

## **Project Summary/Abstract**

Project Title: Preschool Development Grant Birth-Five (PDG B-5) Planning Grant  
Response to HHS-2018-ACF-OCC-TP-1379

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This project proposal reflects the partnership of two Massachusetts secretariats- the Executive Office of Education (EOE), and the Executive Office of Health and Human Services (EOHHS). These secretariats and the agencies within them are responsible for all state-level funding, policymaking, planning, oversight and data related to programs serving children birth to five. While EOE is the applicant for the grant, our proposal reflects a collaborative project management structure, with the Secretaries co-chairing an Executive Steering Committee that will oversee grant activities. The day to day management of the project will be through an Operational Steering Committee, co-chaired by the Undersecretaries of EOE and EOHHS, and comprised of senior leaders from key child-serving agencies. This cross-secretariat and cross-agency project management structure has been key to the successful implementation of several other system-building efforts in Massachusetts. We believe that using this structure will help move the work forward faster, and sustain it after the grant period ends, thereby increasing the opportunity to improve outcomes for Massachusetts children.

EOE is the designated state entity to manage the grant because its purview includes three of the four participating agencies- 1) the Department of Early Education and Care (EEC), which serves as the State Administrator for the Child Care Development Block Grant; 2) the Department of Elementary and Secondary Education (DESE), which is the State Education Agency; and 3) the Children's Trust, which operates the Healthy Families home visiting program. The fourth participating agency, the Department of Public Health (DPH), is part of EOHHS, and oversees home visiting programs as well as Early Intervention and WIC.

We will use data and information from these participating agencies, in partnership with parents and key stakeholder groups, to inform 1) a comprehensive needs assessment and 2) produce an action-oriented strategic plan. The strategic plan will focus on the three final key activity areas in the grant – 3) improving parent choice and knowledge through an online parent portal, and through more effective implementation of screening using the Ages and Stages Questionnaire (ASQ); 4) expanding and coordinating training for all staff working with children; and 5) an integrated data system that will enable to analyze and track child services and outcomes longitudinally, from home visiting to early intervention to early education, through K-12 education, and into post-secondary. Through this PDG B-5 project, we will significantly improve outcomes for infants, toddlers and preschoolers across the Commonwealth.

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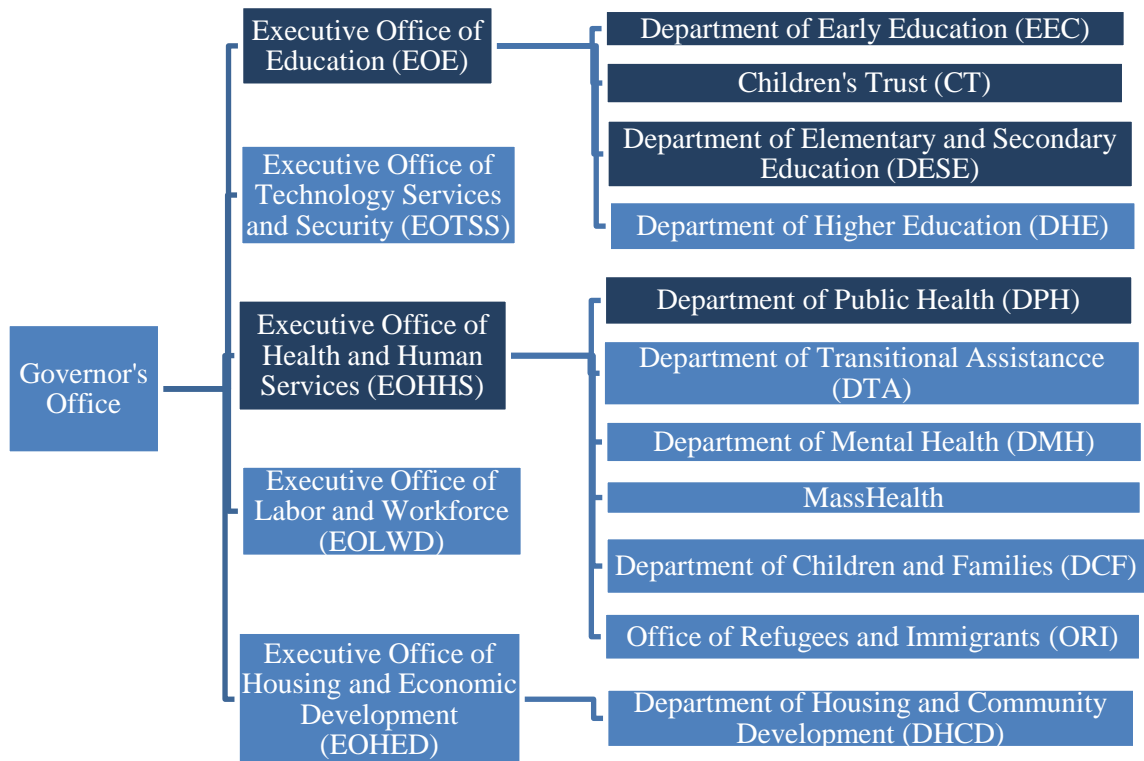
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I. *State B-5 Mixed Delivery Description and Vision Statement*

**Current Landscape of B-5 Mixed Delivery System**

The Birth to Five (B-5) mixed delivery system in Massachusetts includes a multitude of programs serving young children that receive funding from local, state, federal and private streams, but all the state funding devoted to serving children birth to five falls under the auspices of the two Secretariats that will be leading this grant- the Executive Office of Education (EOE), led by Secretary James Peyser, and the Executive Office of Health and Human Services (EOHHS), headed by Secretary Marylou Sudders. Other Secretariats will also be collaborators in this effort (see Figure 1), but EOE and EOEHHS are the main Secretariats in the birth to five space.

**Figure 1. Organizational Chart of Massachusetts B-5 Mixed Delivery System**



EOE is the designated state entity to manage the grant because its purview includes three of the four agencies that represent the majority of the mixed delivery system as defined by the Every Student Succeeds Act (ESSA). The three participating agencies include: 1) the Department of Early Education and Care (EEC), which serves as the State Administrator for the Child Care Development Block Grant (CCDBG) and manages and oversees all CCDBG programs and funding, including child care licensing, quality improvement, subsidies, and the Head Start Collaboration Office; 2) the Department of Elementary and Secondary Education (DESE), which is the State Education Agency that manages and oversees all local education agencies (LEA's), and Special Education Part B; and 3) the Children's Trust, which operates the Healthy Families home visiting program. The fourth participating agency, the Department of Public Health (DPH), is part of EOHHS, and oversees home visiting programs as well as IDEA Part C/Early Intervention, and Women, Infants and Children (WIC). Figure 1 provides an overview of this organizational structure, with the navy blue shading representing project partners. These agencies, in collaboration with Head Start, local LEAs and community-based programs and with support from philanthropic organizations like the United Way, manage the programs that comprise Massachusetts' early childhood mixed delivery system, as described in Table 1.

**Table 1. Programs included in Massachusetts B-5 Mixed Delivery System**

<b>Program</b>	<b>Agencies and Organizations</b>
<b><i>Licensed child care and public Pre-school</i></b>	
Public Pre-School	DESE, Local Education Agencies (LEA's)
EEC Licensed Childcare and other subsidized childcare	EEC
Federal Preschool Expansion Grant Classrooms and the Commonwealth Preschool Partnership Initiative (CPPI)	DESE, EEC, LEA's, community-based organizations

(state funded preschool model to be implemented in 2019)	
Head Start	Head Start, EEC
<b><i>Special Education</i></b>	
Early Intervention (IDEA Part C)	DPH
Pre-School Special Education (IDEA Part B)	DESE
<b><i>Family Engagement and Support</i></b>	
MIECHV Home Visiting	DPH, Children's Trust
Family Engagement Programs	EEC, Children's Trust
WIC	DPH
Early Childhood Mental Health Supports	DESE, EEC, DMH
Children's Behavioral Health Initiative	EOHHS, MassHealth, EEC, DPH, DMH
<b><i>Local Developmental Screening and Data Collection</i></b>	
Massachusetts Early Childhood Comprehensive Systems (MECCS)	DPH, United Way
United Way DRIVE Initiative	United Way, EEC

### **Key Partners and Stakeholders in the B-5 System**

Working under the oversight of EOE, EEC regulates and funds services for children in Massachusetts as part of a mixed delivery system that includes group and center-based programs, out-of-school time programs, family child care homes, public preschool programs, private preschool programs, and Head Start programs, which are also federally funded. EEC is responsible for licensing early education and care and out-of-school time programs throughout Massachusetts and for providing financial assistance to eligible families seeking early education and care or out-of-school time programs that serve approximately 55,000 children, birth to fourteen years of age, from low-income families. The Children's Trust supports eight different programs that partner with parents to help them build the skills and confidence they need to make sure kids have safe and healthy childhoods. These programs include, Healthy Families Massachusetts home visiting, sexual abuse prevention efforts, and parent education initiatives, such one particularly focused on providing training and support to fathers. This work is

accomplished through a network of over 100 of the state's local community organizations, providing high-quality services to help families thrive and keep children safe. Finally, DESE is our state education agency charged with ensuring an excellent public K-12 system to prepare every student for success in life, including public Pre-K (referred to as K-1 in Massachusetts). DESE's work includes licensing educators, distributing state and federal education money from state Chapter 70 funding and federal Titles 1, 2, 3, 4, IDEA Parts A and B, and Perkins, helping districts implement learning standards, overseeing statewide standardized tests, monitoring schools and districts, convening districts and individuals to share best practices, and collecting data to inform state and local decisions. Additionally, DESE and EEC jointly oversee the federally-funded Preschool Expansion Grant classrooms, a collaboration which will continue with the state-funded CPPI model.

These education agencies, with the support of the Executive Office of Education, work closely and collaboratively with one another, and other parts of state government, including many of the agencies that fall within the Executive Office of Health and Human Services' purview. The Executive Office of Health and Human Services (EOHHS) is the largest secretariat in Massachusetts and focuses on serving the health, resilience and independence of Commonwealth residents. Within EOHHS, multiple agencies provide critical supports to families of children aged birth to five, including DMH, DTA, DCF, MassHealth, and particularly the Department of Public Health, which will be a lead partner in this effort.

The Department of Public Health (DPH) regulates, licenses and provides oversight of a wide range of healthcare-related professions and services. Additionally, DPH focuses on preventing disease and promoting wellness and health equity for all. The Bureau of Family Health and Nutrition (BFHN), a specific division of DPH, provides programs and services for

mothers, infants, children and youth with special health needs including birth defects, data translation and other special health and nutrition services, including Early Intervention Services and Maternal Infant Early Childhood Home Visiting (MIECHV) and The Women, Infants and Children Program (WIC) which is a nutrition program that provides healthy foods, nutrition education, breastfeeding support, and referrals to healthcare and other services, free of charge, to low income Massachusetts families.

### **Successes of the Current System**

One of the biggest successes of the current B-5 system is that many cross-agency and cross-Secretariat partnerships and programs already exist. Perhaps the most compelling success of the current system is that information technology services are managed centrally at the Secretariat level. This means that while each respective agency is still the owner of protected information specific to children and families, EOE and EOHHS have IT staff who work with the agencies to host this data through various IT applications and interfaces. This provides greater opportunities for agencies to collaborate on data sharing initiatives, and on ensuring alignment across new systems that will be used by the same providers, schools, families and children.

Both EOE and EOHHS have developed integrated data systems that allow for data to be de-identified and tracked longitudinally. At EOE, this system is based on securely sharing child-level data across agencies, un-duplicating it, and then assigning a unique State-Assigned Student Identifier (SASID) to that child if one has not already been assigned. All students enrolled in Massachusetts public schools have SASIDs, as well as all students enrolled in higher education. EOE is on the verge of extending this unique identifier system to all children receiving child care subsidies from EEC, as well as all children in Early Intervention/Part C programs at DPH. In

addition, all public schools have access to specific analytical information through the state's Edwin Analytics database, providing insight into everything from attendance to post-secondary earnings.

At EOHHS, the Master Data Management (MDM) data-sharing system connects the data of seven agencies, providing the opportunity to un-duplicate information across the system. In addition, DPH is also in the process of developing the Public Health Warehouse, which will link de-identified child level data beginning with birth records and Medicaid claims (e.g., screening, Behavioral Health and/or development services), and hopefully include Early Intervention/Part C, WIC, and MIECHV home visiting.

These data sharing successes are the foundation of being able to connect information across the B-5 mixed delivery system, allowing public schools and community-based organizations to coordinate transitions when children move among and between programs or are served by multiple programs. EOE and DESE have proven the ability to securely share this type of information across agencies through the continued success of the State Longitudinal Data System (SLDS) development. Through the SLDS project, EOE and DESE partnered with the Executive Office of Workforce Development to track the career paths of students who graduated from career technical education programs, including whether or not they worked in their intended program of study, and how much they earned over time.

Wanting the opportunity to do more of this type of data-driven policy analysis, the Commonwealth reached an even bigger data sharing milestone recently. Every state agency in the Executive Branch has now signed a common Memorandum of Understanding (MOU) that facilitates and champions data sharing. Based on that MOU, agencies can develop specific data



sharing agreements more quickly and easily, clearing the way for even greater coordination across the mixed B-5 delivery system.

In addition to data sharing, B-5 mixed delivery successes include a collaborative effort across EEC, DESE and the Department of Higher Education to develop aligned early learning standards. The federally-funded Preschool Expansion Grant efforts has also led to greater collaboration between EEC and DESE, and by extension, between private programs and public school districts at the local level. Although a federal program, the Head Start Collaboration Office is located at EEC, supporting coordination between state early education efforts and those of the federal Head Start program. In Massachusetts, there's additional alignment with Head Start because the vast majority of Head Start programs are licensed by EEC as early education and care providers. Massachusetts also collaborates with DESE, DPH and EEC to ensure the needs of special education students are met.

DPH's Massachusetts Early Childhood Comprehensive Systems Project (MECCS) is another mixed delivery system success, leveraging partnerships across city, state and federal agencies, private organizations, businesses and individuals. The goal of the project is to develop, build and strengthen those relationships to create a seamless system of care for children from birth until they enter kindergarten, with a goal of ensuring children thrive by age three.

The Executive Office of Education and the Executive Office of Health and Human Services also have a strong record of partnering with other Secretariats to better serve children and families. EOE and EOHHS joined forces with the Executive Office of Housing and Economic Development (EOHED) and the Executive Office of Labor and Workforce Development (EOLWD) to work on a new system-building effort called the Learn to Earn

Initiative (LTE). The goal of the LTE initiative is to help more unemployed and underemployed individuals and their families achieve greater levels of self-sufficiency and success. The initiative is focused on aligning eligibility, service delivery and data across six public benefit programs, including subsidized early education and care. The Integrated Eligibility System (IES) is another mixed delivery system effort that includes both EOE and EOHHS, as well as EOHED. IES will improve the process of applying for public benefits, including subsidized early education and care, while also improving administrative accuracy and streamlining access to services for the most vulnerable families.

Finally, the work of the Massachusetts' Early Literacy Expert Panel (ELEP) has had great success in making recommendations to improve early literacy through a mixed B-5 delivery system. Legislatively established in 2011 by An Act Relative to Third Grade Reading Proficiency, the Panel is co-chaired by EOE Secretary Peyser, with EOE Undersecretary Ann Reale serving as his designee, and Nonie Lesaux, the Chair of the EEC Board (which also serves as the State Advisory Council on Early Childhood Education and Care). The other Panel members are representative of the B-5 mixed delivery system, including a pre-school teacher, two multi-service early education program directors, a pediatrician, the leader of an early childhood advocacy organization, a professor with expertise in English language learners, and a school superintendent. In August, the Panel unanimously agreed on a set of recommendations to state education agencies on the alignment, coordination, implementation and improvement of existing efforts related to children's literacy outcomes. The Panel chose to focus first on aligning developmental screening across the B-5 system, and their recommendations to state agencies centered around the selection of a specific screening tool for children birth to five- the Ages and Stages Questionnaire.

### **Known Gaps and Areas for Opportunity**

Massachusetts has a strong foundation for building a comprehensive, excellent, efficient and sustainable mixed B-5 delivery system. However, there is significant work ahead to close known gaps and realize the opportunity of data sharing and program alignment. To ensure that all Massachusetts children enter school ready for social-emotional and academic success, there is work to be done at two levels- making the existing mixed delivery system collaboration more intentional and strategic, as well as targeting populations that are in particular need of additional support.

Although both EOE and EOHHS have developed integrated data systems and unique identifiers, there is no unified data system to share information about children B-5 across all programs. Similarly, while the existing mixed delivery system has many opportunities for families to learn about healthy child development, and access services to support that development, there is no single state-level source to help families see their child's progress across multiple programs. And if a family needs access to services for their child, they often need to navigate multiple agencies, eligibility standards, and application processes. At the same time, programs and educators lack opportunities for training and sharing best practices.

In addition to there being a need for increasing state collaboration and coordination, there is also opportunity to target populations that are particularly struggling. Massachusetts public schools are recognized as best in class among the states, and yet we see disturbingly high numbers of students who are falling short of achievement benchmarks. For example, our 2018 Massachusetts Comprehensive Assessment System (MCAS) results show that statewide 48% of our third grade children scored below proficient, with ten high need, low-income districts

ranging from 64-84% below proficiency. Our state ESSA plan acknowledges this, noting that “despite our overall success, substantial gaps in student outcomes persist in our state, and too often those gaps are correlated with students’ racial/ethnic identification, family economic background, disability status, and English language proficiency.”

### **Vision Statement**

The solution to meeting these challenges is to focus on building and supporting a true system of supports for young children and their families. The PDG B-5 investments described in this proposal outline a plan to develop a more sophisticated understanding and analysis of what’s missing in our systems of support. The PDG B-5 will also create a forum for us to craft a strategic plan to coordinate, align and target existing programs for quality improvements and expanded access for vulnerable families. By identifying and addressing gaps in services and inefficiencies in coordination, we will use this opportunity to ensure that the B-5 mixed delivery system prepares young children for success the K-12 system while supporting parents in their role as their child’s first teacher.

Since we know from developmental science that gaps in outcomes begin well before children enter Kindergarten, and that early supports can mitigate the challenges of these adversities, we know that we must focus our efforts on flagging delays and engaging families earlier. We will reach this charge by focusing our efforts on developmental screening, including developing a cross-agency screening platform, a suite of trainings focused on family engagement and screening data usage, and a referral tracking system. As screening is a critical first point of access into state programs for families, this will result in more families and children engaged in the system. Additionally, efforts around developmental screening will build stronger connections

across state agency programs, including strengthening existing policies and data systems, in order to give families and early educators the tools they need to succeed: better training, more transparent information, and improved access to referrals and services. When families and early educators are better able to work effectively with children, flag delays early, and seek additional help if needed, then fewer children enter kindergarten behind their peers, and more children thrive in elementary school and beyond.

Ultimately, we envision a mixed delivery early care and education network robust enough to provide equitable access to quality supports for all families to enable the development of all children into lifelong learners and contributing members of their communities. This system will increase both quality and efficiency, in our programs, services and systems supporting them.

## *II. Organizational Capacity and Management*

### **List of Agencies and Key Individuals with Roles/Responsibilities**

This project proposal reflects the partnership of two Massachusetts secretariats. As described in section I., EOE and EOHHS and the agencies within them are responsible for all state-level funding, policymaking, planning, oversight and data related to programs serving children birth to five. While EOE is the applicant for the grant, our proposal reflects a collaborative project management structure, with the Secretaries co-chairing an Executive Steering Committee that will oversee grant activities. The day to day management of the project will be through an Operational Steering Committee, co-chaired by the Undersecretaries of EOE and EOHHS, and comprised of senior leaders from key child-serving agencies. This cross-secretariat and cross-agency project management structure has been key to the successful implementation of several other system-building efforts in Massachusetts. We believe that using

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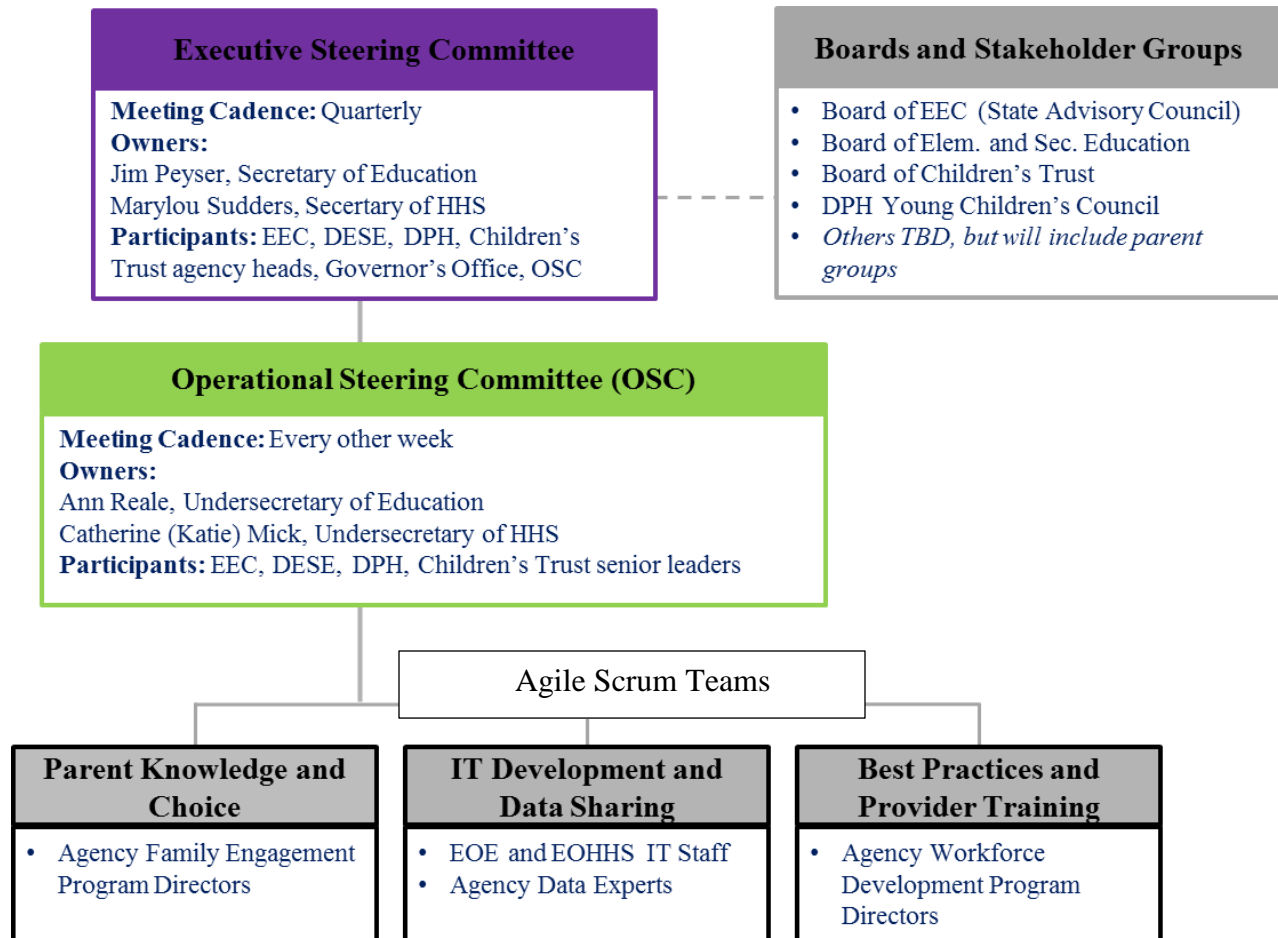
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Other state agencies and programs will play a key role as collaborators, including the Department of Transitional Assistance (DTA), which administers TANF and SNAP; the Department of Housing and Community Development (DHCD), which administers subsidized housing and homeless shelters for families; MassHealth, which administers CHIP and Medicaid, and the Department of Mental Health (DMH), which provides mental health services to children and families. We will also work closely with Head Start providers and the local Head Start Association, and with the Head Start Collaboration Office which is housed within EEC.

### **Proposed Management Structure**

Ann Reale, Undersecretary and Chief Operating Officer at EOE, and Catherine Mick, the Undersecretary of EOHHS, will Co-Chair an "Operational Steering Committee", the core group in an agile scrum project management structure, as described in Figure 2. Agile scrum methodology was initially used to manage large IT projects, and has since been adapted to organize any type of complex undertaking. The approach creates a cadence of accountability and clarity to complete specific components of a large task in small, time-bound increments (usually two week "sprints").

**Figure 2. PDG B-5 Project Management Structure**



Both Ann and Katie have participated and led projects using agile scrum. As Co-Chairs of the Operational Steering Committee (OSC), they will manage twice-monthly meetings with the leaders of three “scrum” teams- 1) Parent Knowledge and Choice; 2) IT Development and Data Sharing; and 3) Best Practices and Provider Training. The members of each of the scrum teams will be agency staff and stakeholders with subject matter expertise in their respective key areas, responsible for putting together key documents and recommendations for review by the Operational Steering Committee (OSC).

At critical points in the project, the Undersecretaries and the other members of the OSC will report out to the Executive Steering Committee, co-chaired by the Secretary of Education,

Jim Peyser, and the Secretary of Health and Human Services, Marylou Sudders. The Executive Steering Committee (ESC) will also include the heads of the four participating agencies, so that the highest state officials from the key child-serving agencies are directly involved in this effort. The ESC will review the needs assessment and strategic plans upon completion and will also meet to discuss the strategic plan implementation status and year 1 progress and planning for year 2 of the grant. While promoting horizontal cross-agency collaboration, this structure also provides vertical accountability, since each of the participating agencies has a member on the Operational Steering Committee who is a direct report to a member of the Executive Steering Committee. In addition, Secretary Peyser and Secretary Sudders both have seats on the Board of Early Education and Care, which serves as the State Advisory Council on Early Childhood Education and Care, ensuring even greater coordination across stakeholders. A strategic planning and policy liaison from the Governor's Office will also participate in the Executive Steering Committee.

Since all of the state agency staff participating on this project will still have other day-to-day responsibilities, we are proposing hiring a full-time PDG B-5 Project Manager (the "Project Manager") to assist in organizing all project meetings, compiling related agendas, materials, and presentations, and doing analysis and writing as-needed. The Project Manager will be an independent contractor, hired through an existing state vendor with whom EOE has a history of successfully contracting highly qualified IT and project management personnel. The Project Manager will also work on procurement efforts related to hiring the additional vendors to support the work of all activities, and assist in coordinating their work with the work of the agile scrum teams.



Upon receiving the grant award, EOE will post the job description for the Project Manager, and EOE staff will organize a kickoff meeting of all the participants in the Project Management structure shown in Figure 3. One of the first tasks of the Operational Steering Committee will be to issue request for proposals (RFP) accordingly to complete the needs assessment, strategic plan, and performance evaluation, develop the parent portal, develop the training and workforce development supports, and design the integrated data system. Currently, EOE expects to procure four vendors following state procurement laws which require funding to be in place before contracting – 1) a research firm with expertise in data analysis, business process redesign and strategic planning to conduct these key areas of the needs assessment, guide the strategic planning efforts and support the ongoing program evaluation work; 2) an IT vendor to develop the parent portal (Activity 3) and build out the state data systems as required in Activity 5; 3) a communications vendor to develop materials to provide information to parents in response to gaps identified in the strategic plan; and 4) a training vendor to develop training content for the LMS to fill training gaps identified in the strategic plan. The hiring of the research firm and IT vendors will be prioritized immediately upon initiating the work of the OSC; requirements will be ready and the RFPs will be reviewed and posted immediately. The procurements for the communications and training vendors will be informed by the needs assessment and will be posted upon the completion of the review of this activity. Massachusetts has developed lists of preapproved vendors which have been used successfully to conduct quick procurements and expects to complete within two months.

In addition to the PDG B-5 Project Manager, grant funds will also be used to support a Data Architect, who will work closely with the IT Development and Data Sharing team to develop a plan for creating an integrated B-5 data system. Depending on the level of expertise

and time needed, the Data Architect may be hired off of a statewide contract for staff with this type of IT expertise, or could be a key part of a team proposed by the vendor we plan to hire to assist with the integrated data system development.

A requirement of all the vendors that are eventually hired to work on this initiative is that they have experience working on projects that are culturally and linguistically responsive, to ensure that any resulting work or materials will be accessible and usable for all families. Procedures in use by DPH that integrate the national Culturally and Linguistically Appropriate Services (CLAS) Standards into procurement expectations will be considered.

### **Qualifications, Expertise and Experience of Key Staff**

Ann Reale is the Undersecretary and Chief Operating Officer of the Executive Office of Education (EOE). In her role, Ann is responsible for EOE's fiscal, IT, and Human Resources divisions, and serves as Secretary Peyser's lead policy advisor on early education issues, as well as the lead on all cross-Secretariat initiatives. Ann is the co-chair of the Early Literacy Expert Panel, and serves as the Secretary's Representative on the Interagency Council on Housing and Homelessness, as well as the Black Advisory Commission and the Latino Advisory Commission. Prior to her current role, Ann served as the first Commissioner of EEC, one of the key participating agencies in this grant. In that role Ann learned firsthand what it means to build a mixed B-5 delivery system, since EEC was the first of its kind in the country to consolidate early education and care services across both health and human services and education. From 2009-2015, Ann was a Principal consultant in the Education Division of ICF International in Washington DC, providing technical assistance in early education at the national level.

Catherine Mick is the Undersecretary of the Executive Office of Health and Human Services, which includes the Commonwealth's twelve health and human services agencies. In

her current role, Catherine and the HHS core leadership team oversee multiple cross-Secretariat initiatives. Catherine was previously the Chief Operating Officer of the Pappas Rehabilitation Hospital for Children, which provides medical, rehabilitative, educational, recreational, habilitative, transitional, and complementary alternative medical services to children and young adults with multiple disabilities, in a culturally and linguistically responsive way, assisting them to achieve their optimal level of independence in all aspects of life. She was also the former Chief Administrative Officer of EOHHS.

### **How PDG B-5 Activities Align with Existing Mixed Delivery System Initiatives**

The proposed activities for this grant will build on multiple initiatives already in process at EOE and EOHHS as listed in Table 2.

**Table 2. Current Initiatives within EOE and EOHHS**

Secretariat	Initiative	Agencies Involved	Relationship to PDG B-5 Grant
Executive Office of Education (EOE)	State Assigned Student Identifier (SASID) Project	DESE, EEC, DHE, DPH	State Assigned Student Identifier (SASID) are unique identifiers that are assigned to students receiving educational services funded with public dollars. SASIDs help agencies track child level enrollment across the public education landscape. We will build off this work to develop an unduplicated count of children as part of the PDG B-5 grant.
	Family Engagement Consortium	EEC, DESE, DHE, DPH	With funding from the Council of Chief State School Officers, the Federation for Children with Special Needs is leading an effort to develop a Statewide Family Engagement Center. This group, with support from EEC, DESE and DHE, has begun the development of the Birth to Grade 12 family engagement framework that can be utilized in the PDG B-5 activities.

Executive Office of Health and Human Services (EOHHS)	Master Data Management (MDM) System	MassHealth, DTA, DMH, DSS, EOE, DYS, DCF, DESE	Master Data Management (MDM) assigns identifiers to program participants across the participating agencies. It helps participating agencies understand how “common clients” across the programs, and will also be work we can build off in developing an unduplicated count.
	Massachusetts Early Childhood Comprehensive Systems Project (MECCS)	DPH	MECCS collaborations in Chelsea and Springfield are strengthening provider use of data to enhance program delivery and address service gaps, including through the use of the Ages and Stages Questionnaire.
	Public Health Data Warehouse (PHD)	DPH, MassHealth, DTA and DMH, as well as other agencies TBD	DPH is in the process of developing the Public Health Warehouse, which will link de-identified child level data beginning with birth records and Medicaid claims (e.g. screening, Behavioral Health and/or development services), and hopefully include Early Intervention/Part C, WIC, and MIECHV. This work can also be leveraged for PDG B-5.
EOE and EOHHS jointly	Integrated Eligibility System (IES)	DTA, DHCD, EEC, MassHealth	IES will improve the process of applying for benefits while also improving administrative accuracy and eliminating avoidable redundancies and is part of the larger context around state-level data systems that PDG B-5 will also support.
	Learn to Earn Initiative (LTE)	DTA, DHCD, EEC, MassHealth, EOLWD, DOR, DUA,	LTE focuses on individuals on public benefits, through the lens of creating better coordination and collaboration across programs, and has help set a precedent around cross-agency collaboration that will be further expanded on with the PDG B-5 activities.

### **Lead Entity Capacity to Administer and Manage Grant Funds and Activities**

EOE is well suited as the lead entity to administer and manage grant funds and activities because its purview includes three of the four agencies partnering on this grant- EEC, DESE, and

the Children's Trust, and because all IT management is consolidated at the Secretariat level. EOE's Chief Information Officer, Chief Financial Officer, and Human Resources Director report to Ann Reale, the PDG B-5 project coordination. The EOE Chief Information Officer will play a key role in meeting the data sharing and integrated data system goals of the project, in close coordination with the EOHHS Chief Information Officer. The EOE Chief Financial Officer will take the lead on managing funds and ensuring all expenditure reporting requirements are met. EOE's fiscal team manages over \$20 million in annual operating spending, and an additional \$19 million in capital grants, so they are adept at ensuring both state and federal compliance, conducting competitive procurements, and tracking expenditures using the Massachusetts Management Accounting & Reporting System (MMARS).

In addition, as EOE Undersecretary, Ann has led several cross-Secretariat, cross-agency projects that utilized agile scrum, serving as the leader of other Operational Steering Committees and scrum teams, including a working group that is developing the Commonwealth largest data use license agreement across five Secretariats and ten agencies. She has worked extensively with project managers to keep projects on time and on budget.

As Undersecretaries, Ann and Katie both have significant experience facilitating and managing complex initiatives that involve extensive stakeholder development, collaboration and management, both externally with stakeholders and internally among multiple agencies and Secretariats that often have competing interests. They already serve on multiple projects both with one another and the other project partners, and thus have strong working relationships with program staff across the B-5 spectrum. Effective collaboration begins with trust, and both Ann and Catherine will be able to leverage trust built over their combined years of extensive state government experience.

### *III. Logic Model*

The Logic Model offers the conceptual framework for the PDG B-5 work plan, and shows the linkages between our planned program elements. The MA overall project goal is to increase the number of children entering Kindergarten with the competencies to succeed academically and social-emotionally. To build a strong foundation for achieving this goal, our PDG B-5 logic model starts with three primary inputs:

- 1) A data driven needs assessment
- 2) An action-oriented, data-informed strategic plan; and
- 3) A collaborative, high-level, cross-agency project management structure

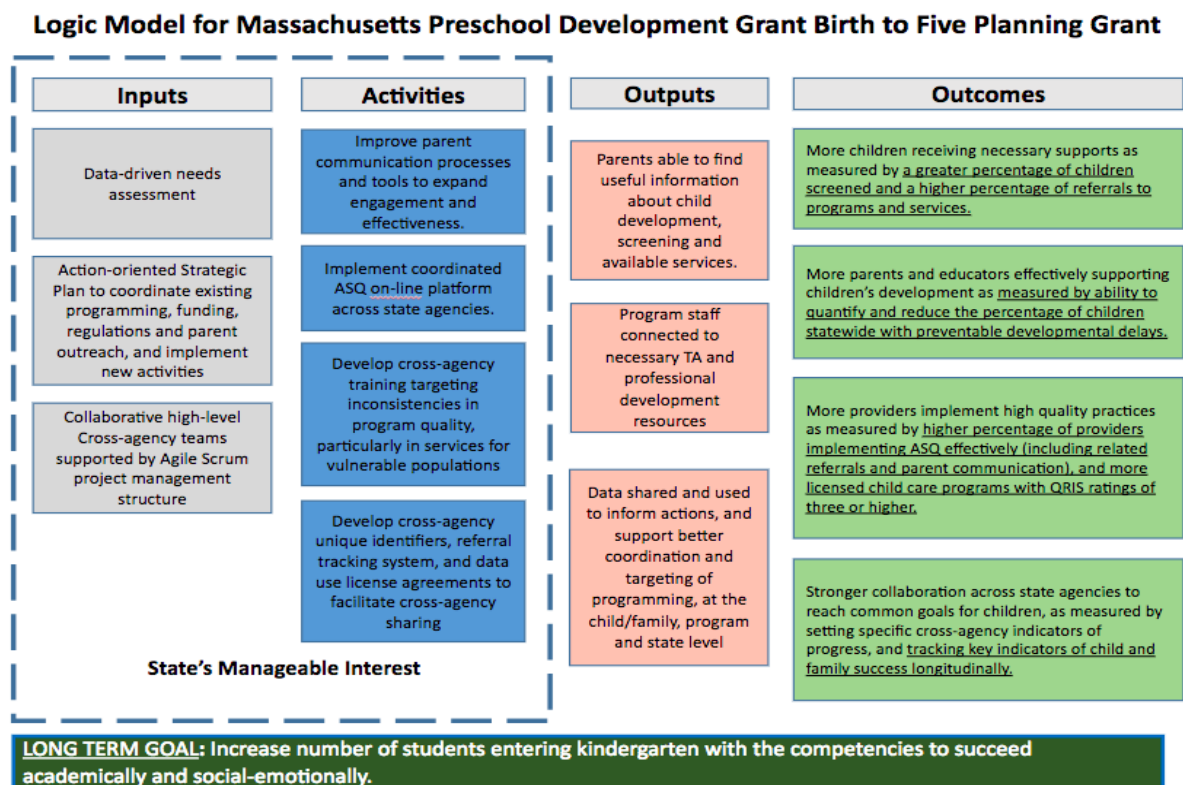
Starting from this foundation will enable our team to undertake four major activities:

- 1) Improve parent communication processes and tools to expand engagement and effectiveness.
- 2) Implement coordinated ASQ on-line platform across state agencies.
- 3) Develop cross-agency training targeting inconsistencies in program quality, particularly in services for vulnerable populations.
- 4) Develop cross-agency unique identifiers, referral tracking system, and data use license agreements to facilitate cross-agency sharing.

The Organizational Management section outlines our team's plan for how to organize our agency and partner staff to undertake these activities, and our anticipated outputs are related to improved child/family, program and system quality and efficiencies. Specifically, we anticipate that when these activities are completed, parents will have much easier, better and faster access to information about child development, screening services and other early intervention resources. Program staff will be connected to technical assistance and evidence based training in best practices. At the system level, data sharing will inform actions at all levels of services and

coordination of resources. While the longer term outcomes are beyond the timeline of this grant, they are likely to result within a few years of the completion of the planning, and include a) more children receiving essential supports in early developmental stages (as indicated by both an increase in screenings and the resulting referrals), b) more parents and educators offering effective support for healthy child development (as indicated by a reduction in the rate of preventable developmental delays), c) more providers offering high quality programming and services (as indicated by rising QRIS rates) and d) strong collaborative work across state agencies (as indicated by our ability to do longitudinal data collection and analysis on key indicators of child and family success).

**Figure 3. Logic Model for PDG B-5 Planning Grant**



#### *IV. Project Approach*

##### **Activities One Through Five: Plan of Action**

The approach described in this proposal will yield outcomes at the child/family level, the program level and at the level of our state systems. These expected outcomes are described below. Our primary outcomes under this project, if funded, will be the publication and dissemination of a coherent and comprehensive strategic plan to improve child outcomes. With continued collaboration and a focus on full implementation of specific recommendations, the strategic plan will lead to changes in how the mixed B-5 delivery system operates. This in turn will help us improve early childhood outcomes, especially for our most vulnerable residents, birth to five years of age.

##### **Activity One: B-5 Statewide Needs Assessment Plan**

The existing B-5 mixed delivery system in Massachusetts is very well developed. The services available to families are comprehensive, and many programs, like special education services and referrals to early education subsidies, are coordinated through cross-agency efforts. At the same time, the infrastructure supporting these programs is fragmented across multiple state agencies and multiple funding streams, all of which use different data systems, enact different policies and provide different services. Despite strong interagency collaboration around particular programs and projects, screening, referrals and program access are not well coordinated. Consequently, our Needs Assessment will focus on data integration and improved communication as key components of better service coordination and interagency cooperation.

Collectively, needs assessments that have been done to date demonstrate a system that provides many important supports that address most challenges families face, but are not always



sufficient to the need or well-coordinated. Accordingly, our Activity One Needs Assessment will be a process designed to help all participating agencies and partners to:

- Conduct a thorough review of existing needs assessments to identify known gaps in access, underserved groups and inefficiencies in the referral processes.
- Develop an unduplicated count of children participating in early intervention, home visiting programs, preschool special education and subsidized early education programs, using the state's unique identifier system (SASIDs), and compare this number to the less precise count of children currently on the waitlist for subsidized early education.
- Identify the total number of children subsidized by EEC who are receiving early education in high quality programs, as identified by a level 3 or above in the state's Quality Rating and Improvement System (QRIS), and identify differences in access to these programs by age, income, home language, special education status, geographic location (i.e. rural and home visiting priority cities) and race and ethnicity.
- Work with the Office of Head Start to identify numbers of children participating in Early Head Start or Head Start programs, and understand how or if it might be possible to unduplicate that number from the number of children served through EEC subsidies or public school Pre-K.
- Explore the extent to which the EOHHS Master Data Management (MDM) system might be used to identify an unduplicated account across some of these programs, and develop estimates of the number of children not accessing these services (early intervention, home visiting and early education) who might be eligible.

- Develop a count of children receiving screening with ASQ/ASQ SE (Ages and Stages Questionnaire) across different state agencies and programs, and determine the processes necessary to build a unified system under one state license.
- Identify systems improvements necessary to expand the assignment of unique identifiers across data systems, improve data integration, including:
  - the ability to expand the SASID assignment across the mixed delivery system
  - the ability to track ASQ results, referrals and uptake of additional services across programs and create regular reports on the frequency and effectiveness of referrals
- Identify the quality frameworks used in the special education and home visiting contexts and the extent to which data about service quality is available to understand access to quality services, and identify foundational expectations for staff competencies across systems. Identify information provided to parents about quality across all systems.
- Review agency procedures for communicating with families to identify the materials available, people and agencies involved and primary modes of communication to identify ineffective or inefficient processes or systems.
- Identify state total expenditures on early education, early intervention, special education and home visiting programs.

### Key Terms

Table 3 provides a list of the state definitions we will use to guide our work. Additional definitions will be developed through the Needs Assessment process.

**Table 3. Key Terms**

Term	Definition
Children with special needs	Section 1A of Chapter 15D of the Massachusetts General Laws defines child with special needs as a child who, because of temporary or permanent disabilities arising from intellectual,

	sensory, emotional, physical, or environmental factors, or other specific learning disabilities, is or would be unable to progress effectively in a regular school program.
Families with very low incomes	EEC defines families with very low incomes as those families who are at or below 50% of the State Median Income (SMI).
High needs communities	Communities identified in one of the two highest level of risk in the latest MIECHV needs assessment.
Homeless families	We use the McKinney Vento definition of homelessness, which defines homeless children and youths as those who “lack a fixed, regular and adequate nighttime residence.”
Infant-toddlers	An infant is defined as child under 15 months of age, and a toddler is a child between 15 and 33 months of age.
Preschool age child	Any child at least 2.9 years not attending kindergarten or first grade.
Quality early care and education	Programs that have a received a rating of 3 or above on the Massachusetts Quality Rating and Improvement System.
Rural communities	Rural communities are defined as those with population densities of less than 500 people per square mile.
Underserved children	A review of current needs assessments suggests two groups of children that are particularly underserved across the mixed delivery system: infants and toddlers, and children in rural communities. The PDG B-5 needs assessment will help refine the definition of “underserved” and confirm how these populations compare to others.
Unduplicated count	The number of children receiving services who are counted uniquely as only one child, regardless of the number of services received or for how long. Deduplication of records will be done based on probabilistic matching, identifying probable duplicates and determining whether enough aspects of the data would indicate that they the same child.
Vulnerable children	The following groups of children are identified as vulnerable for the purposes of this grant: children with special needs, children in families with very low incomes, children in homeless families and children living in vulnerable communities, including families experiencing substance use disorders, mental health issues, child abuse and neglect and families experiencing inequities due to race, language and/or immigration status.

### Populations of Children who are Vulnerable and Underserved

Although we have not conducted a comprehensive needs assessment covering all service areas, populations and agency efforts in our mixed system, many different agencies have

conducted reviews of their current programs. These needs assessments further clarify the strengths and challenges that exist in parts of our system. We will build on these analyses by

- Developing an unduplicated count of children enrolled in home visiting, early intervention, public preschool, and early education subsidy programs.
- Mapping all parent outreach activities across agencies and providers.
- Mapping all provider training specific to B-5 across agencies and providers.
- Mapping all purchasing and data collection efforts related to ASQ.

To focus this work, we look to the DESE ESSA plan which identifies child and family characteristics that are most strongly associated with gaps in child outcomes as measured by the MCAS, the state standardized test for all children in grades 3-10. Children facing economic disadvantages, learning English and in need of special education services have all been identified as vulnerable populations, and are groups of families and children that would benefit from expanded access to high quality early education programs. In ensuring the state is providing resources effectively to these families, it is important to consider both programs working directly with children to improve school readiness and address developmental delays, and also those supporting families with adversities, such as job instability, mental health challenges and homelessness, that affect their ability to support their children's development.

Other needs assessments that have been conducted to date provide further guidance on vulnerable and underserved populations and system disconnects that could be a primary focus as we begin our needs assessment. These findings will be further reviewed and integrated into a statewide needs assessment across populations, service providers, and agency authorities.

A recent review of supply and demand in subsidized early education in Massachusetts, identified that supply was variable across the state with gaps identified both regionally and

within regions. Infants and toddlers also showed the largest gaps in access of 25 to 38 percent (depending on the estimate of need), suggesting that both regional gaps in services and availability of services for infants and toddlers must be considered.

A community needs assessment conducted by our federal home visiting program, MIECHV, which reviewed the level of need in each of our state's 351 communities, identified stark community level differences in economic disadvantage, markers of domestic violence and child abuse, violent crime, poor mental health, substance abuse, poor prenatal care, special education needs. Statewide, 17 communities were identified as very high risk, while an additional 29 showed elevated risk. These results focus attention on the existence of a group of particularly high needs communities, within which families face multiple risk factors that should also receive close attention.

Homeless families also provide an important risk factor, and homelessness in Massachusetts is growing. Recent reports from the Office of Student and Family Supports note that the numbers of families sharing accommodations has almost doubled since last year. Identifying children who are homeless or at risk of being homeless is not simple and more needs to be understood about the services these families and children access.

When the services provided to children with special education needs are considered, challenges in supporting transitions across systems are revealed. Although these systems are supported by strong inter-agency coordination at the state level, they function fairly independently. Early education providers are rarely included in early intervention efforts with families, either by benefiting from information about how to best support a particular child or in providing a site for services. Similarly, preschool special education services are rarely provided in private early education programs (although Head Start has successfully developed agreements

with public school to coordinate services). Families must serve as the point of connection across all programs, including at the point their child transitions from a private early education program to a public school kindergarten classroom. There are no systems for information sharing or even tracking children across programs to support better coordination of information and supports to families.

Another population at risk of being underserved in our system are English language learners, and immigrant and refugee children. Currently, 21 percent of students in the public school system speak a home language other than English. The state agencies working with families across the state are careful to provide information in multiple languages and make translation available to families. State agencies such as the Office of Refugees and Immigrants provide services to support recently arrived families, for example, yet we do not know much about the services that are received specifically by children birth to age 5 in these families. Nor does the state provide services that specifically target the language development of dual language learners until they reach elementary school and are classified as English Language Learners. It is also important that MA develops a better understanding of both the needs and service use of this potentially vulnerable population.

Although Massachusetts is dominated by urban and suburban cities and towns, rural communities are also an important part of the state and rural families also risk service limitations due to the low concentrations of resources in these areas. As described above, targeting of services tends to focus on high need urban areas, with less known about rural needs, highlighting another area that will benefit from attention in our needs assessment.

### Identifying Gaps in Services as well as in Data Systems

To define the scope of the needs assessment process, we will focus on the following components of the mixed delivery system: early education, special education (IDEA Part B and C) and home visiting programs. While we recognize the importance of the other related efforts such as nutrition supports and health insurance, Massachusetts is showing success in these areas and already has active efforts to coordinate means tested benefits. The programs for our focus either provide direct services to children in support of their developmental needs and school readiness, or those that work with families to ensure their access to resources and their success as parents and caregivers. We will include all programs available in our analysis of referrals across the system. Based on the strategic directions identified by the state's ESSA plan, the presence of urban areas with high concentrations of risk factors identified in the MIECHV needs assessment and the recognition of growing rates of homelessness in Massachusetts, we define our vulnerable populations to include children with special needs, dual language learners, low income families, children residing in high needs communities and homeless families, as defined in Table 3. Infants and toddlers and children in rural towns will be considered as underserved populations.

### The Needs Assessment Process Plan and Project Management

Upon receiving notification of the grant award, the Co-Chairs of the Operational Steering Committee (OSC) will begin working with agencies to compile all existing needs assessments, and gather specific information related to current data collection and de-duplication efforts, parent engagement, and provider outreach. After the PDG B-5 Project Manager is hired, they will continue gathering this information from agencies, and work with the OSC Co-Chairs to draft a scope of work for the vendor who will conduct a more in-depth analysis for the needs

assessment, compile the strategic plan, and conduct the performance evaluation. The vendor will need demonstrated expertise in data analysis, business process redesign and strategic planning.

As this work continues, the OSC will review a synthesis of needs assessment results, finalize decisions about the definitions of key terms, particularly our definitions of vulnerable and underserved populations, and work with the project teams, the project manager, and the vendor to summarize findings regarding the quality and availability of early childhood care and education and other key services. The Project Manager and the vendor will also work closely with the lead staff on the three agile scrum teams to understand needs in those three areas- Family Engagement, IT Development, and Best Practices and Provider Training.

### **Data Systems Integration**

As aforementioned in the State B-5 Mixed Delivery Description, both EOE and EOHHS have developed integrated data systems that allow for data to be de-identified and tracked longitudinally. These systems are SASID and MDM, respectively. EOE is on the verge of extending this unique identifier system to all children receiving child care subsidies from EEC, as well as all children in Early Intervention/Part C programs at DPH. MDM provides the opportunity to unduplicate information across the system. In addition, DPH's Public Health Warehouse (PHD) also has the potential to link children receiving Early Intervention/Part C, WIC, and MIECHV home visiting services. As a key part of the needs assessment, we will analyze unduplicated data available from SASID, MDM, and PHD, and the IT Development and Data Sharing agile scrum team will begin reviewing options for connecting these three data sets, as well as data from other agencies.

Unfortunately, these data systems do not provide a full picture of access to all the services available to families, since they do not include children enrolled in home visiting and



Head Start programs, or those paying privately for early education. Our unduplicated count will therefore focus on four main areas: public school pre-k and Special Education/Part B, state funded early education and Early Intervention/Part C. While not fully comprehensive, it will provide a statistical sense of how many children are in which programs as well as track children through the mixed delivery system.

The second important component of the needs assessment work will be to develop an understanding of data integration work that remains to be done to facilitate either the expansion of one unique identifier across additional agencies or, at least, the ability to successfully match individuals across data systems using probabilistic matching. As an example, DESE uses the MDM system to work with EOHHS to identify students facing economic disadvantage by matching K-12 data with four specific data sets related to vulnerable children: SNAP; Transitional Assistance for Needy Families (TANF); the Department of Children and Families foster care program; and MassHealth (Medicaid). The needs assessment work will provide EOE and EOHHS a better understanding of how these efforts might be further expanded across the relevant data systems to support the capacity to develop regular, updated reports on access across the mixed delivery system.

### **Ages and Stages Questionnaire Data**

The Massachusetts' Early Literacy Expert Panel has recommended the use of the Ages and Stages (ASQ) as a developmental screener in early childhood to ensure early identification and support for developmental delays. This screener and its companion, the ASQ Social Emotional (ASQ SE) screener, are used widely across the state early mixed delivery system, including by early intervention, the Coordinated Family and Community Engagement (CFCE) grantees, a majority of early education programs participating in the state's QRIS and home

visiting programs. However, each service provider purchases a separate license and stores data in separate systems, limiting the extent to which rates of identification and referrals can be identified statewide. Lack of coordination also increases the likelihood of multiple screenings of the same child by different service providers. Coordination under a statewide license would improve the state's ability to look at this important child level information and encourage the systemic and efficient use of this screener across all systems. Rates of identification and referral can be gathered from each provider using this tool, but the extent to which these numbers of duplicative will not be possible to ascertain. As part of the needs assessment work, EOE will identify the next steps needed to promote this level of data integration, including attention to cost savings, best practices in obtaining parental consent and developing dashboarding capacity to provide regular data reports.

#### **Analysis of access to quality services and gaps in access**

A procurement process will be conducted to identify a qualified vendor to conduct an analysis of available data to understand gaps in access and challenges to coordination of services across systems. Data on enrollment in state subsidized early education and special education services will be available for analysis at the child and family level, allowing for an analysis of the patterns of access for different age groups, vulnerable populations as defined in this proposal and across key transition points, such as the transition from early intervention to preschool special education and into kindergarten. Comparisons with census data can also be conducted to identify any patterns of vulnerable families not participating in any early childhood services or gaps between need and access to services. Additionally, QRIS data can be used to understand the extent to which families, particularly vulnerable families are accessing quality programs, defined as a program rated level 3 or higher. ASQ screening and referral data will also be used to identify

patterns in referrals and the uptake of services. Recommendations for addressing gaps in access and coordination will be provided.

The needs assessment will also include a review of each program's definitions of quality, including competencies expected of staff working with families and children. In particular, foundational expectations across all programs will be identified and provide a target for strategic planning. As a starting place, the following areas relevant to program quality across the system have been identified: health and safety, use of early learning standards, positive interactions with children, effective parent engagement and use of developmental screening. Definitions of quality in each area will be defined, as well as the identification of additional topics of cross-agency importance not yet identified. Technical assistance and training opportunities in these areas will be catalogued. Information on program quality provided to families will also be reviewed.

#### **Business Process Redesign (BPR) review of communications with families**

To effectively access services and advocate for their child, families need to understand the services that are available. Each agency within the mixed delivery system has processes for providing families with information, including cross agency referrals, Child Care Resource and Referral Agencies, Mass211, and EEC's network of CFCE grantees across the Commonwealth. Collectively information is available through telephone contacts, online resources or printed materials, but the state has never conducted a systematic review to understand the efficiency and effectiveness of these systems of communication. A BPR provides a methodology that can be used to systematically understand the processes by which agencies provide information to families, identify inefficiencies, consider the consumer satisfaction and make recommendations for changes to systems, roles and workflow. The vendor will be expected to also have the capacity to conduct this review, including a document review of materials provided to families,

the IT systems that facilitate communication, and staff roles and procedures in managing communication. Recommendations for improvements in processes, including better coordination and alignment will result.

### **Program Expenditures**

The Commonwealth of Massachusetts uses one statewide accounting system, MMARS to track expenditures across all MA state agencies. As result, information is readily available about total spending on each state run program and related grants. This data will be reviewed in light of enrollment information to identify the extent of the average program investment by participant to support consideration of cost efficiencies.

### **Activity Two: B-5 Statewide Strategic Plan**

The strategic plan development is the backbone of the other work ahead in building our PDG B-5 system. This effort will be led by the OSC, with support from the Executive Steering Committee. Together these groups represent senior leadership and key project staff at each agency. We will also be coordinating this work through Head Start, the State Advisory Council, faith-based organizations and community-based organizations, and partners like the United Way.

### **Process to Develop the Strategic Plan**

As described in the Figure 3, the multi-level design of the project management structure uses the OSC, ESC, Stakeholder Groups and agile scrum teams to ensure that the strategic plan is aligned with the vision and strategic direction of each agency, is responsive to the logic model of this grant and is feasible for the agencies involved. The vendor hired to conduct the needs assessment and manage the strategic planning process will work with the project management team to synthesize recommendations in the strategic plan, building on specific findings from the needs assessment. Our goal is to have the strategic plan include specific actions that can be

completed in less than a year, in service to achieving longer term goals for young children. The strategic plan should also recognize other efforts underway to improve the mixed delivery system, and connect the plan to those efforts.

The Executive Steering Committee (ESC) will provide feedback on the strategic plan development, while the Operational Steering Committee (OSC) will meet bi-weekly to manage the process. With the ESC's input, the OSC will review all existing relevant past agency, commission, task force, and Executive recommendations, review the needs assessment and resulting prioritized identified needs and sources, allocate resources, and operationalize our process. The contracted vendor will provide facilitation and support in fully articulating and documenting the strategic plan.

#### Engaging the Full Range of Stakeholders

As the plan develops, the OSC will ensure that adequate review is provided by affected stakeholders. In particular, as we expect the needs assessment to assess coordination and access to early education, early intervention and preschool special education, and home visiting, we will use existing advisories and stakeholder groups to provide feedback, including the United Way, the Head Start Parent Council and the EEC Board, which serves as the State Advisory Council and is mandated to include the Secretary of Education, the Secretary of Health and Human Services, a parent and representatives from the business community, early education, pediatrics and educational psychology. This Board will be provided with regular updates at monthly meetings on the progress of the planning effort. EEC also has an Advisory Board which meets four times a year and is mandated by legislation to include representatives of the following groups: legislators, agencies with a vendor or contract relationship with EEC, Business/Civic, State associations, those with Kindergarten-Grade 12 linkages and includes the Massachusetts

Head Start Association. One meeting of this group will occur during the planning process and will be used to gather feedback on the strategic plan.

Other opportunities to share the work will be utilized as they arise. For example, EEC is building connections with two primary tribes of the Wampanoag to develop a regular schedule of meetings, which could provide an opportunity for tribal input. EEC also participates in monthly meetings of the Child Care Resource and Referral (CCR&R) agencies and the Providers Working Together (PWT) group, which is made up of a representative group of contracted child care providers. Finally, to ensure that the perspectives of parents are fully addressed in the planning process, a parent advisory council, built with representation from parents current receiving the programs of focus, such as subsidized early education, Head Start, home visiting, early intervention and preschool special education, will be convened monthly to provide feedback on the direction and key issues.

#### Partnerships to Leverage Existing Resources and Improve Access, Alignment, Coordination and Program Quality

A primary goal of the planned needs assessment is to inform efforts to better coordinate program enrollment and referrals across the mixed delivery system. The resulting recommendations for systems integration improvement will support the OSC in determining ambitious but achievable goals for this work to support more efficient and effective screening and referrals, and a better understanding of service use of families with different needs. Through this work, better reporting systems will be developed to support long term continuous quality improvement efforts to improve the systems supporting family access to the services necessary to support their children's development, school readiness and transitions across programs.

#### **Building data systems for effective coordination**

These strategic planning efforts will be informed by and, in turn, inform efforts already in process to improve system integration through data system development. In addition to the SASID assignment efforts, the Commonwealth is in early stages of developing an integrated eligibility system for means tested benefits through the IES project, with EOHHS taking the lead in managing this work. Additionally, the Learn to Earn initiative involves the development of a data use license agreement across four Secretariats and ten state agencies. To date, MassHealth enrollment has been coordinated with DTA and DCF to ensure children involved with the child welfare system and receiving SNAP are enrolled in health benefits. DESE has a similar agreement in place with MassHealth and DTA to identify children receiving CHIP, SNAP and TANF, thereby identifying the population of economically disadvantaged children being served in public schools. EEC can also identify children receiving childcare subsidies and TANF. As this work continues, the coordination of data will support a better ability to identify an unduplicated count of children in means tested benefits, Early Intervention, and public schools. The strategic planning process will make recommendations about how best to coordinate with the SASID assignment process to facilitate the ability to understand enrollment across early education and family support programs and means tested benefit programs and identify gaps in access or underserved populations.

### **Improving screening and referral to increase coordination, access and support for transitions**

Massachusetts is proud of the efforts spearheaded by the Early Literacy Expert Panel to expand the use of developmental screeners early and comprehensively for children birth to five. The ASQ developmental screener is now in use across many early education programs, through CFCE sponsored activities for families, in Head Start and Early Head Start programs and during

home visiting. Early screening can support children in accessing early intervention services in a timely fashion. The data, when aggregated, can also provide information about patterns of need across the state and inform programs working with young children on areas of development that might require targeted attention in a particular population. For a parent, the process of screening their child with a supportive educator can develop a deeper understanding of their child's development and facilitate conversations around how to best support it. Beyond moving forward efforts to integrate all screening work under on statewide license to facilitate data sharing, the strategic planning team will identify opportunities to share best practices around the use of the screener with parents, use of the data to inform programming decisions and aggregated data that will inform state level decisions about allocation of resources. The planning process will also identify opportunities to utilize the developing integrated data systems to track resulting referrals and subsequent enrollment and retention in other programs. In particular, better data could support understanding of how local follow up on referrals can help, and an opportunity to identify the transitions across programs during which families drop from the system.

### **Aligning and Improving Program Quality Systemwide**

Although much of the strategic planning will focus on coordinating access and improving the efficiencies of referral systems, the quality of programs that families access is as important, if not more than, the access itself. In Massachusetts, EEC manages the state's QRIS system, which is a voluntary systems of identifying levels of early education program quality. EEC requires participation for programs receiving childcare subsidies and uses the ratings to build quality expectations into particular grant programs. As a result, EEC can document that programs serving the highest need children are more likely to both participate in the QRIS and hold a



higher rating, than those that do not. At the same time, the extent to which quality has been defined in other systems of care and family support are less clear.

Part of the strategic planning work will be to review the needs assessment efforts to identify consistent components of quality across the mixed delivery system and provide recommendations for building a more comprehensive understanding the quality of the services that children and families access. As part of efforts to build a more coherent set of expectations, Massachusetts will focus on identifying foundational competencies necessary for quality in all aspects of the mixed delivery systems and ensure consistent supports are available across systems for developing these competencies. These recommendations will then provide the framework on which activity four is developed, as here the training and technical assistance opportunities available across the state can be coordinated and gaps addressed.

### **Improving communication with families to improve parent engagement, knowledge and choice**

At the heart of the work in the early childhood field is the role of parents, who are their child's first teacher and the most consistent and long term influence on their child's life. The extent to which parents understand their options, choose wisely for their child, engage in communication with educators and advocate for their child will shape the opportunities that their children receive. Across the mixed delivery system there are many opportunities for family engagement, from one to one interactions with home visitors, case workers and educators, to less interactive opportunities to provide information via text and online sources. To improve the coordination and efficacy of the mixed delivery system, it is essential to also improve the information that parents receive, particularly through effective and efficient communication processes. The BPR recommendations will support the OSC and the assigned agile scrum team

in identifying the places in the systems of communication with parents that require attention. These groups will need to convert these recommendations into implementable changes in policies and practices and ensure that changes are put in place in each agency.

#### **Ensuring the Strategic Plan Supports Collaboration and Policy Alignment**

The agile scrum team approach to strategic planning will ensure that the resulting strategic plan effectively builds on existing agency plans (and their embedded, aligned goals for early childhood outcomes), and provides a forum for working with the State Advisory Council on incorporation of any relevant updates or new legislation from Federal, State and local entities. The Operational Steering Committee will ensure compliance with the CCDBG especially. Finally, the OSC will be the primary leverage point enabling all agencies to collaborate, braid funding, and develop a shared focus on the transition from early care and education into our K-12 system. Each of these efforts will require focused time and attention from agency staff and other stakeholders with expertise in the issues and the capacity to identify and implement feasible and effective changes. To facilitate this process, smaller “scrum” teams will be identified to consider 1) parent knowledge and choice, 2) IT Systems Integration and Development and 3) Sharing of Best practices. Each team will take on the issues described above related to their area of expertise, develop recommendations and report to the organizational team and Executive Steering Committee.

#### **Activity Three: Maximizing Parent Knowledge and Choice**

In this activity, our focus will be improving parent communication processes and tools to increase parent access to information about available programs and build parent capacity and engagement in understanding and supporting their child’s development.

Our plan for this improvement is at two levels: enhancing the functionality of the consumer website providing parents with program information (the “parent portal”) already being developed at EEC to provide information about licensed providers, and purchasing a state system of support for ASQ use across systems to provide more families access to screening, with the associated opportunity to discuss their child’s development with trained staff and to access available services as appropriate.

Across the mixed delivery system there are a variety of programs for children and families including childcare, early intervention, home visiting and pre-school. However, access to those opportunities, particularly due to lack of knowledge or understanding of the system, is not always equitable. We want to improve that access more generally, but also recognize that certain populations, such as parents who speak a home language other than English and families who are homeless or otherwise economically disadvantaged, have particular needs for early supports, but may also face barriers to accessing available programs. We are thus focusing our efforts in the twelve months of this grant activity both on improving the way we disseminate information to all parents in a clear and culturally responsive and broadly accessible way, as well as improving family access to developmental screening which in turn can serve as a critical access point to additional services and supports.

#### Leveraging the Parent Portal to Ensure Families’ Access to Information

A key component of our activity three approach is expanding the “parent portal” for sharing information with parents about early child care programs and options that is already being enhanced by EEC. That parent portal will include information about licensed childcare programs, including the program transportation options, languages spoken by staff, hours of operation and fees. There are also plans for the portal to contain information about summer

camps, church-based license-exempt programs and public schools offering Pre-K. When the new changes are complete, the child care search functions currently located on the agency’s website will migrate to the Commonwealth’s new website—mass.gov. This is a significant change not only in what types of information will be available in the search for child care, but also in that this information will be easier to find on the internet, since the mass.gov site was revamped by the state recently, with user-friendly goals in mind. Information on mass.gov is now organized by key topic pages, organized by area instead of by agency name. For instance, instead of needing to know the name of a particular state agency, the home page provides broad categories with familiar names. The parent portal would fall under the header of “Learning”, as shown below in Figure 4.

**Figure 4. Mass.Gov**



Moving to mass.gov also allows the parent portal to be more easily accessed via smart phone and tablet devices, which are increasingly more available to constituents of all income levels. Based on the needs assessment of existing family engagement resources, the work of the agile scrum team focused on family choice, and the strategic plan developed in Activity Two, grant funds will be used to improve this parent portal. We anticipate that these recommendations

will include changes to ensure that the content is accessible and meaningful to parents from different linguistic, cultural and socioeconomic backgrounds. Some of these recommendations may also include having the portal include information from more programs across the B-5 mixed delivery system, rather than only licensed early education and care, as well as enabling the content in Mandarin, Spanish and Portuguese.

To inform those recommendations, that team will build off of other existing resources and parent engagement frameworks, such as the ones used by the CFCE programs at EEC, the home-visiting programs out of Children's Trust and DPH, the Early Intervention Parent Leadership Program, and the family engagement frameworks being jointly developed by EEC, DESE and the Department of Higher Education (DHE).

Including parent voice in the development and expansion of the parent portal will ensure its functionality and usability. The agile scrum team will work to understand how techniques used by home visitors to interact with families in a culturally responsive way could be integrated into the design of the parent portal. They will also use feedback directly from parent stakeholder groups, particularly the parent advisory.

Last but not least, the scrum team will ensure that recommendations around the parent portal will also connect to other Cross-Secretariat and Cross-Agency work such as the IES and a pilot parent pre-enrollment portal in Springfield Public Schools. These systems, one statewide and one through local efforts, are designed to provide more streamlined access to services for parents. The statewide system has the goal of providing coordinated access to all means tested benefits for eligible families, while the work in Springfield provides a model for a parent portal that coordinates access to early education programs at the local level. Since it does not serve parents well to simply improve the multiple, overlapping systems that currently exist, the goal is

to assess what is currently available and use the parent portal improvement as an opportunity to better connect it.

Building the state system of support for ASQ use across systems to Promote and Increase  
Engagement of Families in Supporting their Child’s Development

Activity three will also be focused on developing a state system of support for the use of Ages and Stages Questionnaire (ASQ), a developmental screening tool for children ages five and a half and under. The Early Literacy Expert Panel’s selected ASQ as the recommended screener for the Commonwealth, based on several key factors, including being appropriate for multiple age groups in all types of early education and care settings. ASQ provides an opportunity for a trained professional, including a parent volunteer who has been trained, to discuss a child’s development with his or her parent or guardian, and review details about the achievement of expected milestones. The screening is based on information from parents and leverages their deep familiarity with their child’s behavior in many contexts to generate accurate results. ASQ is available in English, Spanish, French, Vietnamese and Arabic.

**Table 4. Opportunities for ASQ Procurement and Data Alignment**

<b>Agency/Organization</b>	<b>Program</b>	<b>ASQ Usage</b>
U.S. Office of Head Start	Early Head Start/Head Start	Commonly used
MassHealth	Pediatric Well Visits	One option
DPH and Children’s Trust	Home Visiting	Required
DPH	MECCS (Chelsea and Springfield)	Required
DPH	Early Intervention Parenting Partnerships	Required
SAMHSA/DPH	Project LAUNCH	Required
EEC/PCHP	Parent Child Home Program	Required
EEC	Coordinated Family and Community Engagement	Required
EEC	Quality Rating Improvement System	Will be required in revised standards
<b>Private/Non-Profit</b>		

United Way Massachusetts Bay	DRIVE Initiative	Required
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Given how many agencies and programs require ASQ usage (see table 4 above), there are significant opportunities for improving how ASQ is used, by connecting information for the first time across the four participating agencies partnering on this grant. Currently, children could be screened multiple times or not at all. There is no unduplicated count of ASQ screenings, and no way for data to be transferred electronically when the child moves to a different program. To build a more effective system to better reach and support families, we will have to address the siloed method by which ASQ screenings are currently conducted. None of the state agencies use the same processes and protocols to aggregate and respond to ASQ data, and none can share the resulting data with each other. This means if a site is receiving funding from multiple programs, they may have to enter ASQ data into more than one system, and if a child is enrolled in more than one program, there is often no way to see their ASQ data (or follow up on results or referrals) across settings. As a result, we are missing an opportunity to coordinate our screening support and reduce confusion and redundancies for families.

Our proposed plan is to consolidate individual program's purchasing of ASQ into one statewide license, enabling secure data sharing of screening results across programs and providers, including Head Start and local education agencies, subject to parental consent. This would allow for lower costs and greater ease of use for individual programs, as well as potential for data-sharing and aggregation across programs. This would likely lead to both less duplication of effort and more children screened overall, as well as more consistent communication with families and better support for children across program transitions.

Our plan would be to transition agencies and programs already using ASQ to this license, and also encourage the expansion of ASQ screening with vulnerable and underserved children.

For example, United Way has initiated partnerships with several of EEC's CFCEs to train parents to administer ASQ to other children and families, and share results with those families, particularly targeting vulnerable and underserved populations who may be more easily engaged with other parents who share their linguistic and ethnic background. Through this grant activity, we encourage the scaling of specific ASQ efforts that target vulnerable populations in that way. This would lay the foundation that could be used to create communities of practice among providers serving the same families or families with similar needs. These communities could then support efforts to develop the states policies and procedures around supporting particular groups of vulnerable families. Promoting the usage of ASQ and the connected data system with DESE will also allow for early childcare providers and public school teachers to speak with the same language about children and their development, and encourage smoother transitions of children from private community-based early education programs to public school programs.

As part of activity three, we will also focus on the components of better ASQ administration that support parent engagement and understanding. There are three steps of the larger system development efforts that are central to this work. Firstly, parents need to understand the value of the screening process and provide consent for the results to be gathered as part of any online systems. Materials to support providers in communicating this information effectively with parents will be collected, aligned and disseminated as part of this process, and supported by Activity Four. Parent consent forms will also be standardized and made widely available.

Parents also can benefit from a strengths-based conversation about their child's development and their role in supporting this development. Materials on best practices that support providers in having these types of conversations will developed as part of Activity Four,



but materials to help parents understand their child's development and the types of supportive interactions they can have with their child will also be made broadly available to parents. The parent portal will provide new mechanism by which EEC can increase awareness of and access to these materials for parents, as well as adding information specific to the skills measured by the ASQ. Finally, a screening that raises concerns will should result in additional screening and potentially referrals to necessary programs. Parents will be provided with referrals as part of the screening process, but the parent portal could also provide parents with a method to better understand their options on their own time. Attention will be paid to ensuring that information available is designed to answer common questions parents have and provide information about alternatives that support parents in making choices.

#### **Activity Four: Sharing Best Practices**

The B-5 needs assessment will include a mapping of opportunities to share best practices across the B-5 mixed delivery system in Massachusetts. Based on that assessment and additional research, the B-5 strategic plan will include specific short and long term recommendations to connect and improve on those activities. There are multiple examples of cross-agency collaborations to share best practices, such as DPH, EEC and ESE sponsored training and technical assistance in the use of the Pyramid model, which delineates evidence-based practices to support socio-emotional development. Yet there is no systematic process for identifying opportunities nor a vehicle to make training and professional development supports accessible across the current system. The use of the ASQ provides an example of the gaps in the system, as, despite being a tool that is widely used, there are no coordinated technical assistance supports available statewide.

We expect our strategic plan will focus on two short term priority areas- supports in effective use of the ASQ screening tool, and providing an online platform that's accessible to educators in all settings to disseminate best practice information and share trainings to improve quality across the mixed delivery systems. Our approach will begin with a review of professional development and training across the birth to five space, including trainings on best practices in the use of the ASQ, will then identify processes by which trainings currently available and relevant to quality programming across the system might be made more broadly accessible and, finally, to make recommendations about the additional trainings needed to meet the needs of the field.

#### Reviewing Existing Trainings and Developing Opportunities for Collaborations to Share Best Practices

Training of program staff is required by all programs in the early childhood space. Early Intervention programs, MIECHV home-visiting programs and DESE and EEC childcare and educational programs all require that their staff be trained in ways that promote evidence-informed or evidence-based practices, engage families as partners, and monitor the growth, learning and development of children. As part of this grant's organizational structure, there will be an agile scrum team, with cross agency representation, dedicated to developing recommendations around sharing best practices across the birth to five space, and the first step will be reviewing existing training opportunities, approaches and dissemination strategies. This group will review resources from all grant program's executive agency partners.

As a starting place, the review will cover the following known training requirements for these agencies, particularly those that focus on foundational topics of relevance to all agencies,

such as health and safety, use of early learning standards, positive interactions with children, effective parent engagement and use of developmental screening.

While the list of potential trainings for consideration is too long to fully detail here, the following are examples from each of these topics that we will consider. As part of the CCDBG Act, EEC is required to develop, post and track health and safety trainings in eleven areas, including sleep safety, administration of medication, emergency preparedness and recognition and reporting of child abuse and neglect. These trainings have been informed by work of many agencies and will be available through a new Learning Management System EEC is currently procuring. As a result, they could provide a cornerstone to a suite of critical inter-agency trainings. DESE and EEC have also collaborated on the development of Standards for Preschool and Kindergarten in the Domains of Social and Emotional Learning, and Approaches to Play and Learning, with support from the University of Massachusetts/Boston and with funding from the Race to the Top-Early Learning Challenge Grant. The standards bring attention to critical areas of development and learning that positively impact student outcomes and can be used to guide efforts to strengthen curriculum, instruction, assessment, professional development and family engagement. Training in the use of these standards is available and could also be made broadly relevant. The training that was jointly developed by DESE, EEC and DPH in the use of the Pyramid model could also be more broadly distributed. As part of the required trainings for MIECHV funded national home-visiting, DPH and Children's Trust already conduct a variety of trainings related to the developmental screening, including best practices for connecting families to other health/economic/social services, and best practices to working effectively with families who have been impacted by structural racism and health inequities. An example of those trainings is the Facilitating Attuned Interactions (FAN) approach used by home visiting models

and administered by Children's Trust that focuses on strengthening the provider-parent relationship in service of promoting parent engagement and building staff reflective capacity. Finally, we will also do an in-depth review of current training approaches and opportunities related to ASQ, offered by other external partners such as those provided by Head Start, the United Way DRIVE initiative that is focused entirely on ASQ data collection and usage, and the Center for Education Services that EEC is currently utilizing to conduct ASQ training through state grant opportunity. We will also explore lessons learned from the Preschool Expansion Grant, to identify best practices regarding partnerships between public schools, Head Start, and private community-based organizations.

#### Development of New Trainings to Improve Program Quality

After finalizing the strategic plan recommendations, the agile scrum team dedicated to sharing best practices will work with the OSC to draft a scope of work for a vendor to create new trainings or adapt existing trainings that fill high priority needs for providers across the mixed delivery system. Although we will not know the full extent of the training content until we have conducted the needs assessment, developed the strategic plan and begun the stock-taking of existing resources outlined above, our preliminary review of the system has identified trainings in ASQ as a need and a gap. Therefore, we plan to develop training content specific to effective implementation of ASQ from a data-management and technical assistance perspective, including how professionals use that data at a program level. The ASQ training will also focus on how to engage families in the process, and retain them in programs across the mixed delivery system. We also anticipate that ASQ trainings will include how to use that data to facilitate transitions between programs in the mixed delivery system, and to inform quality improvement.

Additional trainings would like focus on sharing best practices related to the revised “Preschool - Kindergarten Learning Experiences” guidebook that EEC and DESE are developing jointly, as well as technical assistance that focuses on how to best facilitate transitions across programs, to ensure that children continued to be supported throughout their educational careers.

#### Leveraging EEC’s Learning Management System to Share Best Practices

With support from the federal Preschool Expansion Grant, EEC is in the process of procuring a Learning Management System (LMS), providing an online platform that supports early educators across the state in a more consistent and equitable way. The first stage of LMS development is happening simultaneously with the PDG B-5 grant period, and will be focused on meeting CCDBG health and safety training requirements. But since the requirements of the procurement were designed to ensure any system we purchase could be expanded to serve other agencies, the LMS holds great potential as a way to share best practices virtually across a wide range of mixed delivery system roles.

To determine the effectiveness of this system as a delivery mechanism, we will test the use of this system to support broad access, understand the scope of work necessary to develop the desired systemic alignment identified in the strategic plan, and learn about the supports necessary to ensure educators access these critical supports. Recommendations will then be developed for the staged implementation of a technical assistance and training platform that more effectively supports quality across the full mixed delivery system.

#### **Activity Five: Improving Overall Quality**

Increasing parent and provider knowledge will certainly help promote stronger child, family and program level outcomes. However, maximum improvement in the way children transition out of early childhood programs and into the K-12 system will require strong state

level coordination and system building. Although the Executive Offices of Education, Executive Office of Health and Human Services and their respective agencies collaborate together on many initiatives, in activity five we hope to codify that cross-agency collaboration by establishing long term protocols for data sharing, and developing an integrated data system to track ASQ data and referrals across programs. This integrated data system that will allow us to analyze the unduplicated number of children being served across multiple programs, and provide the ability to track de-identified aggregate child outcomes longitudinally- from home visiting to early intervention to early education, through K-12 education, and into post-secondary opportunities.

As part of our management structure, the agile scrum team dedicated to IT development and data sharing will take the lead on this work, drafting the necessary data sharing agreements, and making recommendations to the OSC about integrated data system implementation options. This team will begin their work beginning in May, after the strategic plan and needs assessment are complete, which we are estimating will be by the end of April. The team's first task will be determining the functionality of, and possible connections between, existing IT applications that connect ASQ data to a referral tracking system, so that they can determine the requirements for what this new data system would be. They would then draft an RFP for the development of integrated B-5 ASQ Data/Referral Tracking System, and make recommendations regarding the long term administrative responsibility for that system. Finally, they will work with the OSC to select a vendor to begin development of that new system, pending availability of PDG B-5 year 2 or other additional funding.

#### Building from Existing Systems

The Birth to Five system already has a lot of data systems, many of which collect similar data and metrics. Some of these data elements include family outcomes data, longitudinal

educational enrollment data and ASQ screening data. For example, there are three different IT applications used to aggregate ASQ data and link it to referrals- the Participant Database System (PDS) used by Children's Trust Home Visiting Programs, the Penelope Database System used by DPH Home Visiting Programs, and United Way's DRIVE System which is used in EEC CFCE programs, DPH MECCS Programs, and Head Start programs. Connecting these systems would allow all programs across the Birth to Five system to have access to screening, family outcomes and longitudinal educational enrollment data, all of which could inform and create data-driven policymaking, improving decisions about quality, and facilitating smooth transitions between programs for children and families.

The IT agile scrum team will also build off existing projects and data sharing initiatives, including the use of SASID's across EOE and HHS agencies, the Master Data Management system at EOHHS, and the Public Health Data Warehouse (PHD) at DPH.

For example, the PHD's hub, the All Payers' Claims Database (APCD) includes information on young children with positive behavioral health/developmental screens at well child visits. If the Ages and Stages Questionnaire (ASQ) screening data could be matched to the APCD in PHD, it could give us a better sense of the number of children with identified risk factors who did not receive ASQ screening.

The work of this grant activity will ensure that the development of a new cross-agency data system builds on a decade of efforts to create an unduplicated count of children across the mixed delivery system. With an integrated data system that allows agencies to track both screenings and referrals, and connects to longitudinal information about those children, state agency staff and program staff will be able to serve families more effectively and seamlessly. That data can also be used to develop policy that better meets the needs identified in the needs

assessment. The integrated data system will only be the beginning of cross-agency coordination and policy development across the Birth to Five mixed delivery system in Massachusetts.

*V. Program Performance Evaluation Plan*

The Executive Steering Committee and the Operational Steering Committee will be responsible for ensuring that the proposed activities are completed.

**Description of Inputs, Key Processes and Activities from Logic Model**

The program performance plan has been designed to reflect the key stages of the logic model (see Figure 4) and identify both what will be measured during the timeframe of this grant and our plans for future data collection as we move towards a fuller realization of our vision. Our first stage of the performance evaluation will be to evaluate the extent to which the planned activities of this grant have occurred, and that they were completed on time and on budget. Our timeline and the associated budget serves as our project planning document and will allow us to track whether tasks have been completed on schedule and track costs. To support the successful completion of much of the grant, several key activities have already been identified as key inputs to guide the process, including the completion of the B-5 needs assessment, the B-5 strategic planning and a collaborative and productive cross-agency project management structure. The metrics we will use to evaluate our success in this first quarter will be launching the key meetings of the project management structure on time, hiring a project manager, selecting a vendor, presenting the needs assessment plan as scheduled in April, and the strategic plan as scheduled in July to the Executive Steering Committee. While the needs assessment and strategic planning processes are underway, we will be launching other key grant-funded activities, including making improvements to the parent portal, and purchasing a statewide license for ASQ



so that all state-funded programs can have access to the same tool. The metrics to measure that success are in the “Activities” section of the logic model:

- Improved communications with parents to maximize parent engagement, knowledge and choice, as measured by additional website traffic and positive responses,
- Implementation of the single online license for ASQ platform,
- Implementation of an integrated data system based on the ability to match and uniquely identify individual children, and
- Cross-agency training and best practices sharing to increase quality across programs, especially those serving vulnerable populations.

Additional inputs and activities will be further refined based on the results of the needs assessment and recommendations from the strategic plan.

#### **Measuring Progress: Tracking Outputs by Building on Existing Data Infrastructure**

There are three outputs planned and identified in the Logic Model to be completed by the third quarter of the grant, and will track progress toward those outputs according to the milestones set out in the timeline. Upon completion of those outputs, we will use specific metrics to determine if those activities are yielding the results we had hoped, including tracking website metrics for the parent portal traffic, the number of trainings available, and the number of analytical reports we have made available in the state’s Edwin Analytics databased related to children B-5. Through new reports available in Edwin, we hope to gain insight into basic unduplicated data across three of the participating agencies (EEC, DESE and DPH) to answer a range of policy questions. We will initially review this information internally across the state agencies involved in sharing the data, and will determine more detailed outcome measures based

on the availability and reliability of this data. We will also review expenditure data to understand our financial investment in this system.

In the second and third quarter of 2019, we will have a better sense of our ability to unduplicate screening data from DPH and the Children's Trust, and we may begin to be able to track the unduplicated number of children receiving ASQ screens.

### **Adapting Logic Model and Performance Evaluation Plan Following Completion of Needs Assessment and Strategic Plan**

In addition to tracking the inputs and activities over the course of the 12 months of this grant, we also plan to incorporate opportunities to adjust the logic model and resulting performance plan. The OSC will have the responsibility of periodically revising the logic model and, not only using it to guide the strategic plan, but also ensure that adjustments are made as necessary to the logic model. As changes are made, we may also identify new data to collect or determine that different processes are necessary to gather the data that we need. The expertise of the vendor managing this work will be essential in also informing the development of the logic model and performance plan.

### **Measuring Impact: Tracking Outcomes by Developing New Data Sources**

Over the long term, we hope to be able to track the outcome measures in the proposed Logic Model, at the child/parent, program and system levels. This will be made possible by the establishment of the Integrated PDG B-5 Screener and Referral tracking system proposed in Activity Five. We will continue to track data which will inform our understanding of how well we've accomplished those goals through the inputs and activities outlined above.

Because the collection, synthesis and review of this data is an ongoing task, expected to continue after this grant ends, a new agile scrum team will be identified toward the end of the

grant period. This team will be staffed with representation for each agency and will be tasked with gathering all data and developing a report, including anticipated costs and implementation challenges. The Operational Steering Committee will continue to meet and will have the responsibility of reviewing the data and adjusting the strategic plan and logic model in response. Below are some key questions that we anticipate being able to answer in the future if this work is successful.

- How many unduplicated children participate in early intervention, home visiting programs, preschool special education and subsidized early education programs, and how many of them are on the waiting list for subsidized child care?
- What is the relationship between a child's participation in subsidized child care, Early Intervention, or Special Ed Pre-K and their third grade MCAS scores?
- How many children receive early education in high quality programs, as identified by a level three or above in the state's Quality Rating and Improvement System (QRIS), and how do their outcomes vary from children who weren't in level 3 programs?
- How many children participate in these systems by key demographic characteristics, age, race, ethnicity, income, home language, residency in high needs or rural communities, special education status? Estimates of gaps in services require sophisticated analysis and will not be generated yearly, but the original estimate will remain as a point of reference for yearly data. A plan will be created to periodically update the gap analysis.
- How many children receive referrals as a result of ASQ screening, and how does that break down by key demographics?

The state will also be able to track the state's ongoing investment in these programs. Once the state has the ability to track children longitudinally, as yet unidentified gaps in services may also be identified.

The data available about parent and educator access to information and technical assistance will also continue to be reviewed to understand whether increases in access are resulting for these groups. This data will help us to understand the extent to which parents and educators are utilizing the information provided to them and identifying topics that are not effectively reaching the target audience.

### **Building a Plan for Continuous Quality Improvement and Program Evaluation**

In the future, it will be important to plan a program evaluation to more systematically identify whether the system proposed in the logic model has functioned as expected and is effective at achieving the desired outcomes. By building most of our key metrics into state data systems, we have provided a permanent and rich source of information that can be used for this task. With the support of a contracted vendor, longitudinal trajectories of children with different risk factors could be considered, including efforts to understand how service receipt and program participation relate to children's success on the MCAS.

We could extend this data set both in terms of the number of years and in terms of the breadth of data. With years of data stored we could look back to see if changes in programming resulted in any changes in child outcomes. We could expand the breadth of data from the participating agencies, gathering outcome information from participants, such as from the family surveys typically conducted in home visiting programs or parent survey data to understand parent satisfaction and parent outcomes. While this data is not available for all participants in the state system, it does support the option of a more targeted analysis of the outcomes of particular

programs, or types of programs. The addition of data from other state agencies also holds promise, and as the process and tools for data sharing increases, we will have better opportunities to quickly and easily implement the legal agreement necessary to do this.

## VI. *Project Timeline and Milestones*

Table 5 details the key activities and timeline for our project. As detailed in the Project Evaluation section, we have identified discrete activities and will track completion and timeliness as we move forward, making adjustments as necessary to account for unexpected challenges. We will also track changes in the activities identified in our logic model. Timeframes are set to be ambitious but achievable, yet also allow for any reasonable delays that might occur. Our goal is to have our strategic plan completed by the end of June, allowing six months to conduct the data system development work that we have planned. We will begin the process of drafting the RFP to procure this data system development work while completing the strategic plan, to ensure a vendor is in place and work can begin, once the strategic plan is approved.

**Table 5 Project Timeline And Milestones**

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Project Management and Governance</b>												
Hire Project Manager	X											
Hire Data Architect		X	X									
Hire Vendor for Needs Assessment, Strategic Plan, and Performance Evaluation		X	X									
Hire IT Vendor for data system development		X	X									
Hire communications and training vendors					X	X						
Hold Bi-weekly Meetings of Operational Steering Committee		XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Convene Kickoff Meeting with all scrum teams, OSC, and ESC		X										

**Table 5 Project Timeline And Milestones**

<b>Activity</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Hold Bi-weekly Meetings of Scrum Teams		X	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Review Needs Assessment with Executive Steering Committee				X								
Review Strategic Plan with Executive Steering Committee							X					
Brief Executive Steering Committee on Strategic Plan Implementation Status										X		
OSC develops plan for Year 2 and future sustainability											X	X
Brief Executive Steering Committee on Year 1 Progress and Year 2 Plan												X
<b>Activity 1- Needs Assessment</b>												
Review previous federal and state needs assessments	X											
Conduct BPR to analyze processes supporting parent communication (Activity 3 needs assessment)		X	X									
Review existing definitions of quality (Activity 4 needs assessment)	X	X	X									
Use currently available data to develop an unduplicated count of children being served by and on waitlist for different programs, including quality early education.	X	X										
Review enrollment data from MDM and other systems and analyze necessary steps for expanding data integration			X	X								
Analyze patterns of enrollment for vulnerable populations using existing data			X	X								
Review existing data and outline data use license agreement (DULA)	X	X	X									
Compile presentation on existing data and DULA outline for OSC		X	X									

**Table 5 Project Timeline And Milestones**

<b>Activity</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Document functionality of Home Visiting IT applications (PDS/Penelope) and DRIVE			X	X								
Determine possible connection with DPH Early Intervention and EEC QRIS management system			X	X								
Develop count of children statewide receiving ASQ screenings			X	X								
Identify state expenditures on programs in mixed delivery system	X	X										
Finalize Needs Assessment and Develop Strategic Plan Outline for OSC			X	X								
<b>Activity 2- Strategic Plan</b>												
Develop recommendations for improving coordination and data sharing			X									
Develop recommendations for coordinating screening and referrals			X	X	X							
Determine requirements for new or enhanced system(s) to coordinate ASQ screenings					X	X	X					
Develop recommendations for coordinating parent activities (Activity 3 strategic plan)			X	X	X							
Develop recommendations for training and technical assistance activities built on aligned definitions of quality (Activity 4 strategic plan)			X	X	X							
Finalize recommendations and presentation to ESC with OSC					X	X						
<b>Activity 3- Maximizing Parent Knowledge and Choice</b>												
<i>Parent Portal</i>												
Review planned EEC Parent Portal functionality and consider expansion options		X	X									

**Table 5 Project Timeline And Milestones**

<b>Activity</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Apr</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Finalize recommendations for expansion of parent portal			X	X	X							
Include recommendations in strategic plan					X	X						
Develop and go-live with enhanced parent portal functionality on mass.gov						X	X	X	X	X		
Continue Cross-Secretariat work on public benefits Integrated Eligibility System	X	X	X	X	X	X	X	X	X	X	X	X
Continue Inter-agency work on Springfield integrated ECE pre-enrollment portal	X	X	X	X	X	X	X	X	X	X	X	X
<i>Ages and Stages Questionnaire- Purchasing and Parent Outreach</i>												
Develop workplan for coordinated procurement and implementation of ASQ		X	X									
Purchase single state ASQ on-line license for all state agencies			X									
Transition all state agencies to new statewide ASQ on-line license				X	X	X	X	X	X	X		
Develop and disseminate materials to support parent knowledge of ASQ				X	X	X	X	X	X	X		
Promote use of state ASQ on-line license to other organizations										X	X	X
<b>Activity 4- Sharing Best Practices</b>												
<i>Coordinated B-5 Professional Development and Training</i>												
Review planned EEC approach for LMS and CCDBG health and safety training requirements	X											
Review current training approaches and opportunities related to ASQ	X	X										



**Table 5 Project Timeline And Milestones**

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Develop and prioritize list of additional training modules suitable for various providers		X										
Finalize list of additional trainings to be made available via new LMS, including ASQ		X	X									
Finalize workplan for expanding user base for LMS and developing additional trainings			X	X	X							
Include recommendations in strategic plan					X	X						
Develop training content							X	X	X			
<b>Activity 5- Improving Overall Quality</b>												
<i>Integrated B-5 ASQ Data Collection and Referral Tracking System</i>												
Draft RFP for development of integrated B-5 ASQ Data/Referral Tracking System						X	X	X				
Post RFP and select vendor									X	X	X	
Begin development of new system pending availability of PDG B-5 or other funding												X
<b>Performance Evaluation</b>												
<i>Birth to Five Data Use License Agreement and Analytics</i>												
Draft Data Use License Agreement Across Participating Agencies					X	X	X	X				
Participating Agencies Sign Data Use License Agreement								X				
Continue to refine unduplicated count of children participating B-5 mixed delivery system			X	X	X	X	X	X	X	X	X	X
Conduct and analyze descriptive statistics on child participation data									X	X	X	X

## *VII. Sustainability Plan*

### **Approach to Sustainability Planning**

The Operational Steering Committee- working under the direction and with the support of the Executive Steering Committee - will dedicate part of the strategic planning process to developing shared recommendations on how to align existing federal, state and local resources in service to sustaining grant activities. Because the OSC and ESC collectively represent the highest levels of government related to early childhood policies, there would be ample opportunity to create future state budget requests that would sustain these activities. The ESC will also include work with the OSC to brief key state legislators on this work, ensuring their awareness and understanding of our system goals as they consider any related funding requests.

### **Identifying and Sustaining Key Elements of Grant Funding Projects**

After setting our statewide B-5 goals through the PDG B-5 process, we will systemically map current resources from Head Start, Early Head Start, state allocations for preschool, Title I funding, childcare vouchers, parent fees and tuition, etc. and note where the funding streams support our goals and proposed program activities. Our sustainability plan will aim to address: where the inequities are in funding for our current programs; what the priority areas are for change in terms of funding equity; how we will make those adjustments to improve quality where needed without threatening quality elsewhere; how we can effectively address the complexities of braiding funding among and between federal, state and local sources; and what the ongoing governance structure will be for managing a single ASQ license and the PDG B-5 Tracker and Referral system.

The sustainability plan will also include a resource map outlining anticipated and actual funding in the coming five years from the major sources offering support to children and

families, building on a similar map compiled for the needs assessment. Once the full array of sources are mapped, we will be able to align and strengthen our use of them, in service to the strategic plan developed in Year 1, and informed by the ongoing grant activities.

Given that all the agency partners in this grant proposal already work collaboratively together, with many staff members having worked on these issues with one another for upwards of twenty years, we are confident that work will continue beyond the grant period. This will ensure that recommended changes endure and that there is continuous and ongoing review of the systems, and continuous adjustment where needed.

#### VIII. Dissemination Plan

The agile scrum management plan described above requires iterative communications and planning amongst a wide group of stakeholders. This will extend to parents, providers, agency staff, funders, policy makers and legislators as target audiences. It also provides an effective team to manage the dissemination of materials across the mixed delivery system.

#### **Goals and Objectives of Dissemination Plan**

The goal of our dissemination plan is to ensure that all reports, products, and/or grant project outputs are provided to our key target audiences. Based on the proposed activities, we expect three important types of products will be available, improved data reports on access to key programs in the mixed delivery system, information for parents about available programs and program quality, and technical assistance for providers on high priority best practices.

#### **Strategy for Ensuring Full Dissemination Across Mixed System**

Data reports will be developed as part of the state's commitment to ongoing review of outcome data, as described in the project evaluation section. Once the proposed data systems are fully developed, public data reports can be developed and we will use the management structures

described to facilitate dissemination of these reports. There are also many philanthropic organizations that have expressed interest in seeing greater public access to early childhood service use and developmental outcome data and may also have an interest in supporting dissemination, including the Boston Foundation, the United Way and the Barr Foundation. Information for parents about available programs, program quality and ways to support children's development will be provided to parents through the parent portal development. This information will remain available as part of this system and efforts will be ongoing to ensure parent awareness and use of this portal.

Dissemination of information quality and best practices is also central to our proposed plan. We will use the LMS to make training available, first to early childhood educators and then, if feasible through the LMS, more broadly across the system. As with the parent portal, these resources will remain available beyond the life of the grant. Enrollment and use of the LMS will be required for all EEC grants and will support educators in building required competencies and progressing on the career lattice. EEC will support educators in accessing and using this system.

## **IX. Budget and Budget Justification**

The Commonwealth of Massachusetts Executive Office of Education (EOE) is applying for the Department of Health and Human Services grant opportunity, Preschool Development Grant Birth through Five (PDG B-5). EOE is applying for \$2,537,107 through this grant to achieve the initiatives outlined above. The state of MA will match \$765,000 dollars.

<b>Cost Category</b>	<b>Cost Type</b>	<b>Description</b>	<b>Unit Cost</b>	<b>Units</b>	<b>Total Cost</b>	<b>Budget Justification</b>
<b>Activity 1, 2 and Other Grant Activities</b>						
Contractual	PDG	Project Manager	\$125/hour	1800	\$225,000	Contract to hire Technical Project Manager using an existing Master Service Agreement (MSA ITS63) @\$125/hr x 1800 hours

Contractual	PDG	Data Architect	\$120/hour	1500	\$180,000	Contract to hire Data Architect using an existing Master Service Agreement (MSA ITS63) @\$120/hr x1500 hours
Contractual	PDG	Needs Assessment, Strategic Plan and Performance Evaluation Vendor	\$600,000	1	\$600,000	Hire Vendor for Needs Assessment, Strategic Plan, and Performance Evaluation using a competitive procurement process (MSA PRF61)
Travel	PDG	Travel	\$2,000	4	\$8,000	Required travel for 4 staff to attend 3-day grantee meeting in DC
Indirect	PDG	11.59% indirect for 4 staff to travel for 3 day meeting in D.C.	\$232	4	\$928	FY18 approved rate calculated by MAXIMUS and approved by MA Department of Elementary and Secondary Education
Indirect	PDG	11.58% indirect on contractual costs	\$2,898	8	\$23,180	FY18 approved rate calculated by MAXIMUS and approved by MA Department of Elementary and Secondary Education
Activity Total					\$1,802,107	
Activity 3: Parent Knowledge and Choice						
Contractual	PDG	IT vendor to enhance parent portal	\$200,000	1	\$200,000	Develop and go-live with enhanced parent portal functionality on mass.gov (MSA ITS53)
Contractual	PDG	ASQ purchase	\$400,000	1	\$400,000	Purchase single annual state ASQ on-line license for all state agencies
Contractual	PDG	Communications vendor to support parent knowledge and choice	\$400,000	1	\$400,000	Develop and disseminate materials to support parent knowledge of ASQ/Promote use of state ASQ on-line license to other organizations (MSA PRF61)
Activity Total					\$1,000,000	
Activity 4: Sharing Best Practices						
Contractual	PDG	Training vendor to develop content	\$300,000	1	\$300,000	Develop training content (MSA PRF61)
Activity Total					\$300,000	
Activity 5: Improving Quality Practices						

Contractual	PDG	Design Requirements for PDG B-5 Screening and Referral Tracker	\$200,000	1	\$200,000	Begin development of new system pending availability of PDG B-5 or other funding (MSA ITC47)
Activity Total					\$200,000	
<b>Federal Funds Requested</b>					<b>\$2,537,107</b>	
<b>Statewide Match</b>					<b>\$765,000</b>	
<b>TOTAL</b>					<b>\$3,302,107</b>	

logicActivity 1 and Activity 2 and Other Grant Activities:

In order to achieve the five activities outlined and ensure general project management and governance, EOE will hire a Project Manager and a Data Architect. The Project Manager will support the Operational Steering Committee co-chairs in organizing and scheduling meetings, producing agendas and related materials, synthesizing information from the three agile scrum teams, and working with the Data Architect to move questions forward related to integrated data systems. The Data Architect will provide consultation and expertise regarding data sharing, including analyzing various options for un-duplicating data and creating unique identifiers, and drafting the appropriate sections of data sharing agreements accordingly.

EOE will be using an existing statewide master service agreement to hire these short-term staff augmentation resources. EOE is looking to hire the project manager with an hourly rate of \$125/hour and the data architect at \$120/hr. The Project Manager will start as soon as January 2, 2019 to support the project from start to finish. The Data Architect will start shortly after in March and will stay on board through the duration of the project to design and monitor standards, integration of data, sharing of data, etc.

Additionally, EOE will work collaboratively with the ESC and the OSC to draft a scope of work and set a schedule of deliverables for a vendor to conduct a needs assessment, strategic plan and performance evaluation. With the results of this assessment, EOE and EOHHS will make necessary adjustments to improve effectiveness. EOE will issue a competitive procurement through a statewide master service agreement for professional services to contract with a qualified vendor.

Project Manager	\$225,000
Data Architect	\$180,000
Needs Assessment, Strategic Plan, and Performance Evaluation	\$600,000

Activity 3- Parent Knowledge and Choice:

To maximize parent knowledge and choice, EOE and EOHHS will enhance parent portal functionality on Mass.gov. This activity will be a part of a larger project funded by state dollars to support the ongoing efforts to improve the parent portal that is being developed at EEC. EOE will use an existing statewide master service agreement to procure an IT solution to work on the enhancements. Additionally, EOE will use grant dollars to procure a single state ASQ online licenses for all state agencies, the license will be purchased from Brookes Publishing. The purchase of a single state license would allow for secure data sharing across programs. While the

ASQ enterprise license itself is only \$495.95 annually, screening fees are incurred on a \$0.50 per screen per child basis. The API subscription that enables data to be shared is also on a \$0.30 per screen per child basis, and startup costs include purchasing the paper-based ASQ questionnaires for every individual program site at \$240 per questionnaire set. Tech support and the family access add-on (so that parents can view their children's data) also incur additional annual fees, at \$149.95 and \$395.95, respectively. The \$400,000 estimate was based on the annual license, the family access add-on, tech support and startup costs, including preliminary API fees. As screening fees are billed annually, and we will not be purchasing ASQ until the second quarter of the grant, we do not anticipate screening fees will be billed during the grant funding year.

Once the parent portal has gone live, EOE will hire a professional services vendor from an existing statewide master service agreement to develop and disseminate materials to support parent knowledge of ASQ as well as promote the use of the state ASQ online license. This vendor will be focused on communications and outreach for the duration of the contract.

Develop and go-live with enhance parent portal functionality	\$200,000
ASQ enterprise license	\$400,000
Contract to develop, disseminate materials and promote ASQ	\$400,000

#### Activity 4- Sharing Best Practices:

To share best practices, EOE will hire a vendor from an existing statewide master service agreement to develop training content. This content will be customized specifically for the field in a format convenient for the professionals.

Develop training content	\$300,000
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#### Activity 5- Improving Quality:

EOE will hire a vendor or key IT professionals to begin analyzing the current systems in Massachusetts that are used to track ASQ data and resulting referrals. The result will be a recommendation regarding whether to enhance one of the existing systems or develop a new system, and an outline of an RFP for that work. The resulting integrated PDG B-5 Tracker and Referral System, pending available additional funding, would allow state agencies and funded programs to see whether or not children received appropriate referrals, and whether those referral appointments were kept.

Development of PDG B-5 Tracker and Referral system	\$200,000
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#### Other Associated Grant Costs:

EOE will use grant dollars to fund the travel of four staff to the required 3-day grantee meeting in Washington DC. Additionally, EOE has an associated indirect rate of 11.59% for state fiscal year 2018. The total indirect cost for all contracts and travel is \$24,107.

Travel for 4 staff to 3-day grantee meeting (\$2,000/attendee)	\$8,000
Indirect for Travel	\$927

Indirect for Contract Costs	\$23,180
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### **Commonwealth of MA Matching Funds:**

In order to ensure that this initiative is not solely supported by the federal government, MA is able to identify \$765,000 in state expenditures supporting the development of the B-5 mixed delivery system, the equivalent of 30% of our possible award, to match the federal funds requested. This funding is part of a new \$5 million line item that is not being used to match any other federal grant or funding source. It is currently available in the Commonwealth's Fiscal Year 2019 General Appropriations Act for the purposes articulated in the following line item language:

*For grants in fiscal year 2019 to support implementation activities in cities, towns, regional school districts or educational collaboratives to expand pre-kindergarten or preschool opportunities on a voluntary basis to children who will be eligible for kindergarten by September 2020; provided, that implementation grants shall be awarded through a competitive process established by the department of early education and care utilizing the Massachusetts Preschool Expansion Grant public-private partnership model; provided further, that preference shall be given in awarding implementation grants to districts serving high percentages of high-needs students; provided further, that additional preference shall be given in awarding implementation grants to districts that have completed strategic planning efforts that support expanding access to high-quality preschool through the Commonwealth Preschool Partnership Initiative; provided further, that the department shall submit a report to the joint committee on education and the house and senate committees on ways and means not later than March 15, 2019 on the status of implementation activities including, but not be limited to, the following: (a) the recipients of grant funding; (b) the number of children served by recipients; (c) the size of awarded grants by recipient; and (d) recipients' workforce development efforts; and provided further, that notwithstanding any general or special law to the contrary, funds distributed from this item shall be deposited with the treasurer of the city, town, regional school district or educational collaborative and held in a separate account and shall be expended by the school committee of the city, town, regional school district or educational collaborative without further appropriation.*