative Transitions and Alignment from Birth to the Early Grades: RI**

will expand its current Pre-K to K Transition efforts to support strong partnerships between all Pre-K programs and their LEAs. The program expansion will also include supports for Pre-K providers to successfully transition children into Pre-K. RI's current Pre-K to K Transition Summit Series (KTSS) supports the intentional alignment and transition between RI Pre-K programs and K classrooms. As part of the series, RI brought together educators and administration from the Pre-K and K workforce for joint PD and planning, to support aligned instruction and transitional practices. The KTSS requires public school districts and community-based programs to meet on an ongoing basis to articulate and refine plans to enhance transitions from Pre-K to K. Throughout the series, teams built understanding of evidence-based practices and current research on leadership competencies and the importance of engaging families and community members in the K registration and transition process. To date, this Pre-K to K Transition model has yielded successes in all the communities who participated including, alignment of standards and expectations from Pre-K to K, community engagement events, and development of strategies to support children and parents through the transition to K. Transition teams utilized a collaborative approach that involved key stakeholders which resulted in transition plans that align children's experiences across systems and address specific needs for each community. With this funding, RI proposes to expand its capacity to facilitate the KTSS, its current PD and TA opportunities, along with an Annual Statewide Transition Summit. Over the course of the next 3 years RI will provide additional access to RI Pre-K, community and family child care programs and LEAs to engage in learning about recommended preschool to K transition practices, then collaboratively identify and implement locally designed and research-based transition policies and procedures. With increased capacity RI can accommodate 3 to 5

communities annually to participate in the KTSS. Communities will participate in 5 full days of PD summits, monthly coaching for TA, plan and facilitate family and community outreach and develop new Pre-K to K Transition Plans. Although the focus will be on Pre-K to K transitions, there will also be PD and TA targeted at supporting the successful transitions of children into Pre-K programs as well. The resulting practices will be shared with the wider audience of early learning programs in the state to improve upon the transition experiences of all children at an Annual Statewide Transition Summit. By aligning standards, curricula, instruction and assessments between Pre-K and K programs, children and parents can experience a seamless pathway that is key to a child's social adjustment and future educational success.