Hawaiʻi Early Childhood Action Strategy Year End Report: January 1-December 31, 2020

ECAS OVERVIEW

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Launched within the Governor's Office through the Executive Office on Early Learning in 2012, The Early Childhood Action Strategy (ECAS) is a statewide governmental and non-governmental collaborative designed to improve the system of care for our youngest children and their families. Action Strategy is now convened by a local nonprofit entity, Collaborative Support Services Inc. Over 80 partners work across sectors to increase the number of young children in Hawai'i who are born healthy, develop on track, are ready for kindergarten and are proficient learners by third grade.

VISION Hawai'i's young children are healthy, safe and ready to learn.

MISSION To bring together government and non-governmental organizations to align priorities for children prenatal to age eight and to strengthen and integrate the early childhood system by streamlining services, maximizing resources and improving programs to support our youngest keiki.

AREAS OF FOCUS Our work is organized into six cross-disciplinary focus areas identified through the Executive Office on Early Learning's strategic planning process that occurred in 2012. Teams in the focus areas identify goals, objectives, strategies and implementation partners to address gaps in the system of support for young children. Focus areas are co-convened by public and private partners.

FOUR KEY OUTCOMES OF ECAS

Strategies within ECAS are chosen in order to support improvement on the following four key outcomes:

- 1) The number of babies born healthy
- 2) The number of young children developing on-track
- 3) The number of children ready to learn when they enter kindergarten
- 4) The number of students thriving in 3rd grade

THEORY OF CHANGE When babies are born healthy, into safe and nurturing families, they have a much greater chance of developing on-track through their first five years of life, reaching kindergarten ready to learn, and thriving by third grade. In addition to a safe and nurturing family, young children are more likely to thrive when they have equitable access to high quality programs and services. This is especially true for young children most at-risk. The Action Strategy network works to provide young children with the village they need to thrive.



January - December 2020:

INTRODUCTION:

2020 began with the hope of systemic relief for working families in Hawai'i. Among other key provisions, the Governor's budget included a measure to extend child care and early learning to all 3 and 4-year-olds in the state. That measure, HB2543 (the Early Learning Bill), was signed into law as Act 046 in July, and proved to be one of the few legislative bright spots in an otherwise grim year.

For Early Childhood Action Strategy, and the country at large, 2020 was dominated by the COVID-19 pandemic and the health, economic and social devastation that it brought. The pandemic laid bare the glaring inequities faced by so many of our communities.

The pandemic led to a breakdown in the economic, institutional and social structures that help to sustain families with young children in Hawai'i. By November, almost one in ten residents in the state reported they were behind on rent,¹ and along with Black and Latinx Americans, Native Hawaiian and Pacific Islanders have had some of the highest rates of COVID-19 infections in the country.²

The economic fallout of the pandemic also devastated the institutions that support families with young children, including the child care industry. Before the pandemic, over half of children birth to age 5 in Hawai'i were in child care 10 or more hours each week, and the child care industry generated nearly \$300 million in revenue state-wide annually.³

KEY ECAS STRATEGIC EFFORTS AND ACCOMPLISHMENTS IN 2020

The central challenge for Action Strategy in 2020 concerned how best to respond to the urgent needs brought on by the coronavirus, without losing ground on long-term opportunities to improve the systems that support young children. In practice, this meant strategizing simultaneously on four different time horizons:

- The immediate need for crisis relief
- Planning for post-pandemic recovery
- Sustaining Hawai'i's infrastructure of support for early childhood
- Pursuing long-term opportunities to solidify comprehensive, enduring positive change in the systems that support young children and their families.

With strategic direction from our convener leadership team, ECAS and network partners identified four fundamental targets to address this past year:

1. SUSTAIN THE CHILD CARE INDUSTRY

In Hawai'i and across the country, the pandemic has devastated the child care industry.⁴ In December, the DHS office of Child Care reported to the House committees on Education, and Health, Human Services and Homelessness that:

- 7% of child care providers statewide have not reopened since the onset of the pandemic, and the vast majority of these have closed permanently

¹ Percent of households not current on their rent or mortgage and/or have no confidence they can pay next month's rent. Weekly Household Pulse Survey, U.S. Census Bureau.

² <u>NHPI COVID-19 Dashboard</u>. UCLA Center for Health Policy Research.

³ CED.org. <u>Child Care in State Economies</u>. 2020 Update.

⁴ Karen Travers and Janet Weinstein. 2020. <u>Coronavirus is pushing the US child care industry to the brink of collapse</u>. ABC News.

- 14% of child care providers have increased their rates in response to reduced capacity and increased safety costs, and many providers report that these tuition increases will be permanent

Leveraging the power of the network, ECAS mobilized in support of the child care industry. Key strategic efforts have included partnerships with PATCH Hawai'i's child care resource and referral agency to gather real-time data collection and provide supplies to child care providers in order to respond to the pandemic.

- ECAS and partners surveyed child care providers in order to understand their health, safety, and financial needs and provided legislators and departments with real-time, data on the status of the child care sector
- Authored a key report on the status of the child care industry: *Supporting Hawai'i's Child Care Providers During COVID-19*
- Built an ECAS <u>Child Care Provider Data Dashboard</u> to track the status of the child care industry in Hawai'i (in collaboration with the Hawai'i Data Collaborative)
- Mobilized business and philanthropic partners to provide appropriate cleaning supplies to child care programs caring for the children of essential personnel
- Supported the Governor's efforts to access federal dollars for childcare subsidies and bailouts
- Coordinated with the Hawai'i Employers Council to brief child care businesses on the CARES Act and Paycheck Protection Program
- With the Hawai'i Community Foundation, developed a family child care business emergency fund, using national philanthropic dollars
- With Hawai'i State Representative Linda Ichiyama, Alan Oshima and partners:
 - Participated in recovery and resilience strategy sessions & developed strategies for sustaining the child care industry through relief and recovery
 - Contributed to drafting a Child Care Stimulus Plan, outlining plans for supporting the child care sector through the State's CARES ACT funding
 - Presented to the House COVID19 Committee on short and long-term recommendations for sustaining the child care industry
- With the Chamber of Commerce

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- Elevated support for the child care industry
- With urging from ECAS and partners, DHS has taken decisive action to extend support to the child care industry including:
- Extending 71 emergency child care service contracts (valued at \$2M) to providers
- DHS made a number of temporary changes to child care subsidies, including:
 - Waiving income eligibility limits, co-payments, and family activity requirements for Child Care Connections (utilizing federal CCDF funds)
 - Increased payments to families for infant/toddler care, center-based care, and licenseexempt child care
 - Allowing POD payments to continue to flow from families to closed child care centers in order to maintain seats / sustain the child care industry during the lock-down
- Key learnings: DHS has now established pathways (with federal waivers) to increase support for families struggling to afford child care, and has found a way to channel dollars to private child care providers. It remains to be seen whether we can strengthen these pathways to maintain expanded support for the child care sector

2. PREVENT FAMILY VIOLENCE

Advocates nationwide are concerned about Intimate Partner Violence (IPV) and inadequate access to IPV services during the pandemic.⁵ As families face lost income, the looming specter of eviction, closed schools and stay-at-home orders, the number of calls to domestic violence hotlines is on the rise.

⁵ Laura D. Lindberg, et. al. 2020. <u>Early Impacts of the COVID-19 Pandemic: Findings from the 2020</u> <u>Guttmacher Survey of Reproductive Health Experiences</u>. Guttmacher Institute.

Hawai'i's Domestic Violence Action Center fielded 16,338 contacts with families between April and September of 2020, a 652% increase over the same period a year earlier.

To support family safety, ECAS Team Two has accelerated development of the *Nurture Daily* campaign. These efforts build on the Safe and Nurturing Families Framework, developed by Action Strategy's Team 2 in partnership with Frameworks Institute. These included creation of:

- Key Nurture Daily messaging
- A public service ad that ran on television during the pandemic
- A website for families and service providers supporting positive family relationships. To date, the website has had 1,400 unique visitors.
- Began designing Nurture Daily toolkits for families

3. SUPPORT SAFE PRENATAL CARE AND DELIVERY

With the risks of COVID19, clinics have reduced provision of non-emergency services. Nationwide, one in three women report that because of the pandemic, they have had difficulty accessing SRH (sexual and reproductive health) care.⁶ Protecting the health of mothers and babies both during the prenatal and postpartum periods is critical to their continued well-being.

In response, ECAS teams, partners and backbone have:

- Supported the expansion of the Midwifery Integration Home Visitation Program (MI-Home), bringing perinatal care to the most vulnerable, homeless and hardest-to-reach families
- Developed plans to support the conversion of prenatal visits to telehealth by purchasing equipment that will allow for telemonitoring of blood pressure, fetal heart rate, and blood-glucose levels
- Supported the expansion of the delivery of prenatal care through tele-practice, by helping to develop a business model for buying and distributing needed telemedicine equipment
- Supported the rapid expansion of the NEST breastfeeding text support system to include parenting support for children with infants and toddlers. The program combined a virtual hui for families with a structured program and enhanced referral support

4. REACH THE HARDEST TO REACH FAMILIES

The pandemic laid bare pre-existing economic, social and health disparities between low-income and more affluent families and between racial and ethnic groups living in Hawai'i. The families who are most susceptible to the virus also have been hit hardest by the pandemic's economic fallout. With limited access to the internet or reliable transportation, these same families often are also the hardest to reach.

In response, ECAS partners on the CHAT (the Child Homelessness Action) Team of ECAS Team 4:

- Distributed 10,000 AUW-211 flyers through the Department of Education's Grab-n-Go feeding programs in order to connect families to basic needs
- Partnered with Project Vision to provide vision care to children in housing insecure families
- Explored ways to expand the delivery of food, supplies and learning packets to families experiencing both residential instability and transportation issues
- Begun to develop a "script" or needs assessment checklist to help the community homeless liaisons connect families with young children to available resources
- Discussed how the DOE's Summer "mobile school" Bus Project might be a vehicle for reaching hard to reach families with young children
 - Joined Partners in Care's Data Committee to access and augment:
 - The information PIC collects on young children in homeless families, and
 - The supports homeless outreach workers are able to offer those families

KEY OPOPORTUNITIES IN 2020

⁶ Laura D. <u>Lindberg. 2020</u>.

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The willingness and capacity of Action Strategy teams, conveners, Funders Hui and backbone to pivot, and the relationships and the strategic alignment established over the past eight years, established the groundwork for ECAS to respond to the pandemic crisis – and seize available opportunities – this past year. Key opportunities included:

EXPANDING THE NETWORK'S CAPACITY TO WORK IN VIRTUAL SPACE

Starting in March 2020, anticipating the need for physical distancing and the impending lockdown, ECAS:

- Converted to virtual engagement and mobilization. This included moving all network meetings online and expanding our technological capacity to support teams to meet virtually
- As the broad range of implications of this shift have become clear, we converted our contract with Smallify to focus on virtual engagement, healthy mobile work cultures, organizational dynamics and individual wellbeing during the pandemic

PASSING ACT 046: THE EARLY LEARNING BILL

Act 046 establishes a statutory commitment to providing access to early learning opportunities for all 3 and 4-year-olds in Hawai'i. ECAS:

- Coordinated stakeholder meetings with Representative Sylvia Luke, HEC (Hawai'i Executive Collaborative) leadership, and the early childhood community to reach agreement on the language and scope of HB2543
- Hosted weekly meetings between January and August on implementation of HB2543 with the Hawai'i Community Foundation and the Hawai'i Executive Collaborative and early childhood partners
- Provided ongoing advocacy and support, leading to passage of HB2543
- Act 046 is one of the few (and likely the most extensive) State commitments to early learning in the US during the pandemic
- The State's budget situation will make it extremely hard to move forward on implementing Act 046 in the short term, presenting a new set of strategic challenges around how best to respond to the need to rethink implementation

LAUNCHING COMMIT TO KEIKI

Modeled after California's Choose Children Campaign, the Commit to Keiki Initiative was launched with significant financial support from the ECAS Funders Hui. The initiative is an effort to place the wellbeing of young children front and center in Hawai'i's electoral politics and public policy. The effort began with a statewide voter poll conducted in the midst of the pandemic that indicated that a substantial majority of voters (80%+) support:

- Protecting programs that support keiki and 'ohana from budget cuts
- Investments in early care and learning
- Family violence prevention programming and
- Mental health supports

Armed with this data, ECAS partners held zoom-side conversations with three out of the four mayoral candidates about incorporating priorities for young children in their agendas.

- All three expressed interest in appointing an Early Childhood Coordinator and forming an Early Childhood Council at the County level
- Incoming Honolulu Mayor Rick Blangiardi convened a post-election meeting to discuss establishing an early childhood coordinator position for the City and County of Honolulu, modeled after the Maui office of early childhood
- A meeting with Hawai'i County Mayor Mitch Roth is scheduled for early January

ACCELERATED ADOPTION OF TELE-PRACTICE

The lockdown and physical distancing orders curtailed traditional, in-person service provision. Telepractice, meanwhile, has allowed for access to medical care, early intervention services, and distance learning. Early Intervention providers report that an unanticipated positive outcome of tele-practice is that virtual meetings work better than in-person visits for some families. The ECAS Funders Hui and team partners have worked to make needed technology and Wi-Fi access available to families otherwise unable to access these services. Pandemic relief efforts have included development of innovative mechanisms for blending and braiding public and private sector dollars, and for combining state, federal and county funds. An example is the Resilience Fund created by the Hawai'i Community Foundation, The Omidyar Group and aligned partners. With backbone support, ECAS partners also received a \$1.4M Comprehensive Literacy State Development Grant to strengthen early childhood language and literacy development in the Wahiawa community.

IMPLEMENTATION OF EMERGENCY RULINGS

A key example is the set of rulings allowing the Department of Human Services to provide governmental financial support to private child care providers. These rulings included allowances for child care subsidy payments to families to be direct deposited in provider accounts to hold spaces – even when those child care providers were closed.

DEMANDS FOR BETTER DATA

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The pandemic has led to calls for clear, targeted and rapid data on needs, and the effectiveness of strategic efforts. ECAS has risen to the challenge of providing data and information in a range of ways. These have included:

- Internally, we have asked our Convener leadership team to continually assess and re-evaluate ECAS priorities and efforts
- ECAS backbone created informational updates to share carefully curated resources with network partners
- ECAS worked with DHS and PATCH to create a monthly child care industry dashboard, tracking closures, openings, vacancies, lost seats and industry needs (available <u>here</u>).
- Worked with each teams and backbone to create early childhood data dashboards to reflect how Hawai'i's young children are doing across health, safety and learning. These dashboards establish:
 - Key benchmarks of early childhood wellbeing specific to each team
 - Longitudinal trend and comparative data
 - Connections between team efforts and desired changes in interim and subsequent outcomes
 - o Links to associated State Early Childhood Plan vital signs
 - Draft dashboards are available <u>here</u>
- Worked with our evaluation consultant (Mark Cabaj) to develop and implement a process for engaging in agile, user-focused evaluation to inform project, team and backbone efforts. This has included:
 - o Developing an ECAS-specific process for implementing agile evaluation efforts
 - Conducting a user-focused evaluation design sprint focused on the Nurture Daily effort supporting safe and nurturing families
 - Preparing materials to share this process and what has been learned from this first evaluation sprint with the ECAS backbone and teams (in Q1 2021)
- Created case studies and project updates to track the implementation of key projects, and to draw key lessons for how ECAS can strengthen future hand-offs to implementation partners
- Partnered with Kamehameha Schools to build a multi-dimensional, data-rich understanding of the needs of child care providers and working families with young children in the Ewa region of Oahu.

EXPANDED SPACE TO INNOVATE AND PILOT

The urgency of the pandemic expanded opportunities for rapid implementation and assessment of projects to respond to the crisis, put the brakes on lower priority efforts, and craft and test innovative pilot efforts.

The New Directions Reentry Program is an example of a new pilot program launched this year. This effort is designed to reduce recidivism through early identification of clients with mental illness and/or substance use disorder with a particular focus on pregnant and parenting mothers. The reentry program will offer these detainees access to coordinated, gender-sensitive mental health and

substance use disorder treatment, linked to wraparound services including housing, education, skill development, peer support services, and Medicaid enrollment.

ALIGN AND EXPAND LONG-TERM PLANNING EFFORTS

These planning efforts include the Hawai'i State Early Childhood plan, the Preschool Development Grant Birth-5 implementation plan, and the early childhood behavioral health plan. ECAS plays a vital role in these initiatives, given its strategic focus, team structure, existing efforts, and core data focus. An example of a newly developed initiative is the Hawai'i Integrated Early Childhood Behavioral Health (IECBH) Plan. Funded jointly by the Department of Health, Hawaii Community Foundation and ECAS. The five-year Integrated Early Childhood Behavioral Health Plan will be completed early in 2021.

ENGAGEMENT OF THE ECAS EARLY CHILDHOOD FUNDERS HUI

In 2020, the ECAS Funders Hui rapidly pivoted to support relief, recovery and sustainability efforts. At the same time, the Funders Hui continued to pursue positive change in the systems that support young children and their families in Hawai'i, for example through their support of HB2543, the Early Learning Bill.

Regular participants in the ECAS Funders Hui include: Kamehameha Schools, HMSA Foundation, Aloha United Way, Lili'uokalani Trust, Kaiser Foundation, Consuelo Foundation, Hawaii Community Foundation, Hau'oli Mau Loa Foundation, The Omidyar Group, Samuel N. and Mary Castle Foundation, the Castle Foundation and the Weinberg Foundation. The group has been meeting regularly for the past two years (and met regularly throughout 2020).

The ECAS Funders Hui helps private foundations align their efforts around the wellbeing of young children and their families. This coordination has taken on added significance during the pandemic. Of the eleven proposals that Action Strategy teams have submitted to the funders' hui, eight have now received full or partial funding and are now either in advance planning or are in implementation.

Through the ECAS Funders Hui, private philanthropic foundations:

- Learn about the priorities of their philanthropic peers
- Discover opportunities to collaborate and share resources
- Align efforts around common priorities
- Create opportunities for shared learning around vital and emerging topics
- Have an opportunity to review ECAS funding-ready projects that have been proposed by the teams and vetted through the funding memo development process
- Share lessons learned

The collective effort and generosity of participants in the ECAS Funders Hui have proven critical to the private philanthropic response to the COVID-19 crisis. During April and May alone, Funders Hui partners pooled more than \$800,000 to support key needs identified by the ECAS network and partners. By the fall, close to \$1.5M was secured and disseminated to partners.

Funding proposals considered by the Funders Hui in 2020 include:

- Breastfeeding Support Integration
- Midwifery integration Home Visitation Program (MI-HOME)
- Nest Hui text support for perinatal care
- Expansion of LENA early language development programming
- Expansion of the Nurture Daily effort, extending the reach of public information efforts to promote family safety and access to Intimate Partner Violence and Child Abuse and Neglect resources
- Child Care Shared Services Model Pilot
- Family Child Care Pathway at Windward Community College
- Early childhood technology gifting program pilot

- Expanding family access to devices and Wi-Fi in order to deliver key services to families with young children remotely
- Needs Assessments of Homeless Families with Young Children
- Contributions to the Child Care Grant Program (Matching state funds to sustain the child care industry)

The Funders Hui has also been instrumental in supporting the recently completed *Commit to Keiki Hawai'i 2022* poll (key findings above).

ECAS POLICY EFFORTS, 2020

ECAS began 2020 with a set of policy priorities that were developed and refined by each of the six teams By January, ECAS had registered three lobbyists to engage with the Legislature, and began to submit testimony and attend hearings on behalf of priorities that impact Hawaii's young children and their families. For the 2020 legislative session, Jordana Ferreira co-chaired HECAA, the Hawai'i Early Childhood Advocacy Alliance, a statewide collaborative working to ensure equitable access of all keiki to quality, affordable, and culturally-relevant early care and education.

At the start of the legislative session in January, ECAS supported efforts to:

- Promote safe and effective discipline
- Create safer spaces for keiki and establish a resource center for families impacted by incarceration
- Expand child care tax credits for families
- Implement paid family leave
- Eliminate suspension and expulsion in public pre-k
- Support the early learning workforce
- Extend postpartum Medicaid coverage
- Increase access to child care for young keiki

Those well-laid plans were rapidly upended. First, by the Governor's introduction of the *Early Learning* Bill (HB2543), then by the coronavirus. Suddenly, the state found itself facing billions of dollars in budget shortfalls. Scrambling to respond, Action Strategy conveners identified sustaining the child care sector as a fundamental policy need. Action Strategy and aligned organizations mobilized under the banner "There is No Recovery Without Child Care," and launched an information gathering and education campaign to help ensure that the state's recovery plans recognized the vulnerability of the child care sector and its central place in the recovery, both for economic development and as a fundamental family support.

In partnership with HCAN and other community stakeholders, ECAS advocated for recognition of child care providers in CARES Act funding and family's needs for child care. ECAS worked with HCF to ensure home-based child care providers would also be able to access small business grants on the local level. Most of the counties have implemented or are considering micro business loan and relief programs for families that include funds for child care.

The Legislature was able to re-open for a brief session that ran from June 22 to July 10, 2020, focused on responding to the COVID-19 pandemic. During this brief session, Action Strategy supported:

- Additional funding to the Department of Human Services to provide directly financial support to child care providers to sustain business operations, implement new guidelines to address COVID-19 concerns, and access supplies needed to maintain the health and safety of keiki in child care
- Provision of grant-making authority to the Department of Human Services
- Funding to ensure free reproductive health care for low-income and uninsured individuals

Efforts successfully supported by ECAS in 2020 included:

- HB 2543/Act 046 Access to Learning; This measure expanded the capacity, resources, affordability, and flexibility of childcare facilities licensed by the department of human services to significantly

increase affordable and accessible childcare choices for Hawai'i's families, especially those in financial need and in lesser-served areas of the state.

- SB 126 The State Budget; With support from ECAS and partners, the budget included \$15 million to be used by the Department of Human Services to provide funds to support child care providers.
- HB 1346 Early Childhood Education; This measure prohibits the suspension and expulsion of keiki in the Executive Office on Early Learning's Pre-Kindergarten Program.

The 2021 Legislative Session

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The 2021 legislative session will unfold in the shadow of the pandemic, which has decimated state revenues and family incomes. State agencies are confronting serious budget shortfalls at the same time that families will need even more help.

Plans also call for the 2021 session to be shortened, and largely virtual (with no in-person testimony delivery).

Possible ECAS Policy Priorities in 2021

- Protecting the budgets of key safety net programs
- Measures to implement and strengthen Act 046
- Workforce development efforts
- Child care and POD subsidy rules revisions
- A proposal for safe and effective discipline efforts
- Efforts to support the child care industry

Additionally, discussions with the Keiki Caucus, and the Hawai'i Early Childhood Advocacy Alliance suggest several additional policy possibilities, including:

- Carrying forward Cares Act dollars in order to extend waivers to families
- Maintaining increased state income eligibility limits for various child care options and subsidies
- Clarifying and strengthening implementation of Act 046, the Early Learning Act, including:
 Proposed changes to the timeline, and clarification of key steps & responsibilities
 - The need for resources to implement the accreditation timeline

KEY TEAM ACTIVITIES, 2020 & TARGET SETTING, 2021

Each ECAS team maintains a set of workplans and logic models to guide their actions. In 2020:

- Each team made a rapid pivot in order to continue to meet virtually
- All teams reviewed and re-prioritized their efforts in order to concentrate on responding effectively to the needs of families and support systems during the pandemic
- The teams revisited their work plans to consider ways in which their ongoing efforts support Hawai'i's Early Childhood state plan, and the Executive Office on Early Learning's PDG birth-five implementation plan
- Team conveners have initiated reviews (both internally and with backbone staff) of key measures of team progress and related measures of success for young children and their families, including:
 - The dimensions of child and family wellbeing that they hope to improve
 - The availability of measures to help teams track their success in improving those dimensions of wellbeing, and
 - The steps that they believe will best begin to move those measures

The following table reports on the principal activities and achievements of each of Action Strategy's six teams in 2020. In addition to activities and achievements, the table includes:

- A preliminary set of measures of success for each team, and
- A set of activities that each team intends to undertake during the first half of 2021 (our next reporting period).

At this point, all teams have re-opened conversations about:

2020 UPDATE AND 2021 TARGET SETTING

ECAS TEAM 1 - HEALTHY & WELCOME BIRTHS The Hawai'i Maternal & Infant Health Collaborative (HMIHC)

| The Hawai'i Maternal & Infant Health Collaborative (HMIHC) | | | |
|---|--|---|--|
| Team 1 | Theory of Change | Conveners | |
| Team 1 HMIHC is working to improve maternal and infant health outcomes, while advancing health equity and reproductive justice, by enhancing systems and supports for | Healthy pregnancies support the health of mothers and newborns, and support the optimal, on-track development of young children. | Bliss Kanashiro (JABSOM) JoAnn Farnsworth (Consultant) Jennifer Elia (ECAS) | |
| Hawaiʻi's families and communities. | | | |
| GOALS | Key Measures of Success (a | | Tach workgroup will |
| Team 1 HMIHC will launch at least two pilot projects (perinatal substance use and breastfeeding support) and continue multiple other ongoing efforts during the first half of 2021. | Team 1 is working to establish specific metrics in 2021. Each workgroup will establish their 2021 workplan and key measures of success. Workgroup goals are likely to focus on: Early and adequate prenatal care Contraceptive use among those at-risk of unintended pregnancy Pre-term birth rate Infant mortality Breastfeeding exclusivity and duration rates Substance use during pregnancy For more details, visit.: https://hawaiiactionstrategy.org/dashboard-goal-1 | | |
| Strategies | Activities | Key Achievements in | 6-Month Targets (Jan - |
| 1) Improve systems of care and support for perinatal women with substance use disorder | Support SUD treatment providers in the insurance credentialing process Enhance the capacity of SUD treatment providers to bill medical insurance for services Develop and implement guidance on perinatal clients for the Coordinated Addiction Resource Entry System (CARES) Engage Med-QUEST managed care organizations on care coordination and support for perinatal SUD clients | 2020 Grew cross-sector / cross-discipline network to >50 members, meeting monthly as a workgroup Secured funding from DOH ADAD for pilot project to improve care for perinatal women with substance use disorder - Connected with key implementation partners, reviewing potential models for pilot, and strategizing final proposal Partners completed report assessing the integration of SUD and foster care services, including a pilot proposal ("Makua Allies Program") to increase peer support for parents with SUD. Engaged with Hawai'i CARES (treatment referral system) to enhance its training and resources regarding pregnant and parenting women - Progress delayed due to | Jun 2021) Determine structure and scope of, and pursue matching funds for, pilot project Begin implementation of pilot project with key partners Develop and implement perinatal CARES staff training module |

| | | CARES leadership changes. The workgroup has engaged the new leadership, who are supportive of the proposed training. Connected our work to other emerging initiatives to maximize impact, e.g., planning for Family First Prevention Services Act implementation, DOH ADAD State Plan, Hawaii Opioid Initiative (HOI) – Organized writing team for | |
|---|---|--|--|
| | | Pregnant and Parenting Women chapter of State Plan Partners piloting Midwifery Integration Home Visitation Program (MI-Home) to increase access to care for vulnerable clients with midwife home visits and telehealth - Additional funding received to extend MI-Home services | |
| | | Partners planning US DOJ- funded project to assess behavioral health and substance use needs and coordinate treatment for adults leaving jail/prison and in police custody – First peer specialist cohort has been trained | |
| 2) Increase access to long-acting reversible contraception (LARC) and use of One Key Question (OKQ) in primary care settings | Create a sustainability plan for OKQ training for Hawaii providers Determine strategy to Improve systems to support the use of OKQ in primary care settings Clarify buy-and-bill procedures for LARC in multiple settings | DOH MCHB (Department of Health, Maternal Child Health Branch) awarded LARC Ombudsman contract to continue work expanding and providing same-day access to long- acting reversible contraception (LARC, IUDs and implants) in all settings statewide | Continue working with hospital and various partners to expand hospitals stocking and offering LARC inpatient and outpatient; continue defining various coverages of LARC and pathways to provide same day access to contraceptives of choice in primary care settings |
| | Work with hospitals/facilities to overcome barriers to stocking LARC devices | Worked with multiple hospital pharmacies, providers, and administrators to implement inpatient LARC LARC Summary by Island preliminary report completed (summarizes LARC activities by island and facility). | in primary care settings Design a sustainability plan for OKQ training and systems support for Hawai'i |
| | | Reviewed statewide survey assessing current One Key Question (OKQ) use and | |

| | | assessing future training needs | |
|--|---|---|---|
| | | Redefined Statewide Plan to increase access to LARC in all settings | |
| 3) Promote and support breastfeeding | Pilot breastfeeding toolkit for pediatric providers in federally- qualified health center settings Update and disseminate breastfeeding-related resources for families and providers Engage with insurance providers to enhance reimbursement for lactation support | Created and disseminated "Breastfeeding and COVID-19 in Hawai'i" infographic and resource list; translated infographic into multiple language in collaboration with State/DOH partners Developed "breastfeeding toolkit" for pediatric providers in FQHCs to help address breastfeeding challenges, with follow-up support via texting or clinic-based services - Secured funding for breastfeeding toolkits pilot from Papa Ola Lokahi Presented breastfeeding toolkit pilot at USBC national conference Partners completed Marshallese breastfeeding/ texting pilot and reported on mixed-method results Expanded workgroup membership to include breastfeeding workers and advocates from five Hawaiian Islands | Begin implementation of breastfeeding toolkits pilot with key partners Strategize distribution of infographic Continue lactation reimbursement advocacy with insurance carriers and Med-QUEST |
| 4) Support the implementation of recommendations to prevent preterm birth and maternal/infant mortality | Enhance preconception counseling and screening for comorbidities that could be optimized prior to conception Increase awareness and accessibility of low-dose aspirin for pre-eclampsia prevention Enhance cervical length screening, using telemedicine for ultrasound images and consultation for short cervix Support the implementation of recommendations from the Maternal Mortality | Merged two workgroups to improve coordination and impact; broadened focus to include multiple initiatives aimed at preventing preterm birth and maternal/infant mortality Collaborating with HAH, ACOG, and Hawai'i's Perinatal Quality Collaborative (PQC) (recently convened) to engage hospital champions and pursue future initiatives – Priority issues have been identified, including obstetric hemorrhage, hypertension, and sepsis. | Submit application for Hawai'i to become an AIM (Alliance for Innovation on Maternal Health) State, with HMIHC assisting with community engagement |

| | Review and Child Death Review | DOH contracted agencies in each county to provide additional supports for Native Hawaiian and Pacific Islander pregnant and postpartum women. DOH contracted Coordinator for Child Death Review Recommendation Implementation | |
|---|--|---|--|
| 5) Collect, analyze, and disseminate data to inform the work of the team and its partners | Collect and present publicly available maternal and infant health data for Hawaii and relevant literature | Continuing to analyze and disseminate data related to maternal and infant health in Hawai'i | Prepare data to share with HMIHC based on available HHDW infant death data |
| | Partner with Department of Health on data governance and potential analysis of vital statistics data | | Use data to inform current discussion of updating HMIHC priorities and logic model |
| 6) Support legislation and other policy actions that enhance maternal and infant health and alleviate health disparities | Support efforts to expand Medicaid coverage from 60 days to 12 months postpartum Engage potential new | With Hawai'i ACOG and other partners, advocated at the legislature for 12 months of postpartum coverage for women on Medicaid, some of whom | Define purpose, procedures, and roles for workgroup and HMIHC policy work |
| | partners, with a focus on health disparities | lose coverage 60 days postpartum - This bill was not pursued in the later part of legislative session. Hawai'i Med-QUEST Division implemented a policy that Medicaid coverage would not be terminated during the COVID emergency | Design mixed-method research project on postpartum Medicaid extension "natural experiment" |
| | | Pursuing integration with existing reproductive health strategic planning team, including old and new network partners | |

2020 UPDATE AND 2021 TARGET SETTING

ECAS TEAM 2 - SAFE AND NURTURING FAMILIES

| Team 2 | Theory of Change | Conveners |
|--|--|---|
| Team 2 is working to reduce family violence and support safe and nurturing families by 1) building awareness and understanding of the issue of family violence and 2) building the skills needed to improve the quality of interactions that shape family | When young children are raised in safe and nurturing homes, they are more likely to develop on-track and reach school ready to thrive. | Jordana Ferreira (ECAS) [Through November 2020] Kerrie Urosevich (ECAS) [December 2020 – present] Kanoe Enos (A'ali'i Alliance) |

| family violence. | | | | |
|---|---|---|---|--|
| GOALS • Reduce family | | s (and current status of each) | | |
| violence in homes with young children Strengthen early childhood providers' capacities to support families and refer families at-risk Educate the general public about the prevalence of family violence and the impact to young children Strengthen our systems of support for families | C.f.: <u>https://hawaiiactionstrategy.org/dashboard-goal-2</u> 40 EC programs display the Safe and Nurturing Families messaging in their locations and materials 75% of faculty and staff of 20 programs are trained in protective factors, C-SEFEL and/or trauma informed care and FPGs 75% of families from the 20 programs receive information about protective factors, C-SEFEL and/trauma informed care from their EC practitioner 20% increase in utilization of family support programs Number of calls to AUW 211 Rates of child abuse and neglect Calls to DVAC Share a Nurture Daily tool-kit with 100 Native Hawaiian families Gather feedback on families' experience with the tool-kits | | | |
| Strategies 1. Create a <i>Nurture</i> | Activities | Key Achievements in 2020 | 6-Month Targets | |
| 1. Create a Warture Daily framework that is: Strength-based Skills-focused Based on validated national research To be used by the network of practitioners | Develop a Safe and Nurturing Families Framework Roll-out framework with early adopters - DHS, WIC, Head Start, Zero-to- Three Court | Team two's efforts gained urgency in response to the pandemic, and the potential for higher levels of family violence. The team pivoted to respond to the crisis by: Converting their efforts to working in "virtual space" & convening to identify – and strategize around – immediate needs | Prepare presentation for funders reviewing the prototype: reach / user experience / proposal for next iteration Follow-up time line: end of Q2 | |
| Develop Materials: Including messaging and outreach materials to support the framework | Develop culturally appropriate msgs built on the 'pass it back' metaphor Use the FrameWorks slide-deck to explain and implement findings Develop metaphor- based materials, including: Slide deck Google sheet for AUW 211 | Accelerated development of the Nurture Daily campaign Key steps completed include: Developed Nurture Daily infographics and content that aligns with the Safe and Nurturing Families Framework Produced a TV ad Secured TV spots Ran on TV in May [w/KS support for media buy], on major news stations during news hour Created a web platform (https://nurturedaily.org/), and Populated the platform with: Information & activities to help promote strong, positive family relationships & providing parallel information for providers Organized around 5 protective factors | Complete a Beta-test version of the website, including: 50 clickable links, content organized into 5 protective factors Track visits / use of website [What questions would we like to be able to answer?] Tracking links "in" to the website • Where do visitors go? • How long do they stay? • Who finds the website useful? are visitors finding what they need? | |

| | | | This content is relevant both during and after the stay-at- home order | Is the website driving traffic to needed resources? |
|---|--|--|---|---|
| | | | | In Q1: |
| | | | | Develop family toolkits / distribute 100, [Develop a plan to collect feedback] |
| | | | | Create toolkits [based on Frameworks] |
| | | | | Culturally appropriate materials for Native Hawaiian families |
| | | | | Finalize which families and organizations will receive toolkits |
| | | | | Conduct an environmental scan / lit review (drawing from best available resources) |
| | | | | Review available resources on CDC trauma-informed page |
| | | | | Engage Team 2 in development & review |
| | | | | What goes in the toolkit [e.g.: calendar with activities based on moon cycles] |
| | | | | Encapsulate Frameworks 5 yr sequencing roll- out plan, through a culturally appropriate lens |
| | | | | • Q-Code or link the calendar/tool-kit to the website Q2: |
| | | | | How did families engage? Gathering feedback through partner service organizations |
| | | | | Track engagement from the toolkit to the website |
| 3 | Develop Training materials to support the framework | Identify materials to include on the website for providers | Nurture Daily web site build- out includes training materials for providers (organized around the 5 protective factors) | Continue to build out the website to reach the goal of 50 clickable links (divided |

| | | | equally between resources for families and providers) |
|----|--|--|---|
| 4. | Create a family support system that connects families to support programs from the prenatal period through childhood | Expand the use of 211 as a resource and referral line in support of violence prevention. Ensure all family strengthening resources are included | |
| 5. | Identify policy opportunities to strengthen family safety | Develop potential legislation to expand family strengthening supports | • Support positive discipline legislation (working with Dr. Pantell) |

2020 UPDATE AND 2021 TARGET SETTING

ECAS TEAM 3 - ON-TRACK HEALTH AND DEVELOPMENT

| Team 3 | Theory of Change | | Conveners |
|--|---|---|---|
| Team 3 is working to ensure all children are supported to reach their optimal development by working with early childhood and healthcare providers and families. | When children with develo concerns are identified ea needed services and supp delay, they are more likely developmental milestones children who develop on- likely to be kindergarten- thriving by 3rd grade. Additionally, Children are thrive when their families knowledge, skills and reso to be strong advocates fo health, wellness and early | rily and receive borts without y to reach key s. In turn, track are more ready and more likely to have the ources they need r their children's | Keiko Nitta (DOH) Cherilyn Shiinoki (Family Hui Hawaii) |
| GOALS | | Key Measures of | of Success (and current status) |
| screened at AAP reprovided with app access needed ser There is communi home and early ch Young children's sedevelopment is sup providers, medica | screened at AAP recommended ages, provided with appropriate referrals, and access needed services There is communication with the medical home and early childhood programs | | Data Dashboard : <u>stionstrategy.org/dashboard-goal-3</u>) en (0-3 years) who have had a mental screening: Currently, the data slight downward trend in this measure. cern is that, with fewer in-person, well- its, this number will decrease further. ssibility calls for greater outreach and provision through telehealth, and g data on telehealth visits as a critical |

| Early childhood health & wellness guidelines are understood and supported in early childhood programs | | part of the screening, referral and treatment loop. (2) # of children (o-5) having a medical home - The story told by the data: The most recent NSCH data shows a slight increase. Our concern is that the pandemic will reduce the share of children receiving their care from a regular provider, particularly one that meets the medical home definition. (3) Child food insecurity rate - concern that the number will increase because of pandemic. (4) # of young children (age 6 months - 5 years) who are flourishing (how often is the child affectionate and tender, does this child bounce back quickly when things do not go his/her way, does child show interest and curiosity in learning new things, and does this child smile and laugh; must answer "always" or "usually"). Currently Hawaii has a rate of 86.4% of parents who identify that their children meet all 4 flourishing items which is slightly higher than the nationwide average of 83.8%. Hawaii has seen a dramatic increase from the 2017 data which was at 64.6% of children flourishing in all 4 items as compared to 2018 data which has 86.4%. | |
|--|--|--|---|
| Strategies | Activities | Key Achievements | 6-Month Targets |
| 1) Create a framework for a screening- referral- utilization of services feedback loop within the medical home model | Train community-based screeners on "Hawaii Developmental Screening and Referral Guidelines" Create a framework for screening/referral/utilization of services. Engage families in learning about typical developmental milestones in bite-size family-friendly pieces supported by tangible follow up activities to practice what was learned. Connections to PDGB5 MFKE Strategic Implementation Plan Objective 1: Family Focused – Develop and implement learning opportunities for families utilizing best practice materials and models that build their capacity to be engaged in their child's development. Pilot LENA program supporting developmental growth through attachment through interactive talk and reading together. | Pivoting to respond to the pandemic Revised "Hawaii Developmental Screening and Referral Guidelines for Early Childhood and Community Providers" Developed family toolkits designed to incentivize participation in developmental screening and materials and hands-on, practical ways to do and think about activities with their children to support concerns brought up by screening and overall developmental growth as part of ECCS Impact and Family Hui joint project | Align with PDG Strategic Plan and focus efforts on partnering with organizations already conducting screening to assess efforts. In 6 months, we will have a clear understanding of the current status of screenings conducted by DOH partners Promote distribution of CDC Act Early materials to families through Team 3 partners and DOH agencies (WIC, Home Visiting, Early Intervention) as part of CDC Act Early COVID- 19 grant awarded to American Academy of Pediatrics – Hawaii Chapter) Create additional sets (infant, toddler, preschoolers) of activity cards for developmental family toolkits that can be sent virtually to continue supporting families at home to test with Team 3 partners |

| | Connections to PDGB5 MFKE Strategic Implementation Plan Objective 1: Family Focused – Develop and implement learning opportunities for families utilizing best practice materials and models that build their capacity to be engaged in their child's development. | Connections to PDGB5 MFKE Strategic Implementation Plan Objective 1: Family Focused Words Matter LENA activities support both Team 6 (supporting successful early childhood transitions) and Team 3 efforts to enhance language-rich environments and child development | Pilot LENA model for families who may have hearing concerns to support language development |
|---|---|--|--|
| 2) Increase the number of children enrolled in a medical home | Promote families understanding of medical home Promote use of telehealth through technology (and making sure families have access by arranging technology gifts to families) (With each computer given, include CDC developmental milestones resources, and invitations for families to participate in program partner activities that promote support through virual/online engagement as well as information on nutrition and food security) Connections to PDGB5 MFKE Strategic Implementation Plan Objective 1: Family Focused - Develop and implement learning opportunities for families utilizing best practice materials and models that build their capacity to be engaged in their child's development. | Strategies supporting this goal have shifted in response to the pandemic. Currently distributing computers and gift cards to supplement access to technology and to the internet in order to support families' access to telehealth and tele- services | Distribute computers to families with limited access to technology, supporting their access to medical care, Early Intervention and other needed services to support early childhood development through tele-practice. Distributed 50 computers in November, and will distribute another 50 computers in January |
| 3) Implement health and wellness guidelines in early childhood | Create and deliver trainings to support Physical Activity and Nutrition Guidelines Connections to PDGB5 MFKE Strategic Implementation Plan: | Working with <u>NACDD</u> (National Association of Chronic Disease Directors) to convene virtual or in- person action plan/state engagement meeting. One of the | In partnership with NACDD, host an in-person state engagement meeting to design action/implementation plan for the ECE Wellness Guidelines Planning to conduct a research |
| | Objective 2. Provider- focused. Develop and implement learning opportunities for providers | goals is to answer: How can the ECE guidelines be used to support the | evaluation on needs/landscape readiness for ECE recognition system in HI based on ECE Wellness Guidelines |

| | of all types utilizing best | needs of the ECE | Secure funding to support ECE |
|--|--|---|--|
| | practice materials and models. | landscape? | Wellness Guideline implementation |
| | Create fun and inviting activities to engage families to learn about and incorporate what they learn into their daily lives with a particular focus on engaging families during the COVID19 pandemic. Connections to PDGB5 MFKE Strategic Implementation Plan: Objective 1: Family Focused – Develop and implement learning opportunities for families utilizing best practice materials and models that build their capacity to be engaged in their child's development. | ECE Wellness Guideline self-assessment (for providers) is created. Working with UH evaluation team to determine research study on ECE Recognition system utilizing the ECE Wellness Guidelines. ECE Wellness Guideline focused objectives in several state plans (ie. Physical Activity and Nutrition (PAN) Plan) with resources and support to plan how to measure, track, and support programs using the ECE Wellness Guidelines. | Hiring a contractor for 2021 to create resources and trainings for ECE providers to learn about and implement ECE Wellness Guidelines. |
| 4) Promote social and emotional health by developing an Infant and Early Childhood Behavioral Health Plan | Develop plan and environmental scan of resources Create pilot data system (using screening guidelines with programs for ASQ & SWYC) Advocate for large employers' taking action in support of families and promotion of child development. Identify and engage businesses in developing child development informed, family-friendly health and wellness policies and practices. Connections to PDGB5 MFKE Strategic Implementation Plan: Objective 3: Community- focused. Generate increased community understanding and support for family engagement and child development. | Received public-private funds to develop Infant Early Childhood Behavioral Health Plan. Steering committee working with contractor to draft strategic plan with input from key stakeholders, focus groups, and a survey to constituents. | Q1: Draft Infant/Early Childhood Behavioral Health Plan Q2: Enlist partners to assist with implementation of plan |

TEAM 4: EQUITABLE ACCESS TO NEEDED PROGRAMS AND SERVICES

| Team 4 | Theory of Change | Conveners | |
|---|---|--|--|
| Team 4 is working to increase access to existing early childhood programs and services throughout the state and to resolve program/ service gaps community by community. | When families with young children are able to access needed programs and services, their children are more likely to develop on- track and reach school ready to thrive. | Kaʻina Bonacorsi, Maui County Vivian Eto, Independent Consul | tant |
| GOALS | Key Measures of Success | | |
| Increase access to existing early childhood programs and services throughout the state. Resolve program/service gaps community by community. | Co-Conveners are working on measures that align with each subgroup's activities. This conversation will identify Key Process Indicators, output measures, and measures of population-level change. Conveners & backbone are meeting biweekly and are collecting data from Team 4 members. Conveners plan is to develop a draft set of measures and then meet with the team to review Potential measures to capture and track include: Children enrolled in regulated care, by age group, provider type, and geographic area Children enrolled in DHS subsidy, by age group, provider type, and geographic | | |
| | area Children in homeless families enrolled in early learning programs (# & %), and Share of eligible families accessing DHS subsidies, and Families participating in family/fatherhood engagement programs The team is reviewing <u>some possible examples</u>, relating to access to early childhood learning and family support. In February 2020, Hawai'i had 25,247 child care spaces facilities regulated by the Hawai'i Department of Human Services, including: | | |
| | 21,934 seats in child ca 1,514 spaces in infant-t 1,799 spaces in family c | oddler centers, and | |
| | As of July 2020, there were 107,493 children under age six in Hawai'i 64,172 of these children (59.7%) have all parents in the workforce, and need non-parental child care 33,755 of these children (31.4%) live in families in or near the federal poverty level | | |
| Strategies | Activities | Key Achievements in 2020 | 6-Month Targets |
| The Infant/Toddler (IT) subgroup is working to increase the access of children birth through 3 years of age to quality early care and | Increase share of income eligible families applying for child care subsidy support Partner with the DHS Child | Due to COVID-19, the team shifted focus to assess how best to support the sustainability of child care businesses in order to ensure adequate care is available | Plan to reconvene core members of I/T subgroup to 1) incorporate ongoing COVID response strategies |
| education services by addressing policy/ | Care office to revise child | first to essential workers and then when the state reaches | into subgroup workplan, 2) assess |

| regulatory/funding | care subsidy | the recovery phase, to those | | whether members |
|--------------------------|------------------------------|---|---|------------------------------------|
| barriers, supporting | administrative rules | who need to return to work. | | are championing |
| quality-improvement | | | | activities we could |
| and capacity-building | Engage businesses in | Conducted 15 focus groups | | acknowledge in |
| activities, and engaging | supporting employee | with child care providers to | | workplan, and 3) |
| new partners/ | access to child care via | understand the challenges | | examine alignment |
| advocates from other | events or child care related | they face with the | | and incorporate |
| sectors of the | legislation | implementation of new | | PDG Strategic |
| community. | | guidelines, and the support | | Implementation |
| | Strengthen and expand | they will need in order to | | Plan elements into |
| | support for FCC providers, | sustain their operations over | | subgroup workplan |
| | including accreditation | the next year. | | |
| | support | | - | Explore online |
| | | Used provider focus group | | spaces from which |
| | Increase engagement of IT | findings to determine new | | virtual discussion |
| | providers in training | priorities and craft a short- | | boards or support |
| | opportunities | term COVID action plan | | groups/forums for |
| | | focused on: | | providers could be |
| | Support growth of IT | | | hosted |
| | workforce and small | Increasing and enhancing | | |
| | business start-ups for IT | networking and information- | - | Explore |
| | care via needs assessment | sharing opportunities for | | development of |
| | research/studies | child care providers | | peer support group |
| | | | | or mentorship opportunities for |
| | Support funding, materials | Facilitating/supporting | | center-based |
| | development and activities | applications and access of | | programs |
| | for existing family | families to child care | | interested in |
| | outreach, education, and | connections subsidy | | accreditation |
| | engagement efforts (e.g., | | | accreditation |
| | Little Minds Matter, | Increasing providers' | - | Continue |
| | Vroom, Family Hui) | awareness of and access to | - | participation in and |
| | | financial supports/PPE | | support of project |
| | | | | initiative for FCC |
| | | Worked with early learning | | support – career |
| | | stakeholders and | | pathways and |
| | | representative Ichiyama to | | shared services |
| | | advocate for CARES ACT | | shared services |
| | | funding to: 1) support child | | |
| | | care programs by allocating | | |
| | | funds for contracts to be | | |
| | | administered directly to | | |
| | | programs and 2) increase child care subsidies for | | |
| | | families | | |
| | | | | |
| | | Explored needs and options | | |
| | | for building agency-capacity | | |
| | | to expedite processing of | | |
| | | families' subsidy applications | | |
| | | | | |
| | | Supported development of | | |
| | | family tip-sheet for subsidy | | |
| | | application process | | |
| | | ,, | | |
| | | Drafted position paper on | | |
| | | DHS child care subsidies | | |
| | | | | |
| | | Submitted testimony in | | |
| | | support of DHS | | |
| | | administrative rule changes | | |
| | | improving access to child | | |
| | | care subsidies | | |
| | | | | |
| 1 | 1 | 1 | ı | |

| Child Homelessness Action Team (CHAT) is working to increase access for children in unstable housing to early care and education programs and services | Expand the number of ECE programs supporting homeless children Leverage existing data sources to gain a clear picture of where to target services for homeless children Raise awareness about child homelessness/ Increase public awareness about young children experiencing housing instability | Polled CHAT members about 4 key priority areas and related strategies/activities to assess which resonated most with the team to help inform our work plan and possible sub-committee structure moving forward Created three objectives- based workgroups focused on building public awareness, increasing access to resources, and increasing/ improving use of data Learning from Partners in Care (PIC) about data on homeless families with young children collected through the Homelessness Management Information System (HMIS) ECAS has joined the PIC data committee The final deliverable for the Education Leads Home (ELH) grant – Hawaii Early Childhood Homelessness Needs Assessment (May 2020) – was submitted to the funder, and the ELH steering team will be discussing next steps around distribution and platforms to share findings. A mini-grant was awarded from Education Leads Home (ELH) to develop a brief based on the findings from the 2020 Needs Assessment that can be used with funders and policy makers. A Hawai'i team participates in ELH Community of Practice monthly sessions with 10 other state teams for information sharing and professional development around homelessness | CHAT Workgroup Leads will be convening to 1) assess where we are with activities identified in our work plan and to plan next steps; and 2) examine alignment and incorporate PDG B- 5 strategic implementation plan elements into the subgroup work plan Identify funds needed to expand upon the 2020 Needs Assessment to include a family assessment piece since this was not part of the original document Explore new partnerships to enhance CHAT work, and strengthen our relationship with housing partners, Partners in Care (Oahu) and Bridging the Gap (neighbor island) continuum of care networks, and the HIDOE Education for Homeless Children and Youth Program. Identify metrics for our CHAT work and strengthen our data collection efforts to support work plan activities. |
|---|--|---|--|
| | | monthly sessions with 10 other state teams for information sharing and professional development | |
| | | CHAT members participated in activities to promote/support the national "Hunger and Homeless Awareness Week" during the week of November 15th, including a food distribution drive for 315 families at 3 shelter sites; a social media campaign; and a breakout | |

| r | | I | ' |
|---|---|---|---|
| | | session at the statewide Homeless Awareness Conference which focused on "keiki connections" to link more keiki to needed resources and services | |
| Fatherhood Engagement subgroup is working to increase the positive involvement of father and other men in the lives of young children. | Identifying Existing Resources and unmet needs of fathers and other men with responsibility in the lives of young children Increasing Leadership and Championing of Fatherhood Initiatives Impact the Early Childhood Field to Intentionally Engage and Include Fathers and Expand the focus of fatherhood engagement opportunities to include early childhood | Collaborating with the Fatherhood Commission, the Team 4 Fatherhood sub- group has grown to include 20 participants statewide The group has identified three focus areas and was working on detailing a plan of action including strategies, activities and timelines before the quarantine During the pandemic, we focused on refining the workplan, re-engagement, and identifying action items Identification of family court as an opportunity to improve outcomes for children and families during separation, divorce & custody hearings | Develop subgroup workplan and supporting activities Create a fatherhood specific tab on keiki central Dads and Data: Create report or dashboard with Commission on Fatherhood Getting dads involved in daily activities and literacy action steps Connect with DHS, 0–3 Court, and Family Programs HI to understand [and potentially improve] pathways to mediation from Family Court in divorce and custody hearings. |
| Family Engagement and Supportive Partnerships subgroup is working to increase access to services for family engagement and parent leadership | Increase parent engagement in a child's life, and encourage program supports and family partnership Improve/access of the supports available for programs and families to develop healthy partnerships | The subgroup has been put on hold during the COVID-19 outbreak, and will be resumed after the virus has passed | Key milestones for 2021 - Convene subgroup, recruit/confirm members and establish workplan |
| Neighbor Island Networking subgroup is working to strengthen and integrate county and island-level early childhood systems and networks across Hawai`i. | Extend the networking effort to other counties & islands This effort began in Maui County in partnership with the ECCS/COMMIT team and the Maui Co. Early Childhood Resource Office. It is intended to: | This work has been put on hold during the COVID-19 outbreak, and will continue when the work resumes | Key milestones for 2021 Create baseline, county-level data sheets for each county on the well-being of young children |
| | Increase understanding of the county-level system to | | |

| | support for young children; Identify Key County level indicators of early childhood wellbeing Increase collaboration between Maui early childhood system and statewide network increase awareness of high-quality programs and services for Maui County Families with young children. | | |
|-------------------------|---|-----------------------------|--------------------------|
| Create virtual and | Expand participation in the | On hold due to the pandemic | Review user experience |
| mobile 1-stop shops | Keiki Central platform with | | and performance data |
| for early childhood | call-in and linguistic | | and work to increase |
| resources and referrals | supports via AUW 211 | | the use of Keiki Central |

TEAM 5: HIGH QUALITY EARLY LEARNING PROGRAMS

| Team 5 | Theory of Change | Conveners | |
|--|---|--|--|
| Team 5 Team 5 is working to build the capacity to foster professional development of the Early Childhood workforce GOALS • Enhance the knowledge and skills of practitioners, administrators, and other EC professionals • Support the implementation and sustainability of evidence-based practices • Increase the size of the workforce skilled in providing inclusive intervention | High quality programs and services support early childhood development, and continued quality improvement ensures a highly skilled Early Childhood workforce Key Measures of Success (and content of the second of the second | Stacy Kong, Early Intervention Kerrie Urosevich, ECAS | or the early nild development and org/dashboard-goal- selines and tracking sensure [by field of sandards as part of nildhood personnel |
| practices | Activities | Kay Achievements in 2020 | 6 Month Targets |
| Strategies | Activities | Key Achievements in 2020 | 6-Month Targets |

| Strengthen the early | Implementation of Hawaii | Pivoting to respond to the | Standards: |
|-------------------------------------|--|---|--|
| childhood workforce | Early Childhood | pandemic. | 1) Establish |
| through a | Comprehensive System of | Team 5, the CSPD, Family Hui | definitions for |
| comprehensive | Personnel Development | Hawaiʻi and partners have | certification, |
| system of personnel | (CSPD) (launched in 2019) | continued to meet during the | licensure and |
| development | The team is suplaying up to | pandemic by converting to | endorsement & |
| Bechand to the | The team is exploring ways to make tablets and Wi-Fi | virtual meetings | identify what currently exists in |
| Respond to the pandemic and need | services available to help | | Hawaii. |
| for physical distance | bridge the digital divide. | Social distancing has | |
| by exploring virtual | blidge the digital divide. | prevented Early Intervention | Identify commonalities and |
| provision of needed | Develop & Distribute Family | and Family Hui from meeting | gaps between what |
| early childhood | Develop & Distribute Family | with families in person. This has accelerated the adoption of | currently exists in |
| interventions and | Partnership Guidelines for Families entitled "Embracing | telepractice to serve these | Hawaii and national |
| services | Your Journey as Your Child's | families and children | ECSE standards |
| | First Teacher" | lammes and cindren | |
| Support the capacity | Thist reacher | The Hawaii Early Childhood | Drea com diaco |
| of families to support | | Comprehensive System of | Pre-service: |
| their young children's | | Personnel Development (CSPD) | 1) Identify and |
| development and | | officially launched, with an | compile all Hawaii |
| wellbeing | | initial focus on children with | Based EI/ECSE preservice |
| | | special needs | preparation |
| | | | programs and |
| | | Launched in collaboration with | crosswalk current |
| | | the Department of Health Early | competencies and |
| | | Intervention Section, ECAS is | standards with |
| | | co-leading and assisting with | national EI/ECSE |
| | | convening this initiative. The | Standards and |
| | | Core Planning Team has | cross disciplinary |
| | | representation from Part C | competencies. |
| | | Early Intervention, Part B 619 | |
| | | Special Education Preschool, University Centers for | 2) Pilot curriculum |
| | | Excellence in Developmental | planning tool to |
| | | Disabilities Education, Families, | embed EI/ECSE |
| | | Executive Office of Early | standards into |
| | | Learning, Early Childhood | preservice |
| | | Comprehensive Systems, | curriculum |
| | | Parent Training Institute, and | |
| | | Community Partners (e.g., Early | In-Service: |
| | | Head Start, Head Start, Home | 1) Develop and |
| | | Visiting, Hawaii Teacher | disseminate a |
| | | Standards Board) | survey to gather PD |
| | | | information about |
| | | The Hawaiʻi CSPD held half day | current trainings |
| | | virtual workshops in June and | and TA initiatives |
| | | October 2020, to support | provided across the |
| | | grantees and guide the work of | EC system |
| | | the six subgroups | |
| | | The CCOD automatic are | Recruitment and |
| | | The 6 CSPD subgroups are | Retention: |
| | | working to identify priority goals and activities, and | 1) Document |
| | | identifying needed resources, | qualifications and |
| | | responsible persons and | current recruitment |
| | | measures of success | strategies across |
| | | incasures of success | disciplines and |
| | | The Hawaiʻi Early Childhood | highlight best |
| | | CSPD developed a 6- | practice and |
| | | component strategic plan | successful |
| | | based on the | strategies |
| | | Personnel/Workforce | |
| | | component of the System | Leadership: |
| | | Framework developed by The | - |
| | | Tranework acveloped by The | |

| Working with families | Strong early childhood family | Conveners | |
|-------------------------|---------------------------------------|---|---|
| TEAM 6: STRON Team 6 | G EARLY CHILDHOOD Theory of Change | T R A N S I T I O N S Conveners | |
| TEAM 6: STRON | G EARLY CHILDHOOD | TRANSITIONS | |
| | | Funding secured to disseminate and train families on the Family Partnership Guidelines, and develop tip sheets and self-assessments | |
| | | Family Hui Hawaiʻi developed a Family Partnership Guidelines for Families entitled "Embracing Your Journey as Your Child's First Teacher" | 2) Work with teams to refine logic models for tracking process for teams |
| | | Hawaiʻi continues to be 1 of 4 "Intensive States" receiving technical assistance (TA) from the national Early Childhood Personnel Center (ECPC) | 1) Work with teams to establish baselines and key metrics for each team |
| | | Sustainability 2) Personnel Standards 3) Preservice Training 4) In Service Training 5) Recruitment and Retention and 6) Evaluation | are fully supported 3) Finalize onboarding process Evaluation: |
| | | Early Childhood Technical Assistance (ECTA) Center and ECPC. Components include 1) Leadership, Coordination and | website 2) Ensure co-leads |

| Team 6 | Theory of Change | Conveners | |
|--|---|------------------------|--|
| Working with families and communities to strengthen and smooth transitions through early childhood and into school | Strong early childhood family language and literacy practices support optimal early childhood development and school readiness | – Doug Imig, ECAS | |
| GOALS | Key Measures of Success (and c | urrent status of each) | |
| Increase the number of families engaged in early childhood literacy interventions Increase the number of communities across Hawai'i | Key Measures of Success (and current status of each) Team 6 is working to increase the number of: Children & parents enrolled in early literacy interventions 107 families in Hawai'i have participated in Words Matter / LENA Reach traditionally underserved, at-risk families On Maui, 44% of participating families have ≤ high school degree & 50% families are Hawaiian or Pacific Islander On Oahu, 62% of participating families have ≤ high school degree & 77% families are Hawaiian or Pacific Islander Families exit the LENA program with stronger early literacy practices, including: | | |

| with an active early childhood team [On hold] | # of conversational 32% increa % change in early c 90% of par parenting Increase population-level meas Share of families with a you 51.8% (NSCH Indica Share of families with a you 39.3% (NSCH Indica | ooken to children se associated with participation in I turns between adults and children se associated with participation in hildhood developmental snapshot ents report positive changes in ker ures of strong early language and ing child that sing & tell stories to ator 6.7 Hawai'i. 2018–2019) ung child that read together every ator 6.8 Hawai'i. 2018–2019) | n LENA s y domains of literacy practices: gether every day day |
|---|--|---|---|
| Strategies | Activities | Key Achievements in 2020 | 6-Month Targets |
| Implement Words Matter / LENA in diverse settings | Expand the # of implementing partners and sites on Oahu & Maui to serve more families | Traditionally, the Words Matter / LENA program was delivered by trainers working with small groups of parents and young children. The pandemic lockdown effectively suspended this service delivery model. Program cohorts underway in the spring suspended their offerings and then pivoted in order to respond to the pandemic: Our implementing partners continued to meet weekly with LENA to develop virtual program delivery models and strategize around new cohorts to launch this fall. Secured CLSD (\$1.4M) grant to strengthen early language and literacy development in the Wahiawa community | Implement LENA 3.0 programming with new and existing partners Launch first cohorts with Read to Me International Launch first cohorts under the Early Literacy Grant (offered by Family Hui Hawai'i as part of the Wahiawa collective) Offer LENA SP services to deaf and hard of hearing children |
| | Retool the Words Matter / LENA program to allow for virtual and hybrid delivery models | LENA offered a retooled, virtual training for all current and prospective Hawai'i partners, September, 2020. Virtual (and hybrid) Words Matter / LENA programs were launched (winter 2020) | Provide LENA START programming to 60 additional families (by end of Q2) |