Early Childhood Comprehensive Systems:
Health Integration Prenatal-to-Three Grant
CFDA 93.110

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INTRODUCTION

Building a strong and cohesive early child care, education and health services increases the effectiveness of the early childhood system. This requires an intentional effort by states and communities to leverage the synergies of multiple child-serving services or programs in a meaningful and comprehensive way in linking children and their families to supports. Delaware's early childhood governance has been fragmented over the years - spread across three (3) main divisions- Department of Education (DOE); Division of Health and Social Services (DHSS) and the Division of Services for Children, Youth and their Families (DSYCF), leading to inefficiencies and a complex system for families, professionals and programs to navigate.

A confluence of legislative action, federal grants and policy changes within Delaware's early childhood community since the beginning of the 2000s has progressively propelled the state onto a path and culture of improving systems and building infrastructure. Through federal grants such as the Race to the Top; Maternal Infant and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems; Title V; Pre-school Development grants including legislation for health insurance coverage for developmental screens, Delaware has charted a path toward efficient and comprehensive system. The evidence is seen with all of Delaware's 19 school districts' agreement to use the Ages and Stages Questionnaire as the uniform preferred tool for developmental screening; the movement of the Office of Child Care Licensing from the DSYCF to the Office of Early Learning and the appointment of a deputy cabinet secretary for Education focused on early childhood, among others.

Delaware's early childhood environment is therefore prime for this ECCS grant and ready to embrace the tenets of this grant, in its alignment with the guiding principles of the state's early childhood community which emphasizes equity, multi-generational and evidence-based approaches, whole child support and the overall investment in early childhood to enable a strong and healthy cohesion. Delaware's proposal is to improve and enhance state level developmental health promotion infrastructure and capacity between maternal and child health and other statewide systems, via the Community of Practice model; encourage health providers (including Obstetricians, Gynecologists and Pediatricians) in utilizing the Help Me Grow/2-1-1 centralized access point, including promoting pre-natal and postpartum maternal depression and social determinants of health screenings during well-child and pre-natal visits; while promoting the evidence-based Reach Out and Read program as a tool in providing anticipatory guidance.

Additionally, the ECCS program will build a meaningful family leadership and engagement infrastructure that fosters value for parent voice and positive action towards advocacy and policy change. ECCS will continue with its existing partnerships with the MIECHV home visiting, Title V programs to strengthen developmental screening processes including the connection and linkages of families to community services while leveraging opportunities through Medicaid to identify financing strategies that support the funding and sustainability of services for the P-3 population.

NEEDS ASSESSMENT

The State of Delaware is pleased to have made considerable improvement in increasing its developmental screening rates, expanding its early childhood programming, integrating with early childhood stakeholders, and building the infrastructure to support the needs of young children and their families. However, as discussed in this section, the state still faces existing and new challenges, namely engaging at-risk families and their children and ensuring that the necessary infrastructure exists to continue supporting the pressing needs of Delaware's most vulnerable families.

A. Delaware ECCS Program Overview

Delaware's early childhood infrastructure includes private and public early childhood agencies, families, and various community stakeholders with the shared vision and mission to promote the health and wellbeing of all children. As a stakeholder, Delaware's Early Childhood Comprehensive Systems (ECCS) program, which resides within the Division of Public Health, shares the vision of the early childhood community and has used its resources and network capacity to ensure that Delaware's children are healthy and ready to learn at school entry.

The following are several noteworthy aspects of how the Delaware ECCS Program is ensuring availability, accessibility, and effectiveness of coordinated, comprehensive services and multigenerational approaches promoting early developmental health and family wellbeing for the perinatal, infant, and early childhood population in the State of Delaware:

- ***Increasing Access to Evidence-Based Developmental Screening.*** Through the ECCS program, a strong rapport was cultivated with the healthcare provider community and early care/education providers/programs through their implementation of the Parent's Evaluation of Developmental Status (PEDS) and Ages and Stages Questionnaire (ASQ), respectively. The ECCS team is able to collect upon the ASQ and PEDS screens through these stakeholders and note areas of strength (e.g., an increase in developmental screening rates) as well as suggested areas for improvement (e.g., based on analyses of these two data sets, enhanced focus should be placed on improving gross and fine motor skills of infants and toddlers). Partnerships with the Delaware Readiness Teams and Public Allies have been robust, longstanding relationships. These two groups have helped carry out early childhood-related events, such as Books, Balls, and Blocks (BBB) as well as other family resource fairs.

  Moreover, Delaware continues to fund and provide technical assistance for pediatricians and family practices that are using the Parents' Evaluation of Developmental Status (PEDS). There was a total of 13,106 PEDS Online screens completed on children 0-59 months between July 1, 2019 and June 30, 2020, which corresponds to an estimated 8,318 unique children or 63.5 percent of total screens completed were unique. This compares to 13,801 PEDS Online screens completed on children 0-59 months between July 1, 2018 and June 30, 2019 and an estimated 8,515 unique children or 61.7 percent of total screens completed were unique. This equates to a 5.0 percent decrease in total screens completed but a 1.8 percent increase in the number of screens completed that were unique (i.e. unduplicated). This suggests that PEDS practices were more efficient

and there was less duplication from July 1, 2019-June 30, 2020 as compared to July 1, 2018-June 30, 2019.

Figures 1 and 2 present profiles of ASQ and PEDS Online, respectively, by the number of screens and unduplicated children.

Figure 1. ASQ Screens and Unduplicated Children, State of Delaware.

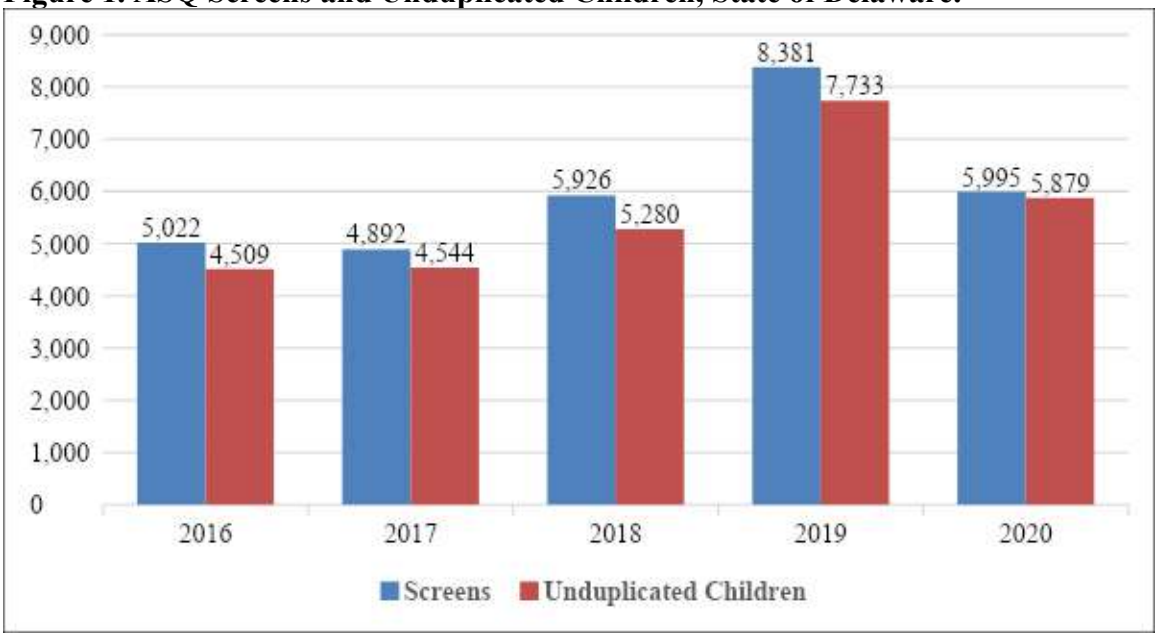
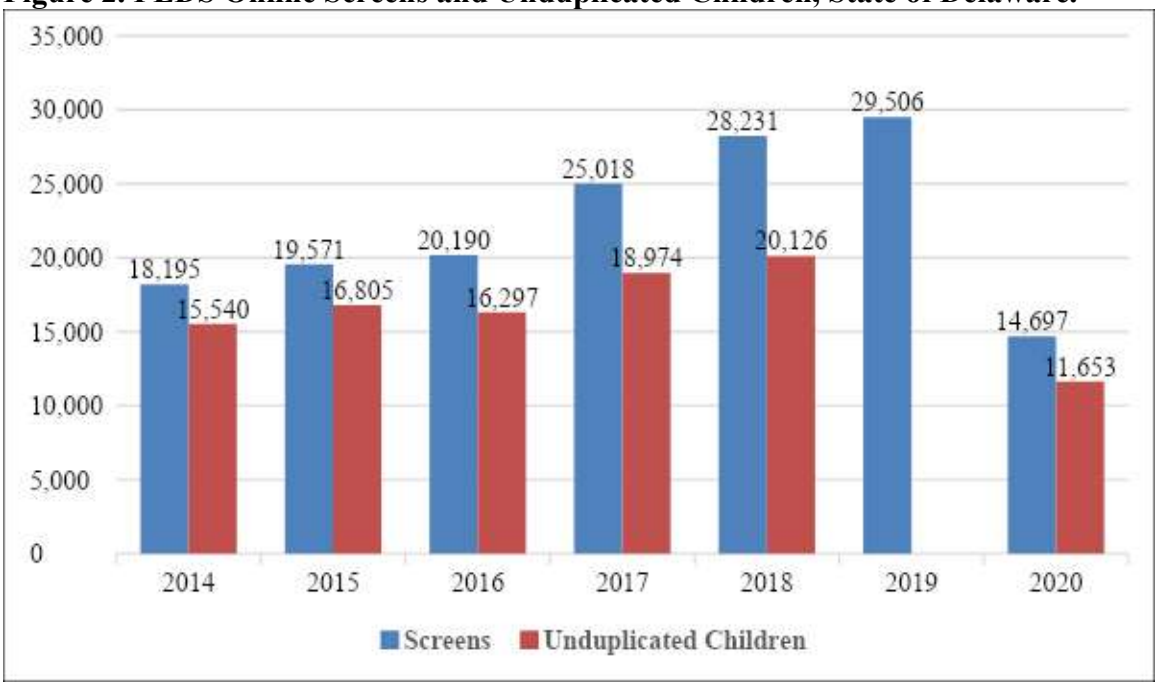


Figure 2. PEDS Online Screens and Unduplicated Children, State of Delaware.



- ***Enhancing Tracking of Intake and Referrals for Children At Higher Risk for Developmental Delay.*** Increased developmental screening and linkages to services through building partnerships with child-serving providers also increased their awareness of screening and referral services in the state. In an attempt to keep the pulse on families referred for early intervention to prevent such families from falling between the cracks, the ECCS program also collaborated with early intervention programs to ensure children less than 3 years identified at risk for developmental delays are referred to appropriate services before age 3 to promote early detection and intervention. Specifically, the ECCS team collaborated with Child Development Watch to track referrals due to a PEDS or ASQ screens and determine when Multi-Disciplinary Assessments (MDA) were made, including how the family was referred. This data is then shared with 3 pediatric clinics (in a pilot program) to follow up with the families to assure appropriate services were provided. All these efforts strengthened follow-up services to ensure children identified at risk for delays are referred to and receiving early intervention services.

  The ECCS program has been collaborating with 3 pediatric practices in Kent and Sussex Counties to follow up with children who are at risk for developmental delays after a PEDS screens has been administered from the previous month. This is to determine if they have been referred to early intervention services or are being monitored by the practice. This has been very useful to those practices and they have been able to follow up with families who would have otherwise fallen between the cracks.

- ***Improving Integration with School Districts.*** In 2019-2020, the ECCS teams partnered with the Office of Early Learning, which is housed within the Delaware Department of Education, to get all 19 schools districts to post a link to the Ages and Stages developmental screening tool on the school district websites - opening up access for early care and education centers in each school district and their enrolled parents to utilize the platform and the subsequent referral and early intervention processes. This led to a spike in the number of children birth to 5 years receiving developmental screens. For the Birth to Three program, increase in the number of ASQ screens administered by early childhood education providers led to a need for increased staffing capacity to support the follow up and referral process to early intervention or other services.

  In addition, ECCS partners have helped sway early childhood education programs from using the Developmental Indicators for Assessment Learning (DIAL) instrument to the ASQ as the preferred instrument for developmental screening statewide. This initiative began with the award of the ECCS grant in 2016, under the Colonial School Readiness teams which is a member of the New Castle County Place-Based community team. Over the three years, the Colonial team dedicated its time and resources to influence and persuade the education community to switch from the DIAL to the ASQ.

- ***Conducting Community Events to Increase Developmental Screening and Parental Involvement.*** Books, Balls, and Blocks (BBB) events have been held in collaboration with multiple community stakeholders such as United Way of Delaware; Division of Libraries; Help Me Grow/2-1-1; Wilmington Head Start; Project LAUNCH and the Readiness teams. During the 2019-2020 grant period, the ECCS Impact team and its

partners have held five BBB events within a variety of settings. These settings include Head Start and other childcare centers, community centers and libraries. These events brought in approximately 120 families with about 60 children (birth through 5) receiving ASQ screens. Evaluations turned in after the event indicates that the families find the BBB event very beneficial in increasing their knowledge regarding the expectations for their children's growth based on their ages. The majority of parents felt BBB events ought to be held more frequently and were willing to recommend it to their peers. The success of the BBB events is due to its alignment to the goal of systems development and improvement through reaching out to a cross-sector of stakeholders who can garner and leverage their resources to benefit the whole. Plans to organize more BBB events in the southern part of the state at the beginning of 2020 were thwarted due to the Covid-19 pandemic. Despite such challenges, the ECCS teams have been successful in organizing BBB Online using zoom. Eight BBB online events have been held so far from June 2020 to February 2021.

- ***Working More Closely with WIC Program.*** Through the University of DE Center for Disabilities and Learn the Signs Act Early Ambassador, the ECCS collaborated on a project involving the Special Supplemental Nutrition Program for Women, Infant and Children (WIC). The project introduced a CDC developmental screening checklist at all WIC locations in DE (with RWJF funding). WIC programs added the checklist to their intake system. Clients visiting WIC were asked questions based on the checklist. Families falling below the identified threshold were encouraged to call Help Me Grow/2-1-1 for an actual developmental screening to be administered. The data indicated that, of the approximately 4,000 checklists completed, 758 referrals were made to Help Me Grow, while only six of the referred families called the call center. Delaware will continue to implement these activities to achieve its stated goal of increasing screening through the implementation of the following strategies:
    - Promoting early detection by encouraging physician practices to increase developmental screens and link families to community resources and services;
    - Training and education targeting early childcare and education providers to increase the number of children who have developmental screens;
    - Collaborating with early intervention programs to improve referrals following high risk developmental screens to ensure families are connected to treatment services;
    - Support and provide information to in-home/family-owned childcare providers who often fall between the cracks;
    - Building parent/family leadership and capacity to advocate for themselves and their communities;
    - Continue organizing community events such as Books, Balls and Blocks events and determine its sustainability beyond the ECCS grant; and
    - Provide education on the social determinants of health and two-generation approaches targeting childcare providers.

B. Specific Barriers and Gaps in State Maternal and Early Childhood System and Existing Foundational Assets.

Despite the extensive strides the State of Delaware's ECCS Program has made over the years, the program still faces several barriers and gaps, such as:

- ***Early Childhood Leadership Development Across Sectors.*** Developing and maintaining early childhood leaders and advocates has been a challenge. The recently completed Delaware Preschool Development Grant Birth to 5 Years (PDG B-5) Needs Assessment has noted that a high quality, stable early childhood workforce remains an issue with the state. Indeed, the pipeline of students specializing in early childhood education from Delaware's higher education institutions has been declining since 2017, with less than 100 students graduating with any form of a degree in early childhood development in 2018. This has ramifications for cultivating early childhood leaders now and into the future.

- ***Effective Multi-Stakeholder and Cross-Sector Partnerships.*** The Delaware ECCS Program has been quite successful in building multi-stakeholder and cross-sector partnerships within the early childhood space. However, the program has only recently started to secure such partnerships across to agencies that play substantial, yet not always fully recognized, roles in this area, such as Medicaid/SCHIP. This is essential given the large role of Medicaid/SCHIP reimbursement for Delaware's pediatricians.

- ***Engagement of Prenatal-Specific Partners.*** Like Medicaid, engagement of prenatal-specific providers has not been a priority for the current Delaware ECCS program given the program's longstanding focus on early childhood development and health. From a life-course perspective, not focusing on prenatal- and perinatal-specific partners serves as a barrier toward achieving optimal developmental health for infants and young children.

- ***Service Coordination Infrastructure.*** The Delaware ECCS Program has been quite successful in improving coordinated intake systems, data sharing efforts, and developing referral pathways. However, gaps remain, particularly in tracking intake and referral data, especially in real-time and across the multitude of diverse early childhood programs and services.

- ***Sustainable Financing Strategies.*** Given rapidly changing economic and political times, as well as large-scale, unanticipated circumstances such as the current COVID-19 pandemic, it is essential that the Delaware ECCS Program secure funding strategies to sustain efforts for the longer term. Although the current program has been able to collaborate with both long-term and newer partners as well as braid funds when needed, limited funds are available to support all of the necessary efforts to carry out a robust program.

- ***Equitable Family/Community Partnerships in Decision-Making.*** The Delaware ECCS Program has included more family and community partners in its current efforts through programs such as Books, Balls, and Blocks as well as Champions for Young Children. However, the number and socio-demographic diversity of parents is quite limited and

such parents may not have the time nor inclination to be involved in decision-making. Accordingly, the Delaware ECCS Program will need to address this gap so as to ensure that a larger number and broader, more diverse set of parents, families, and community partners share valuable input, which will strengthen the early childhood landscape.

C. MCH, Preventative Health Care and Service Utilization Across Health Care and Other Sectors.

The following are indicators relevant to maternal, perinatal, infant, and early childhood health care and service utilization across health care and other sectors:

***Immunizations*.** According to the National Immunization Survey, Delaware infants who are ever breastfed in 2018 was at 77.4 percent. This is compared to 77.2 percent in 2017 and 74.6 percent in 2016.

Breastfeeding. The percent of Delaware infants who are breastfed exclusively through six months are relatively low. In 2016, 18.9 percent of infants were exclusively breastfed through six months, compared to 20.5 percent in 2017 and 23.6 percent in 2018. According to PRAMS 2018 data, the percent overall prevalence of ever breastfed among those who delivered was 86.6 percent and currently breastfeeding/at the time of survey was 55.9 percent. Moreover, the 2018 prevalence of ever breastfed among non-Hispanic black was 79.2 percent as compared to 87.2 percent among non-Hispanic white, and 93.4 percent among Hispanics. Similarly, the 2018 prevalence of currently breastfeeding (or at the time of survey) among non-Hispanic blacks was 38.1 percent as compared with 61.1 percent among non-Hispanic whites, and 58.7 percent among Hispanics. The data clearly shows the need for improvements in overall breastfeeding initiation but also the need to address disparities that exist in Delaware.

Developmental Screening. Based on 2017/2018 National Survey of Children's Health data, Delaware is among the lowest of its surrounding states when comparing children, ages 9- 35 months, who received a developmental screening in the past year, where only 25.5 percent of these children received the screening. Delaware is also below the national average of 33.5 percent of children with the screening.

Dental Visit. According to the 2017/2018 National Survey of Children's Health, 18.0 percent of Delaware children, ages 0 through17, have not had a preventive dental visit in the past year.

***Overall Health: Children*.** Overall, in 2017-2019, 89.8 percent of Delaware children reported to be in excellent/very good health (Hispanic, 86.0 percent; White, 94.5 percent; Black, 82.7 percent; Other, 90.4 percent) as compared with 90.0 percent (Hispanic, 86.7 percent; White, 93.1 percent; Black, 82.7 percent; Other 90.4 percent) in the U.S. Health status varied by income status in Delaware similar to the U.S.. In Delaware, 84.3 percent of children in household 0-199 percent FPL indicated "Excellent/very good health" as compared to 91.3 percent in 200-299 percent FPL, 93.9 percent in 300-399 percent FPL, and 95.6 percent in 400 percent or greater FPL categories.

***Overall Health: Women of Childbearing Age*.** According to 2016-2018 BRFSS data, women of

childbearing ages (18-44 years) also had poor health based low SES. For instance, 69 percent of women of childbearing ages whose income was <20,000 indicated they had excellent/very good health as compared to 84 percent in income category of $20,000-$49,999 and 94 percent in $50,000 or more income category.

Medical Home. According to the 2017/2018 National Survey of Children's Health, 49.9 percent of white children with special health care needs had a medical home (U.S. 56.2 percent) as compared with 41.1 percent of black children (U.S. 37.5 percent) and 47.7 percent of other children (U.S. 46.5 percent) and 38 percent Hispanic (U.S. 38.5 percent) although both the Hispanic sample was relatively low.

Poverty. In Delaware, 12.8 percent of children (approximately 27,000 kids) lived in poverty in 2017-2019, down from 21.2 percent in 2012- 2014. This is Delaware's lowest child poverty rate since 2004-2006. The highest rates are among those children aged 0-5 at 15.5 percent. According to Kids Count in Delaware, 2020, from 2017-2019, 22.2 percent of Delaware households were families in poverty with female head and children under 18. The median income of two-parent households with children under the age of 18 in Delaware from 2017-2019 was $104,486, compared to $36,877 for single-parent households. Of Delaware's children, 39.6 percent lived in a one-parent household in the 2017-2019 time. Almost half (46.6 percent) of births occurring in the five-year period 2014-2018 were to single mothers, with 70.5 percent of Black births, 61.5 percent of Hispanic births, and 34.9 percent of White births occurring among single mothers (Kids Count in Delaware, 2019). As of 2019, an average of 56,814 households per month received food assistance through Delaware's Supplemental Nutrition Assistance Program (SNAP). (KIDS Count in Delaware, 2020).

Smoking. Cigarette use during pregnancy declined ~30 percent from 12.3 percent in 2010 to 8.6 percent in 2018 (2019 provisional is 8.6 percent) as per birth certificate data. The 2018 smoking rate among non-Hispanic whites was 11.7 percent (15. percent in 2010) as compared to 7.7 percent in non-Hispanic blacks (11.8 percent in 2010) and 3.7 percent in Hispanics (2.9 percent in 2010). According the PRAMS 2012-2018 data, the prevalence of smoking in last 3-months of pregnancy in 2012 was 13.3 percent and the prevalence declined in 2018 to 8.6 percent ~ 5 percentage points (or 35 percent).

Teen Births. The 5-year average teen birth rate in the U.S. in 2001-2005 was 41.8 (22.2 for non-Hispanic white and 61.6 for non-Hispanic blacks) and the 5-year average teen birth rate in Delaware was 41.8 (25.6 for non-Hispanic whites, and 72.1 for non-Hispanic blacks). The 5-year average in teen birth rate in Delaware declined by (~54 percent) from a high of 41.8 to 19.4 in 2014-2018 with declines ~51 percent among non-Hispanic white from 25.6 in 2001-2005 to 12.5 in 2014-2018 and ~60 percent declines in non-Hispanic blacks from 72.1 in 2001- 2005 to 28.6 in 2014-2018. The disparity ratio in the teen birth rates was 2.3 times for Black teens to White teens. Despite the racial disparities, Delaware made great strides in five-year average rates among white and black teen birth rates through several population-based health interventions.

D. Overview of Statewide Health Indicators and P–3 Population Data from Other Relevant Needs Assessments

The following are relevant statewide health indicators and population data from other related needs assessments.

MIECHV Needs Assessment

Table 1 summarizes the characteristics of home visiting services in each of Delaware's counties. The estimated number of families served by a home visiting program makes use of data provided by both the MIECHV-supported and non-MIECHV supported programs and by reported zip code of residence. As evidenced by this table, the estimated number of families served by a home visiting program is markedly less than the estimate of need across all counties; however, the gap in estimated coverage ranges from 41.3 percent in Kent County to 15.3 percent in Sussex County.

Table 1. Home Visiting Characteristics of At-Risk Counties, State of Delaware.

	Kent	New Castle	Sussex
The county is served, in whole or in part, by at least one home visiting program	Yes	Yes	Yes
The county is served, in whole or in part, by at least one home visiting program that implements evidence-based home visiting service delivery models eligible for implementation by MIECHV	Yes	Yes	Yes
The county is served, in whole or in part, by home visiting programs funded by MIECHV	Yes	Yes	Yes
Estimated number of families served by a home visiting program located in the county in the most recently completed program fiscal year	309	589	317
Estimate of need in the county (from HRSA)	748	2,890	2,076
Estimate of coverage (families served/need)	41.3 percent	20.4 percent	15.3 percent

Table 2 on the following page provides the funded enrollment and capacity of home visiting programs within the State of Delaware. This table shows that PAT serves as the largest evidence-based home visiting program in the state overall and as supported by MIECHV.

Table 2. Inventory of Existing Home Visiting Programs, State of Delaware.

Program Name	Funder	Areas Primarily Served	Funded Enrollment Capacity	Number of Households that Received Services in FY 2019
HFA	MIECHV	Statewide	180	168
NFP	State Funds	Statewide	200	274
PAT	DOE, MIECHV	Statewide	235 (DOE) 304 (MIECHV)	349 (DOE) 424 (MIECHV)

Despite the currently relatively limited coverage presented in Table 2, the home visiting programs are addressing many of the identified needs for their enrolled families. This has been demonstrated by both the robust program outcomes reported over time and home visiting satisfaction survey results.

Overall, the MIECHV-supported sites fare well on the overwhelming majority of benchmarks, particularly early childhood-related benchmarks. The following are some of the successes reported during FY 2020 (i.e., October 1, 2019 to September 30, 2020):

- Over 80 percent of newly-enrolled mothers this year were documented as receiving a depression screening with the PHQ-9;
- Roughly 85 percent of prenatally enrolled mothers this year were reported as receiving a postpartum care visit within three months of delivery;
- 87.0 percent of primary caregivers enrolled were documented as receiving an observation of parent-child interaction by a home visitor using either the CHEERS or PICCOLO.
- 83.3 percent of children enrolled in home visiting were reported as receiving an ASQ screening at the age-appropriate time interval;
- 87.0 percent of enrolled children were reportedly in a household in which a family member was documented as reading, telling stories, and/or singing songs with the child most days during a typical week; and
- Approximately 90 percent of newly-enrolled primary caregivers were documented as being screened for intimate partner violence.

Title V MCH Block Grant

The selection of the State health priorities was completed as a result of a thorough examination of the findings from the state's Five-Year Needs Assessment. Based on the assessment process, Delaware has chosen the following seven priorities as the focus of our efforts in the coming 2020-2025 grant period:

1. Woman have access to and receive coordinated, comprehensive services before, during and beyond pregnancies.
2. Improve breastfeeding rates.
3. Children receive developmentally appropriate services in a well-coordinated early childhood system.
4. Empower adolescents to adopt healthy behaviors (healthy eating and physical activity).

5. Increase the number of adolescents receiving a preventative well-visit annually to support their social,
6. emotional and physical well-being.
7. Increase the percent of children 0-17 with and without special health care needs who are adequately insured.
8. Improve the rate of Oral Health preventive care in children.

For each of the 19 NPMs, respondents to a stakeholder survey were asked to rate the degree to which they agreed there was awareness in the state of the NPM as an issue, desire to work on the NPM, and whether progress was being made with regards to the NPM. As shown here, developmental screening and measures related to infancy and early childhood – such as safe sleep, breastfeeding, and smoking among pregnant women – were clearly among the most popularly reported of the NPMs, which aligns with benchmarks on which the Delaware ECCS Program has placed considerable emphasis (Table 3).

Table 3. NPMs in Terms of Community Awareness, Desire to Address, and Progress.

National Performance Measure	Agree of Awareness *and* Desire to Address Issue *n* (percent)	Agree Progress has Been Made on Issue *n* (percent)
Safe Sleep	80 (73 percent)	72 (66 percent)
Breastfeeding	81 (75 percent)	70 (65 percent)
Smoking – pregnant women	87 (82 percent)	62 (58 percent)
Developmental screening	71 (66 percent)	60 (56 percent)
Well woman visit	75 (69 percent)	56 (51 percent)
Smoking in household	77 (73 percent)	55 (52 percent)
Risk appropriate perinatal care	65 (60 percent)	54 (50 percent)
Adequate insurance coverage	81 (76 percent)	51 (48 percent)
Bullying	84 (78 percent)	50 (46 percent)
Physical activity in children	81 (75 percent)	48 (44 percent)
Adolescent well visit	71 (66 percent)	47 (44 percent)
Medical home	66 (61 percent)	45 (42 percent)
Preventive dental visit – children/adolescents	62 (58 percent)	44 (41 percent)
Physical activity in adolescents	74 (69 percent)	44 (41 percent)
Low-risk Cesarean deliveries	45 (41 percent)	37 (34 percent)
Injury hospitalization prevention – adolescents	48 (44 percent)	34 (31 percent)
Injury hospitalization prevention – children	51 (47 percent)	34 (31 percent)
Transition	49 (45 percent)	32 (30 percent)
Preventive dental visit – pregnant women	39 (36 percent)	23 (21 percent)

Respondents were also given a chance to more openly describe the needs of the people in the communities in which they work. Table 4 contains a compilation of responses to the question, "What are the top 3 most important things that women, children, and families need to live their fullest lives?" The most frequently cited needs were for access to high quality healthcare, including having adequate health insurance that reduced barriers to primary and specialty care.

Economic improvement, primarily via greater household income and income/work stability, was often cited as crucial, as was proper nutrition and exercise, safe and affordable housing, mental health services and support, and adequate, affordable, and flexible child care. Such results suggest that the Delaware ECCS Program should also consider strengthening its role on improving health equity and addressing social determinants of health for families statewide.

Table 4. Categorized Open-Ended Responses to "What are the Top 3 Important Things that Women, Children, and Families Need to live their Fullest Lives?"

Number of Mentions	Top Three Important Things that Women, Children, and Families Need to Live Their Fullest Lives? (*n* = 88)
35	**Healthcare Access and Adequate Insurance.** Access to insurance/education about insurance, access to preventive services, specialty care, better access for infants/toddlers/CYSHCN, more medical providers – shortage, Medicare for All including males/access to Medicare.
32	**Healthcare Quality.** Proper and timely care, case management, prevention care, medical home, wraparound/integrated/follow-up care, appropriate referrals, continuing healthcare after adolescence, access to quality, standardized care.
37	**Economic Improvement.** Job opportunities, livable wage, access to/adequate resources, SDOH, financial security, remove poverty, increase subsidies, quality education and job skills, safety/safety from violence.
23	**Nutrition and Exercise.** Access to healthy food, food security, knowledge/understanding/education around healthy lifestyle (self-care, nutrition, exercise), neighborhood food options, food & water – pathway to overall health.
23	**Housing.** Affordable housing, stable housing, accessible housing,
15	**Mental Health and Substance Abuse.** ACES Awareness, trauma informed care, decrease substance use, access to AOD treatment, education on smoking cessation, ban vaping, mental health services, suicide prevention, emotional support for healthy relationships (including for women in recovery).
14	**Family Support and Child Care.** Safe, affordable child care, flexible (extended hours, weekends) child care, engaged parents/family, parental education on how to keep kids healthy, family empowerment, fatherhood involvement, increased family time, breast feeding education, safe sleep messaging, get rid of free O/D medication, more self-sufficiency and less handouts.
8	**Healthy Communities.** Ministering to overall needs, supportive communities, equitable communities, safe places to live and work, social support systems, healthy, thriving communities.
5	**Oral Health is Healthcare.** Dental screenings and treatment, Medicaid coverage for dental (adults), dental medical home, oral health.
5	**Respite Care.** Family medical leave, support for grandparents/caregivers raising children, information/resources/respite for caregivers of CYSHCN.
4	**Other.** Transportation, reproductive health, CYSHCN services.

Head Start

The results to the 2018 Community Needs Assessment and 2019 Delaware Early Learner Survey (DE-ELS) provided meaningful insights from Head Start for this updated needs assessment. This section includes additional relevant material from Head Start that were not otherwise featured in

other sections of this needs assessment.

Head Start and Early Head Start asked for parent/guardian input as part of their 2018 Community Needs Assessment. Overall, their findings indicate:

- 100 percent of parents/guardians responding agree that their child care location is convenient;
- 96 percent report that the programs provided a safe place to learn that helped their children get ready for school by becoming more independent, learning basic concepts in language, and learning to share and cooperate; and
- 92 percent are satisfied with their classroom staff.

Moreover, the 2018 Community Needs Assessment uncovered the following programmatic-related results:

- While about half of the parent/guardians responding said they would prefer a 12-month program and that a 6-8 hour day would be better, 88 percent said the current hours and days of operation meet their family's needs;
- All sources of information provided by the programs to families were highly rated, with newsletters, parent handbooks, flyers, and monthly calendars the most appreciated; and
- Availability of programs specifically for fathers was around 50 percent or less, which may be more a matter of communication than existence of events;
- Roughly 80 percent agree the centers are friendly and welcoming for fathers; and
- Parents believe the program does a good job telling them how to be involved (policy council, volunteering, parent committee, family gatherings.). When they request information from the program on topics such as disabilities or child development, it is provided in a timely manner, and is useful and supportive of their family's values. Social media would be a welcome addition to the communication plans.

Health- and finance-related findings from parents/guardians include:

- Families report their biggest stressors are financial (75 percent), employment and medical/ dental health (30 percent each), education and job training (25 percent each), and housing (19 percent);
- Families say they need the most help with depression, family conflicts, financial planning, and goal setting;
- The most common physical complaints are eye/vision care, hypertension, and dental care; and
- The most common financial complaints are: earning a living wage, budgeting, recovering from bad credit, and having past due bills.

In addition, for the 2018 Community Needs Assessment, the feedback from community members included:

- Improve communication regarding what services are available from where;
- Improve availability of drug abuse rehabilitation services;
- Share professional development opportunities between organizations/providers;
- Offer joint parent workshops;
- Improve implementation of birth to age 5 years developmental screening and early intervention; and

- Increase access to the following resources: mental health resources for children, transportation for low-income families, longer hours of operation for childcare, family support/coaching, elder services, and help finding and paying for safe housing especially for homeless moms and kids;
- Poor education, drug addiction, and an unwillingness or inability of parents to keep appointments were identified as primary obstacles to serving the community. Resource shortages (budget, staff), long waiting lists, and lack of space were also cited;
- The families being served have many challenges of their own, and sometimes the priority becomes an immediate crisis in food, healthcare, or housing instead of attending a meeting with a teacher, a workshop, or a family event;
- Respondents also indicated there are too many programs addressing the same issues without collaboration; and
- Inadequate availability of transportation, jobs, and high-quality affordable Early Childhood Education (ECE) programs are also frequently reported.

Finally, as articulated in the Community Needs Assessment, a common theme for ECE staff is the need to either bring services to the children *or* bring the children to the services. Programs that provide ways for children and families to receive services including transportation to those services are the most successful. Programs that require parents to drive their children to these services outside of school hours see much lower adoption, for reasons identified earlier in this assessment (work schedules, lack of public transit, other transportation challenges). Almost all of the respondents said that at least some of the time they do not know where to refer families for one service or another. They asked for a community resource book so they would have that information at their fingertips. Respondents also mentioned the need for improved professional development options including topics and delivery methods. And, improving communication between ECE and public education is also an identified need.

For the DE-ELS, which is administered by kindergarten teachers within the first 30 days of kindergarten, the survey results suggest that increased emphasis be placed on improving cursory mathematics skills for children in advance of their entry into kindergarten (Table 5).

Table 5. DE-ELS Results, 2016-2019.

Domain	2016	2017	2018	2019
Social and Emotional	62 percent	55 percent	58 percent	72 percent
Physical	64 percent	64 percent	61 percent	78 percent
Language	54 percent	62 percent	53 percent	67 percent
Literacy	67 percent	69 percent	70 percent	85 percent
Cognitive	55 percent	54 percent	54 percent	65 percent
Mathematics	43 percent	44 percent	45 percent	52 percent

PDG B-5

Much of the PDG B-5 needs assessment material has been integrated into sections throughout this updated needs assessment. In addition to this information, the PDG B-5 needs assessment has provided a wealth of information in terms of strengths and areas for improvement toward improving the early childhood care and education within the State of Delaware. Many of these

insights are relevant to Delaware ECCS and will be incorporated into future initiatives and strategies by the program.

Recognized strengths include:

- Praise for www.mychildde.org, My Child DE, with interviewed individuals noting it as providing considerable information that is easy to search for families;
- Very few children waitlisted for existing services of those families who navigated the signup process;
- High satisfaction with services provided by Child Development Watch family service coordinators and home visiting programs; and
- Positive perceptions of the strong connections between educators/professionals and children.

Areas for improvement and potential opportunities for growth include:

- Developing a high-quality, stable educator workforce;
- Using data to understand child/family needs;
- Recognizing that the system is often confusing and cumbersome for parents and families, which results in an underutilization of high-quality services and information resources;
- Improving access to adequate financial assistance;
- Ensuring a unified governance exists for consistent program and service delivery; and
- Making certain that early childhood care and education programs are available, as there tends to be an insufficient supply of such programs by location and age groups served.

E. Known Disparities in Relevant Service Access or Child and Family Outcomes.

The State of Delaware has made tremendous improvements on several health-related measures relevant to children's health. However, despite these gains, the state understands that health disparities continue to exist. To enhance health equity in early childhood outcomes, the state embodies the life-course perspective as the conceptual framework on which it bases much of its programmatic efforts. Through the life-course perspective, the state recognizes that several social determinants of health contribute to these health inequities. Through existing initiatives (e.g., state programs, MIECHV, Project LAUNCH, Title V) and this grant, the State of Delaware seeks to mitigate these disparities by identifying and addressing these social determinants of health. These include but are not limited to the following:

- ***Access to Health Care Coverage.*** Although the majority of Delaware's children have access to health coverage, that does not guarantee enrollment in coverage or access to care, which can jeopardize their education and their future. This is particularly relevant given the COVID-19 crisis. In fiscal year 2013, 92.1 percent of eligible children participated in the Delaware Medical Assistance Program or Healthy Children (Delaware's Children Health Insurance Program (CHIP)) according to the Children's Defense Fund September 2015 scorecard. In fiscal year 2013, a total of 96,916 of Delaware children age 0 to 8 years were enrolled in the Delaware Medical Assistance Program and 13,180 in Healthy Children.

- ***Child Poverty.*** Based on findings reported in the Children's Defense Fund September 2015 scorecard, more than 1 in 6 (17.7 percent) of Delaware's children were poor in 2014, which represented a total of 35,491 children. Delaware ranked 18th in child poverty among states and more than 1 in 13 children lived in extreme poverty at less than half the poverty level. The youngest children were the poorest age group with more than 1 in 5 children under age 7 years of age designated as poor; moreover, more than 2 in 5 of these poor children were extremely poor. In the State of Delaware, nearly 3 in 10 African-American children and nearly 1 in 3 Hispanic children were poor in 2014, compared to nearly 1 in 10 White children.

- ***Early Childhood Education*****.** On average, 46 percent of Delaware's 3- and 4-year-olds were enrolled in public or private preschool from 2011-2013. Nevertheless, only 36 percent of children from families with incomes under 200 percent of poverty were enrolled.

F. Status and Needs Pertaining to Partnership with Families in State Decision-Making.

The following are coalitions, family leadership groups, and initiatives implemented within Delaware to enhance support structures for children and families (in alphabetical order). These efforts comprehensively help ensure families' needs are heard and addressed as well as foster involvement of parents in state decision-making:

- ***Books, Balls, and Blocks*** is a fun and educational way to provide developmental screenings to children within the first five years of life. The model provides opportunities for families to engage with their children through a variety of play-based activities that promote child development in areas such as early literacy, fine motor skills, gross motor skills and social skills. It also provides families with the resources they need to monitor their children as they meet developmental milestones and how they can get help if they have questions or concerns;

- ***Champions for Young Children*** is a partnership of the Delaware Division of Public Health's (DPH) Maternal Child Health Bureau (MCHB), Christina Cultural Arts Center, and Public Allies Delaware that seeks to engage community members in advocating for health, education, and well-being of children birth to age 8 years and their families. This partnership has helped parents within the community enhance their leadership skills and learn how to advocate for the health, education, and wellbeing of young children and their families;

- ***Early Childhood Assistance Program (ECAP)*** seeks to prepare children to be successful in kindergarten and beyond. ECAP provides the following comprehensive preschool services, among others:
    - Preschool children receive a comprehensive preschool curriculum utilizing Teaching Strategies Gold and Best Practices. Children learn through play and daily socializations with both teacher and child directed activities.
    - Children are provided with nutritious meals and a healthy and safe environment conducive to learning.

- Families are provided with opportunities to share and develop goals for their children.
- Families are provided with resources and/or referrals to support identified needs, strengths, and family goals.
- Children receive individualized planning based on their interest and abilities identified through assessments;

- ***Empowered Parent Conference*** is a free family-friendly conference that features interactive workshops for parents/guardians and early childhood educators, must-know information about kindergarten registration in Delaware, and fun parent-child activities that can be replicated at home or in school. It is sponsored by the Wilmington Readiness Team, Public Allies Delaware, Christina Cultural Arts Center, and other early childhood-related partners; and

- ***Family Support and Healthcare Alliance Delaware (Family SHADE)*** is a collaborative alliance of family partners and organizations committed to improving the quality of life for children and youth with special health care needs, and their caregivers, by connecting families and providers to information, resources and services; advocating for solutions to recognized gaps in services; and supporting its member organizations.

F.Current Scope and Depth of Cross-Sector and Cross-Program Partnerships.

The State of Delaware has a wealth of cross-sector and cross-program partnerships that serve the early childhood landscape. The following are organizations within Delaware that involve multidisciplinary stakeholders who work together in novel ways to improve the health and well-being of the people and communities within the state. They share a set of priorities for outcomes that are valued by the people they serve; feature a shared data, metrics, and measurement system; establish stable financing with incentives and shared accountability; and have strong governance with leadership and structured relationships:

- ***Delaware Early Childhood Council (DECC).*** DECC promotes the development of a comprehensive and coordinated early childhood system, birth to age 8 years, which provides the highest quality services and environment for Delaware's children and their families. The two main goals of DECC are to strengthen governance and the alignment of early childhood policies and programs that enhance outcomes and uniform oversight across state agencies. The second is to integrate service delivery across agencies and sectors to address the developmental needs of all young children and their families, especially those placed at risk because of developmental delays, poverty, neglect or abuse, and other risk factors. Constituent regional councils to DECC include the Sussex Early Childhood Council (SECC) and Wilmington Early Care and Education Council (WECEC). DECC is codified in the Delaware code and members are appointed by the governor upon recommendation.

- ***Delaware Healthy Mothers Infants Consortium (DHMIC).*** Formed as a statewide vehicle to address infant mortality, the consortium includes approximately 19 Executive Committee members, including representatives from the House of Representatives, State

Senate, DPH, hospital systems, universities, faith-based communities, and more. The DHMIC invites over 150 partners and stakeholders to the quarterly meetings. In December 2018, the consortium developed a three-year strategic plan with one- and three-year objectives.

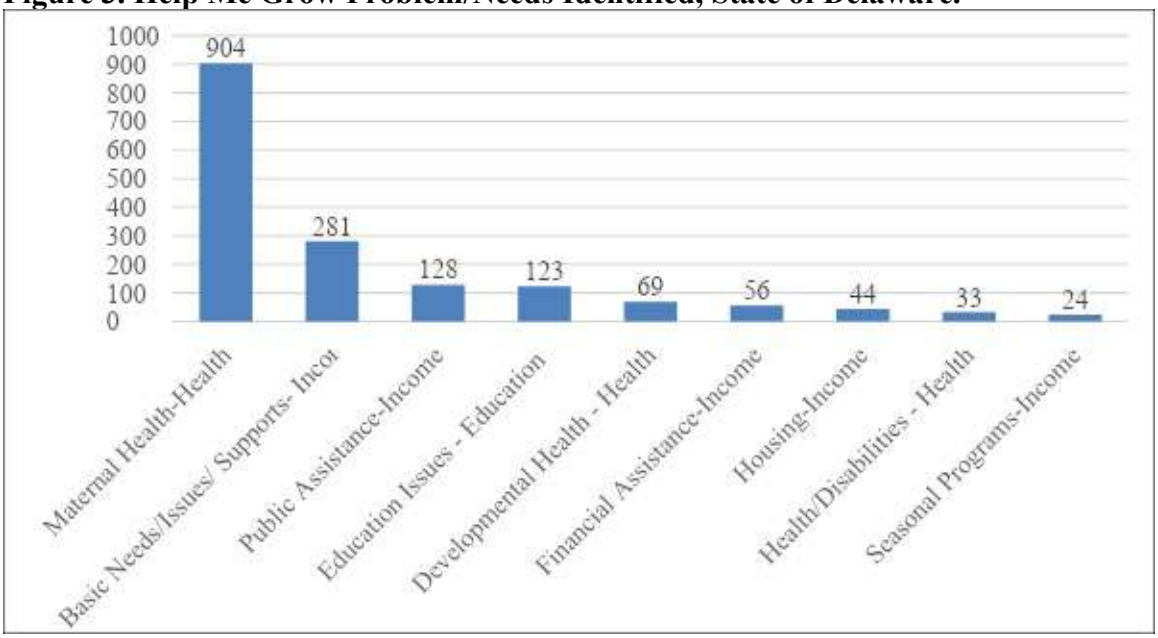
- ***Help Me Grow System*.** The Division of Public Health's Maternal and Child Health Bureau, under the various programs, has established initiatives and projects to meet the unmet gaps revealed through the Title V MCH Needs Assessment. The Early Childhood Comprehensive Systems programs has through the Help Me Grow System assured that parents and families have the knowledge of and access to appropriate community resources. *Help Me Grow* (HMG) is a nationally recognized framework that supports an integrated early childhood system where children birth to 8 and their families including pregnant women are supported to achieve optimal wellness.

  HMG promotes early detection of children at risk for developmental and behavioral problems while providing a centralized call center as a single point of entry for community-based programs and services, and links children and their families with appropriate resources quickly and effectively. In 2012, the University of Hartford's Center for Social Research evaluated the impact of *Help Me Grow* on children's healthy development by examining whether the system is enhancing protective factors and facilitating families' successful negotiation of risk factors. Overall, the study findings indicate that supports from Help Me Grow and subsequent linkages to programs and services enhance protective factors and perhaps even mitigate risk factors, even among families with differing risk needs.

  A partnership with Delaware 2-1-1 Call Center has enabled a centralized access point where all families could access community resources by calling one centralized number. By dialing 2-1-1 parents are connected to a HMG call specialist who provides information and referral sources on community resources.

  Figure 3 on the following page details the Help Me Grow problem/needs identified in calendar year 2020. As evidenced by this figure, maternal health-related issues are by far the most reported problem/need within the State of Delaware.

Figure 3. Help Me Grow Problem/Needs Identified, State of Delaware.



- ***Home Visiting Community Advisory Board (HV-CAB).*** This statewide board comprises of providers, policy makers, and other advocates and includes a Community-Based Child Abuse and Prevention (CBCAP) grantee, Child Welfare, Division of Child Mental and Behavior Health, Division of Public Health, Help Me Grow/2-1-1, United Way, Family Court, Child Death Review Board, Office of the Child Advocate, Christiana Health Systems, Federally Qualified Health Centers, University of Delaware School of Urban Affairs and Public Policy, Medicaid managed care, three private foundations and other home visiting programs.

- ***Interagency Coordinating Council.*** The Interagency Coordinating Council is another system creating linkages across systems to promote direct and enabling services for children and family services under Part C of IDEA. As the advisory group to the Birth to Three Early Intervention System, it includes parents, educators, pediatric and early intervention providers, a childcare provider, a representative from Early Head Start, a legislator and other state agency designees.

- ***Maternal, Infant, and Early Childhood Home Visiting Programs (MIECHV).*** Funded with Affordable Care Act (ACA) MIECHV funds, home visiting programs are an integral part of an early childhood system promoting maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships. Home visiting promotes strong families through an assets-based approach. The Division of Public Health nurses have extensive experience partnering with community organizations. In many cases, the nurses themselves are residents of the communities they serve. The State of Delaware features four home visiting programs – Early Head Start, Healthy Families America Delaware, Nurse-Family Partnership, and Parents as Teachers. These programs collaboratively work together as a statewide home visiting program under the Delaware Maternal, Infant, and Early Childhood Home Visiting (DE MIECHV) Program. Under

the DE MIECHV program structure, the linkages and referrals are tracked and monitored along with building strategic partnerships in communities. Through the Office of Minority Health and Home Visiting Steering Committee, the Delaware MIECHV Program has created an asset map for each of the zones home visiting programs are operating. This map identifies community-based and faith-based organizations that can serve as referral sources to and from the program. Home visiting programs are instrumental in assisting expectant families and those with young children statewide. Home visiting programs are an integral part of the continuum of care under the *Help Me Grow* conceptual framework of systems building.

- ***Title V*.** In Delaware, Title V MCH funding serves as the backbone funding source for addressing essential MCH and public health programs and priorities addressing infrastructure and Core Public Health Functions. The types of initiatives impacted by Title V, include chronic disease prevention, access to care, particularly in underserved or rural health areas, programs that reduce infant mortality, newborn screening, and personal care services for children and youth with special health care needs. Title V funding also helps Delaware address preventive health services. Through Title V, Delaware ensures preventive health services for women and children – including well-child services and screenings, prenatal care and comprehensive services for children and youth with special health care needs. Title V funding also supports our efforts to improve health outcomes, support policies that foster state health department transformation to lead the way towards innovative, community-based solutions. The evolution of our health care system has necessitated that public health agencies make the transformation from safety-net medical direct service providers to more innovative, community-based models which include programs for universal developmental screenings, care coordination, and home visiting. Using a population health framework allows Delaware to implement upstream, data-driven strategies to respond to broad community health needs and evaluate and monitor emerging population health trends.

In addition to these broad cross-sector partnerships, Delaware also features the following cross-sector organizations and partnerships that are highly focused on improving early childhood education (in alphabetical order):

- ***Child Development Watch.*** When children are screened and identified with some developmental delay, they are referred for early intervention. The Individuals with Disabilities Education Act (IDEA) Part C is a statewide early intervention program catering to children birth to age 3 years. The program enhances the development of infants and toddlers with delays or disabilities and the capacity of families to meet their children's needs.

- ***Children and Families First.*** Families with young children also receive a continuum of quality social, educational and mental health services from Children and Families First (CFF), a private, non-profit social service agency that uses the evidence-based Strengthening Families model to provide nurturing support and parenting information to families experiencing trauma or behavioral challenges. The agency provides services out of eight CFF locations, statewide, as well as in schools, at the home and other convenient

community locations. CFF was awarded an evidence-based home visiting grant through the Administration for Children and Families. Through this grant, CFF implemented Nurse-Family Partnership in Delaware. Also, CFF has served as a vital partner with the ECCS Trauma Grant by providing the Strengthening Families curriculum to families with high Adverse Childhood Experiences (ACEs) scores.

- ***Delaware Readiness Teams***. The Readiness Teams is a statewide initiative of volunteer-based teams that strengthens communities at a local level and help children from birth through age eight get ready for school and life. The Delaware Readiness Teams raise awareness of early and on-time kindergarten registration year-round through conferences, community events, and kindergarten academies. This initiative also has assisted in increasing awareness of and assisting with developmental screening statewide. Delaware Readiness team is an ECCS place-based community partner on the 2016-2021 ECCS grant.

- ***Delaware Stars***. Stars is the state's Quality Rating and Improvement System (QRIS) for early care and education programs. Delaware Stars promotes high-quality early learning for young children and sets the Stars quality rating that guides families seeking the best early learning experiences for their child. Programs involved with Delaware Stars receive technical assistance to help them establish goals and improve the quality of their care. Programs can achieve up to 5 stars as they commit to, improve, and maintain quality.

G. Early Childhood System Gaps Identified During or Caused by COVID-19 Pandemic.

Understandably, the current COVID-19 crisis has adversely affected many programs both from an enrollment, service, and financial perspective. In April 2020, the National Association for the Education of Young Children (NAEYC) conducted a survey of Delaware-based early child care providers and of the fifteen that responded:

- Sixty-seven (67) percent are completely closed and an additional 20 percent are closed to everyone except children of essential personnel;
- Of those providers who are still open, 60 percent are operating at less than 25 percent capacity; and
- Fifty-three (53) percent reported needing to either layoff or furlough employees, or reported being laid off or furloughed themselves.[1]

Information submitted by HMG/2-1-1 for the 2020 Help Me Grow Fidelity Assessment between March 21 and May 9, 2020, over 90,000 Delaware residents filed for unemployment, which averages to over 11,000 per week. Before the crisis onset, weekly applications for unemployment were less than 500. For Delaware residents who were struggling prior to COVID-19, life suddenly became more difficult; for many who were living "comfortably" but are now without a job, life suddenly became more uncertain, and for thousands of parents and their children across the state's 19 school districts, safe engagement is paramount. Call volume at Delaware 211 has increased 71 percent (n = 28,340) between March and July 2020 as compared to the prior year.

[1] A State-by-State Look at the Ongoing Effects of the Pandemic on Child Care. National Association for the Education of Young Children (NAEYC). Retrieved from: https://www.naeyc.org/sites/default/files/globally-shared/downloads/PDFs/resources/topics/ongoing_effect_of_pandemic.naeyc_state_by_state.pdf .

Furthermore, The COVID-19 pandemic resulted in a significant drop in well-child visits which has led to a delay in appropriate screenings and referrals. Given the rapid onset of the COVID-19 crisis, Delaware-based early child care providers have both recognized the importance of their work in supporting families and the need to make effective use of online learning methods using Zoom. For example, Karen Hartz, the Director at La Fiesta Early Development Center in Wilmington, has affirmed that early childhood programs are essential in the current COVID-19 crisis, stating:

> "We have to assist children who have parents that are essential workers. These are parents that did not qualify for the $1,200 stimulus and are not unemployed [and therefore, do not qualify for unemployment]. Early childhood programs are pivotal in assisting these families."

Moreover, Rebecca Vitelli (the 2020 Delaware Teacher of the Year) has stated:

> "With the coronavirus crisis, we are staying positive and working to coach and connect with families in a way we have not be able to do previously. It is great to see many of my families be empowered through online coaching… to truly watch these families light up and learn and see their confidence has been absolutely inspiring. I know I can do more through Zoom. What my children have taught me is that learning and relationships can occur anywhere. We obviously miss them in the classroom but learning and celebrating and connections are still occurring online and many of my families; it's [become] a full parent experience and we have gotten to know families on a more personal level."

METHODOLOGY

To alleviate these needs, the State of Delaware's ECCS Program is proposing the **Delaware ECCS Health Integration Prenatal-to-Three Program ("ECCS HIPT Program")**. This program will improve integration of its current early childhood efforts and its HMG affiliate. Through this grant, the Delaware ECCS Program and HMG will work together to better identify the health and socio-demographic needs of perinatal women and infants so as to improve the developmental status of young children. Accordingly, the Delaware ECCS Program, in combination with HMG, plans to develop two-generation approaches so that the overall health and wellbeing of perinatal women and infants, and accordingly, children and families are enhanced over time. Delaware is in a sound position to move beyond building infrastructure in its early childhood systems and developmental screening capabilities and progress toward improving upon these systems and strengthening its two-generation framework.

A. Statewide Early Childhood System Leadership Capacity and ECCS Lead.

The current ECCS lead will continue to manage this iteration of the ECCS should Delaware be awarded this grant. Paulina Gyan has been managing the Early Childhood Comprehensive Systems grant in Delaware since 2011. As the lead in the state, she has been exposed to the different iterations of the ECCS grant since that time. As a public health professional with a Masters in both Public Health and Communications, Ms. Gyan has been challenged to deploy her

experience and expertise to lead the ECCS program and Help Me Grow in Delaware over the past decade and is qualified to manage this role.

In this role, she was successful in contributing to the building of infrastructure and human resources for the centralized access point, through a partnership between Help Me Grow and Delaware 211; partnering with cross-sector organizations and programs to establish Trauma Matters group in 2013-2015; launching and maintaining Delaware's developmental screening initiative targeting health providers in 2012 to date; fostering greater integration between early learning and health care through developmental health promotion; improving parent and provider education regarding developmental screening and milestones; including providing opportunities for parent-child relational health through establishing the Books, Balls and Blocks project within the current ECCS grant.

These accomplishments have been made possible as a result of Ms. Gyan's leadership skills, which has been tested and proofed over the years. Her knowledge of Delaware's early childhood community and relationships developed, including the 'social capital' earned over the years, will be critical to advancing the strategic agenda and coordination of this ECCS grant expectations. Through the years, Paulina has built trusting relationships and these teams will be crucial and leveraged for this new ECCS health integration grant.

Ms. Gyan is democratic in her leadership, ensuring transparency and honest discourse during meetings, while listening to feedback. Her diplomacy has been successful in handling and resolving conflicts and will equally be leveraged in advancing this current work. Her success is indicated by the number of individuals serving on the Help Me Grow committee who have been members since the inception of the committee.

Ms. Gyan is task-oriented and laser-focused on accomplishing tasks. To advance the work, she taps into the expertise and strength of individual members of the committees. This stems from her believe in the strength of collaboration and bringing together a diverse group with a common vision to work to accomplish tasks that resolves barriers for children and families.

Paulina is a problem-solver and approaches challenging issues without rancor- paying attention only to the facts of the case and using constructive facts to craft a resolution. Her vision or north star directs her path toward an effective and efficient early childhood system where the coordination of care is streamlined with increased communication between health and early learning providers regarding the developmental health and well-being of children and their families.

B. System Assets and Gaps Analysis.

The Delaware ECCS Evaluation Lead, with assistance from the ECCS Project Lead, will conduct an assets and gaps analysis of the current perinatal, infant, and early childhood systems within the state. The analysis will comprise of the following steps:

Step 1. Ascertainment of Recently Completed and Relevant Assets and Gaps Analysis. In Fall 2020, the State of Delaware recently completed three highly-relevant comprehensive needs assessments, each of which features an early childhood-related assets and gaps analysis: (1) a Title V Needs Assessment; (2) a Maternal, Infant, and Early Childhood Home Visiting

(MIECHV) Needs Assessment; and (3) a Preschool Development Grant Birth to 5 Years (PDG B-5). The Delaware ECCS Project Lead and Evaluation Lead have both been involved in the development of these needs assessments, and accordingly, have ready access to the necessary materials related to assets and gaps. The use of the assets and gaps analysis in these three needs assessments will help strengthen integration and reduce redundancy of efforts, especially given that all three were completed within the last six months.

Step 2. Alignment of Recognized Assets and Gaps Analysis with Evidence-Based Approaches. After compiling the three above-mentioned needs assessments, the ECCS Project Lead and ECCS Evaluation Lead will map out how the system assets and gaps align with evidence-based approaches in the following categories:

- Universal family health and wellness promotion and education;
- Care coordination;
- Developmental, social emotional, and behavioral health screening and referral pathways;
- Evidence-based dyadic and parenting interventions;
- Peer to peer supports;
- Support groups;
- Team-based care;
- Integrated medical care;
- Infant and early childhood mental health consultation;
- Co-location of services and supports within medical care;
- Approaches to address social determinants of health; and
- Interdisciplinary workforce development.

This step will afford the Delaware ECCS HIPT Program the ability to better identify assets and gaps specific to the P-3 population. In addition, particular emphasis will be given to identifying assets and gaps in programming, financing, data reporting, and policies.

Step 3. Receipt of Stakeholder Input. After completing the prior two steps, the ECCS Project Lead and ECCS Evaluation Lead will elicit stakeholder input from family partners, community agencies, and advisory boards who have been involved in the Delaware early childhood landscape. This will likely take place through online survey or Zoom focus group and is intended to (1) determine whether any assets or gaps were not previously identified and (2) understand the relative importance of each of these assets and gaps in early childhood programming.

C. Development and Implementation of an Early Childhood Strategic Plan.

The ECCS Project Lead and ECCS Evaluation Lead will make use of the recently completed Delaware Early Childhood Council (DECC) 2020-2025 Strategic Plan: *Strengthening Early Success: Building Our Future Together* ("DECC Strategic Plan"); the Help Me Grow strategic plan and State of Delaware Title V MCH Block Grant. The DECC Strategic Plan includes guiding principles, a set vision, recommendations, and priorities for the statewide early childhood system. Moreover, this plan provides strategies for perinatal, infant, and early childhood health and well-being promotion; evidence-informed, culturally appropriate family supports and initiatives; and robust screening and referral pathways. Similarly, the Title V MCH

Block Grant outlines statewide maternal, infant, and early childhood priorities and a comprehensive five-year action plan to improve upon these chosen priorities.

Upon completion of the system assets and gaps analysis, the ECCS Project Lead and ECCS Evaluation Lead will integrate this analysis with the tenets of the DECC Strategic Plan and Title V MCH Block Grant. Specifically, the identified assets and gaps will be thematically cross-listed with the priorities and recommendations outlined in the strategic plan and block grant; for example, relevant priorities presented in the Title V MCH Block grant include:

- Woman have access to and receive coordinated, comprehensive services before, during and beyond pregnancy;
- Improve breastfeeding rates;
- Children receive developmentally appropriate services in a well-coordinated early childhood system;
- Increase the percent of children 0-17 with and without special health care needs who are adequately insured; and
- Improve the rate of Oral Health preventive care in children.

The assets or gaps that cannot be linked to a priority or recommendation will be supplemented into additional priorities and recommendations specific to the Delaware ECCS HIPT Program. As with the assets and gaps analysis, the ECCS Project Lead and ECCS Evaluation Lead will request input from early childhood stakeholders on their thoughts regarding the refined strategic plan, particularly on any additional recommendations or priorities identified and the capacity for plan implementation.

D. Effective Collaboration Across Sectors.

To reduce duplication of efforts, the Delaware ECCS HIPT Program will foster collaboration and outreach with other maternal and child health partners in the health system to increase cognition on the importance of developmental screening and early childhood systems. Delaware has the fortune of not only being a small state but also a state that has a wealth of existing forums dedicated to improving maternal and child health. Furthermore, many of the stakeholders of the current Delaware ECCS Program are members of these forums as well. These forums and workgroups include:

- ***Delaware Early Childhood Council***, which serves as the longstanding state early childhood advisory council and includes representation from the current Delaware ECCS Program staff;

- ***Delaware Home Visiting and MIECHV***, which are concurrently housed with Delaware ECCS Program at the Delaware Division of Public Health, Maternal and Child Health Bureau (DPH MCHB). In addition, the statewide Delaware Home Visiting Community Advisory Board - the CAB, is comprised of providers, policy makers, and other advocates and includes, Community-Based Child Abuse and Prevention (CBCAP) grantee, Child Welfare, Division of Child Mental and Behavior Health, Division of Public Health, ECCS Coordinator, United Way, Family Court, Child Death Review

Board, Office of the Child Advocate, Christiana Health Systems, Federally Qualified Health Centers, University of Delaware School of Urban Affairs and Public Policy, Medicaid managed care, three private foundations and other home visiting programs (Division of Public Health—Smart Start Program; Department of Education—Parents as Teachers; and Early Head Start Programs);

- ***Help Me Grow (HMG)***, which has become more integrated programmatically with the Delaware ECCS Program through data sharing and stakeholder involvement. The HMG Advisory Committee was launched alongside the HMG system by the state's Lieutenant Governor in 2012, and facilitated by the ECCS Administrator. The committee is a multi-disciplinary and collaborative advisory membership, which includes parents and professionals from state agencies and private organizations. This core group of experts and professionals are committed to supporting and building a Help Me Grow system founded on the four core components. These components of HMG are Healthcare Provider Outreach, Family and Community Engagement; Centralized Access phone line, and Data collection and Evaluation. The board is committed to ensuring that quality family education and support programs, including home visiting, respite care, community-based family resource centers and early care and education are available to all children and their families including children with special health care needs;

- The ECCS program currently has a cross-sector representation of early childhood providers and other child-serving providers who already are members of the Help Me Grow Advisory committee and the ECCS Improvement and Impact teams and will be responsible for supporting and implementing the statewide early childhood strategic plan. A collective impact model will be the engine to move such a group to accomplishing the goals and objectives of the ECCS strategic plan, which is aligned with the overall statewide EC strategic plan. This is especially so since a number of the programs represented also have mutual or shared goals and objectives reflecting their program strategic plan. The combined team totals about 40 and represents a diverse array of early childhood and state programs as well non-profits. They represent programs such as behavioral health, AAP, Delaware Readiness teams; disabilities programs, children's museum, libraries, oral health, social services, managed care organizations, home visiting, Office of Early Learning; early intervention programs; child care providers, United Way and Delaware 2-1-1 among others. The ECCS Program has MOUs and longstanding data sharing and programmatic relationships with some of these programs.

- ***Title V MCH Block Grant Program***, which is also housed at the DPH MCHB. The ECCS program and the Title V and MIECHV programs all operate under the Maternal Child Health Bureau at the Division of Public Health reporting to the same supervisor, Crystal Sherman. For this reason, the 3 programs have always collaborated and coordinated events or initiatives that pertain to maternal child health, especially as they all leverage the same population, resources and services. Since 2012, the ECCS program has collaborated with the home visiting program to ensure an effective and efficient use of the Help Me Grow/2-1-1 centralized access point for intake and referrals. Regular meetings were organized between the home visitors and staff at the Help Me Grow/2-1-1 offices to agree on a process to make referrals based on the home visiting eligibility

criteria. Currently, staff at Help Me Grow/2-1-1 have a monthly meeting with the Home Visiting Manager to coordinate and improve gaps and barriers in the system as they arise. Through research in 2014, the ECCS program developed a handbook with examples of activities that would assist parents work with their children to improve their developmental milestones. The handbook, QT:30 meaning "Quality Time: 30 minutes", became a tool for home visitors would often recommend to families during visits, especially those with children under "monitoring". The MIECHV lead is a member of the Help Me Grow Advisory Committee led by the ECCS lead and she will continue to be a member when the Help Me Grow Committee and ECCS Teams merge to form the ECCS Advisory Council that will be responsible for the planning and implementation of the Health Integration P-3 grant. Furthermore, the ECCS lead will work closely with the MICECHV lead to improve and increase the use of the Help Me Grow/2-1-1 centralized access point by the Home Visiting program.
Similarly, the ECCS program and Title V program have had an on-going collaboration with the ECCS program supporting Title V through the sharing of developmental screening data including goals to support the Child Health Category of the National Performance Measures. The ECCS lead participates in Title V Needs Assessment and rankings for Title V priorities. The ECCS lead will be working with the Title V lead to identify and implement parts of the Title V MOU with Medicaid that would advance innovative financing strategies that may support sustainability of an integrated and aligned early childhood system of care.

- ***Pediatric and family medicine providers***,

In addition, the current Delaware ECCS Program has recently strengthened its relationships with the following health sector agencies either through MOUs, shared communities of practice, and/or new state-based initiatives:

- ***Birthing and obstetric health providers***, which are linked to the Delaware ECCS Program through the Healthy Women, Healthy Babies (HWHB) program. The Delaware ECCS Program and HWHB program have shared leadership by the Delaware Healthy Mothers and Infants Consortium (DHMIC). The DHMIC was established in 2005 to address the state's increasing infant mortality rates and make recommendations on reduction strategies. The Consortium is staffed by the Division of Public Health with a membership from the legislature and other stakeholders in the community. The ECCS lead served as the facilitator for the DHMIC Health Equity committee for more than five years. DHMIC is primarily charged, among others, with providing advice and support to state agencies, hospitals and health care practitioners regarding their roles in reducing infant mortality and improving the health of women of childbearing age and infants.
The Maternal Child Health ECCS program also has had a long-standing relationship with the Medical Society of Delaware which provides administrative support for the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists. The ECCS program currently has a contract with the Delaware Chapter of the AAP to provide technical assistance for pediatricians using the Parents Evaluation of Developmental Status screening instrument for developmental screening. The ECCS program has leveraged the relationship to secure the agreement of the professional bodies (AAP and AGOC) to include the proposed ECCS HIPT grant activities such as prenatal

and postpartum depression screening, screening for social determinants of Health and the use of the Reach Out and Read program to improve early literacy and relational health, among others. Additionally, the ECCS program has also built relationships with individual pediatric and family practice physicians and will be in the position to leverage the social capital gained to foster collaboration.

- ***Delaware Medicaid and Medical Assistance (DMMA)***, which administers Medicaid, CHIP, and EPSDT. Collaboration with Medicaid is through the Memorandum of Understanding between the Title V program and Medicaid, mentioned earlier. Additionally, Family Health Systems at the Division of Public Health currently has a monthly meeting with leadership at the Division of Medicaid and Medical Assistance. This meeting includes the Chief of Family Health Systems, Leah Woodall, Section Chief of Family Health Research and Epidemiology, Mawuna Gardesey, and Crystal Sherman, director for Maternal Child Health, who supervises the ECCS program. This monthly meeting is to leverage program synergies and work collaboratively for the benefit of Delaware families; and

- ***Human service programs***, such as Temporary Assistance for Needy Families (TANF), supplemental Social Security income benefits, Supplemental Nutrition Assistance Program (SNAP) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Head Start. The Help Me Grow committee currently has representatives from human services programs such as Division of Social Services; Medicaid, Department of Services for Youth, Children and their Families, Head Start; Child Care Licensing and State Services Center. Representation from these programs will support the easy facilitation of mutually reinforcing program goals and objectives. The program also has on-going relationship with the Delaware Division of Social Services as the division has a representative who serves on the current Help Me Grow Advisory Council. This individual manages the federal Child Care Development Block Grant which provides subsidies for low-income families with children under 13 years.

The Delaware ECCS HIPT Program will maintain its above-listed existing partners and enhance rapport with its newer partners by way of both leveraging current and developing new MOUs. Moreover, the Delaware ECCS Program staff prides itself in working within a relatively small state, in which stakeholders are often involved in multiple cross-sector advisory boards and initiatives.

Effective collaboration or partnerships is successful when communication is effective. For that matter, the ECCS lead and her core team (Family Lead and Evaluator) will develop e-mail communications which goes out to the council on specific days to build expectation for and consistency to receive that email which would inform Council members occurrences and activities of the program. Additionally, a brief newsletter will update members of ECCS happenings. It is also essential to frame ECCS activities around collective impact so members can recognize the essence of the ECCS program as a vehicle for achieving shared vision, mutually reinforcing activities, shared measurement and a common agenda. Participation in the ECCS program needs to be framed as a win-win solution for its stakeholders with the ECCS as the backbone support organization. As mentioned earlier, developing Memoranda of

Understanding will establish buy-in, commitment and transparency of expectations. Developing a practice of periodically surveying members to gauge their satisfaction will also be another strategy to ensure members stay committed to making an impact for Delaware's families.

E. Advancement of Best Practices and Innovation Through the Health System.

The Delaware ECCS HIPT Program will increase the capacity of the statewide health system and promote early developmental health and family well-being through stronger integration with its Help Me Grow (HMG) system.

About Help Me Grow as Statewide Data System

HMG is a comprehensive, coordinated, place-based system of early identification and referral for children at risk for developmental or behavioral problems. HMG supports efficient and effective linkage to existing community-based programs and resources through comprehensive physician, community, and family outreach, and centralized information and referral centers. States with HMG systems in place ensure that key community partners are aligned effectively to support developmental surveillance, screening, referral and linkage to services for families with diverse needs.

A number of core assumptions led to the development and expansion of the HMG model. First, children with developmental and behavioral problems often elude early detection, yet many initiatives exist to provide needed services to young children and their families. In addition, child health providers face challenges in connecting at-risk children with these services. Thus, children and families benefit from a coordinated, statewide system of early detection and intervention. Through a defined set of core components and structural requirements, HMG provides this coordinated, statewide approach to meeting the needs of children and families and has demonstrated success in facilitating access to programs and services.

As the proposed data system for this grant, HMG emphasizes the collection of data, evaluation of progress, and continuous quality improvement to inform programmatic and policy development. HMG affiliate sites track core sets of indicators on an annual basis to measure the impact of HMG on children's developmental health and family well-being. Performance and outcome measures tracked as part of HMG are evidence- and consensus-based, clear and well-defined, and have the potential to generate improved outcomes for children and families. Common indicators include the number of children receiving developmental screening as well as the number of children and families successfully connected to at least one program or service. Such measures allow HMG programs to assess the efficacy of the systems and processes in place to support families, and to introduce and test changes to improve rates of screening and successful linkage. These activities emphasize a continuous quality improvement methodology and provide an opportunity to report on promising practices that can be leveraged at a state or national level.

How Improved Integration Between Delaware ECCS and HMG Will Advance Best Practices and Innovation

Given their respective designs, the integration of the Delaware ECCS HIPT Program and HMG will serve as a robust coordinated intake and referral system (CIRS) that will strengthen

coordination between health systems and early childhood, child welfare, and human services and family support services. Furthermore, it is believed that this integration will:

- Help the Delaware ECCS HIPT Program most fully make use of the assets and address the gaps in its systems assets and gaps analysis;
- Equip the Delaware ECCS HIPT Program to help carry out its refined early childhood strategic plan;
- Allow the Delaware ECCS HIPT Program to fluidly work with its expansive set of diverse stakeholders; and
- Ensure that the Delaware ECCS HIPT Program can implement scalable strategies and build the infrastructure to support, spread, and sustain best practices that align with state system and population needs over time.

Moreover, the characteristics of an integrated Delaware ECCS Program and HMG align with the following ideal practices of an early childhood health system:

- Health provider (especially obstetric and pediatric providers) participation in coordinated intake and referral systems;
- Integration of parenting support, social emotional development, early relational health or two-generation health promotion within OB/GYN and pediatric well-child care;
- Promotion of screening for social determinants of health, social-emotional development, and/or caregiver stress including mental health, as well as brief intervention and referral, in obstetric, birthing, and pediatric well-child care; and
- Care coordination (including data sharing), co-location, and referral processes and agreements between MCH systems and early learning, family support (including home visiting), WIC, early intervention services, or other human services.

Table 6 shows how the ascribed project goals and objectives align with the HMG integration activities engendered in this grant response. Note that these goals and outcomes align with the DECC Strategic Plan, MIECHV Needs Assessment, and Title V MCH Block Grant action plans.

Table 6. Alignment of Project Goals, Objectives, and HMG Integration Activities.

Goals	Objectives	Summary of Activities
1. Increase state-level infrastructure and capacity to develop and/or strengthen statewide maternal and early childhood systems of care.	1. Increase the number of family and professional leaders engaged in state-level maternal and early childhood initiatives.	1.1. Conduct asset map. 1.2. Complete MOUs with maternal, infant, and early childhood stakeholders. 1.3. Develop and facilitate trainings of parent leaders. 1.4. Organize Books, Balls, and Blocks sessions.
2. Increase coordination and alignment between maternal and child health (MCH) and other statewide systems that impact young children and families to advance a common vision for early developmental health and family well-being.	2. Develop (or strengthen) and implement a cross-sector state-level maternal and early childhood strategic plan that integrates health with other P–3 systems and programs.	2.1. Conduct system assets and gaps analysis. 2.2. Complete strategic plan. 2.3. Develop and carry out a Community of Practice on Developmental Health Promotion.
3. Increase the capacity of health systems to deliver and effectively connect families to a continuum of services that promote early developmental health and family well-being, beginning prenatally.	3. Increase the participation of health providers (including obstetricians and pediatricians) in coordinated intake and referral systems (CIRS) or other centralized intake and data coordination efforts for the maternal and P–3 population.	3.1. Convene ECCS-HMG Advisory Board. 3.2. Develop and carry out Reach Out and Read Program (ROR). 3.3. Assess ROR effectiveness as well as effectiveness of ongoing ASQ and PEDS efforts.
4. Identify and implement policy and financing strategies that support the funding and sustainability of multigenerational, preventive services and systems for the P–3 population.	4. Demonstrate progress toward critical policy and financing changes, as identified in state maternal and early childhood strategic plans.	4.1. Convene ECCS-HMG Advisory Board subcommittee to develop and carry out policy and financing strategies.
5. Increase state-level capacity to advance equitable and improved access to services for underserved P–3 populations.	5. Set specific and measurable P–3 health equity goals in the statewide early childhood strategic plan.	5.1. Convene ECCS-HMG Advisory Board to formalize and assess health equity goals.

F. Innovative Financing Strategies.

The Delaware ECCS HIPT Program has recognized the importance for innovative financing strategies and has two comprehensive methods in mind:

- ***Braiding Funds.*** Given the continued importance placed by the state on developmental screening and early childhood systems, Delaware has a multifaceted approach to sustain this project both financially and programmatically. The Delaware DPH MCHB, which houses the current ECCS program, has a track record of braiding funds to sustain services. Through weaving multiple funds in the past and present – such as Kellogg,

Delaware Medicaid and Medical Assistance (DMMA), MIECHV, Title V, state developmental screening funds, Race to the Top, and other funding sources – the Delaware DPH MCHB has been successful in supporting a coordinated package of services for families. Though these funds are separate they are combined at the client level assuring that no one program is rendered unviable. The partners who will be involved in this project in effect have the organizational capacity – financially and logistically – to sustain it through the years.

- ***Insurance Coverage of Developmental Screening.*** In August 2009, Governor Markell signed HB 199 which mandated insurance coverage of developmental screening at 9, 18 and 36 months of age using validated instruments recommended by the American Academy of Pediatrics and/or the Department of Health and Social Services. State Fiscal Year 2012 Budget Act, to implement a new statewide pediatric developmental screening initiative. The funding has since been used to facilitate access for medical providers and parents to use the PEDS Online.

G. Policy Barriers and Improvements.

Identification of Policy Barriers. The completion of the proposed system assets and gaps analysis and strategic plan will greatly help inform and formalize the current policy barriers toward achieving perinatal, infant, and early childhood systems goals. In addition, many of the potential policy and practice barriers encountered within the early childhood system have also been reported in the recently completed MIECHV Needs Assessment and PDG B-5 Needs Assessment. Some of the currently well-known policy barriers have included:

- Misalignment between state policy and higher education practices, which has placed barriers on the ability for higher education institutions to place newly-trained and qualified early childhood educators into the field;
- Incongruency between service locations with the needs of the identified perinatal, infant, and early childhood population;
- Obstacles to data and information sharing across agencies; and
- Lack of a standard process for kindergarten enrollment.

Engagement of Partners to Address Identified Policy Barriers. The Delaware ECCS HIPT Program will convene and collaborate with multiple stakeholders across various sectors to address identified barriers in policy so as to sustain early childhood system improvements well into the future. The program will engage partners through the following ways:

- ***Shared Vision.*** Many of the early childhood stakeholders within the state are unified under a shared vision of improving early childhood outcomes. Accordingly, Delaware ECCS will foremost make the case that stakeholders should work together to engender and support policy that is commensurate with this shared vision;

- ***Alignment with Federal Policy.*** In addition to this shared vision, the Delaware ECCS HIPT Program will ensure that the statewide early childhood system aligns with ever-changing federal policy, if necessary, to alleviate state-level policy barriers. This is especially relevant to meeting funding and programmatic mandates of federally-

supported early childhood initiatives within the state; and

- ***Legislative Advocacy.*** The ECCS Program cannot and will not directly engage in legislative actions to address policy barriers. With that said, stakeholders, such as parent advocates, involved with the program who are linked to the state legislature will be made aware of how certain policy barriers are adversely affecting the early childhood system and will be provided with advocacy briefs that detail what can be done to alleviate such barriers.

H. Meaningful Family Partnership and Leadership

The Delaware ECCS HIPT Program will engage families and community members in project activities through the following methods:

- ***Current Engagement via Help Me Grow and ECCS Program.*** The Help Me Grow Advisory Board and the ECCS Improvement, Place-Based, and Impact teams have already been engaging on this level under the ECCS lead's guidance. A collective Impact framework bearing, in mind a clear understanding of the strategic interests of partners, is key to gaining insights in advancing systems innovation and improvement. Leveraging partners' shared vision for innovation and improvement, with an understanding of where mutual gaps exist while utilizing the teams' strengths.

  A shared data or measurement is critical to advancing this work - consistent data collection across all areas leading to results that improve outcomes to drive participation and systems change. Encouraging creativity and thinking outside the box sparks innovation by enabling identification of gaps, fostering collaboration and the potential to build on existing assets. This approach promotes efficiencies, reducing duplication of work, which often besets the EC community.

  Furthermore, consistent and open communications among and between stakeholders such as emails, regular meetings and any other communications means appropriate, is critical to systems and innovation work. In all this, it's important to assure community or family voice to determine their involvement in the driver seat. Building-in regular assessments or a process to gather feedback to test the pulse of stakeholders and the community is also a positive approach.

- ***Strengthen Ties with Champions for Young Children (CFYC) and Parents As Teachers (PAT)***. CFYC helps parents within the community enhance their leadership skills and learn how to advocate for the health, education, and wellbeing of young children and their families. Over two dozen parents have completed this training through the course of the current ECCS program. As a home visiting program, PAT enrolls parents of young children, and upon completion of the program, some of these parents have themselves become parent educators at Delaware's PAT local implementing agencies (LIAs). These two programs have the current capability to help the ECCS HIPT Program promote family leadership across the early childhood system;

- ***Support Leadership for Family Leader, Family Representatives, and P-3 Professional Leaders.*** The Family Leader will be secured by the ECCS-HMG Advisory Board. To support the work of the Family Leader, we plan to ensure that the experiences and background of the individual is one who has had years of experience in engaging families and has had successes. It is also essential to ensure that this Family Leader has enough time, at least 20 hours a week, to engage families. The Family Leader will leverage and be supported through partnership with other family engagement groups such as the Fatherhood Coalition; Parent Information Center and the Head Start and Early Childcare Assistance program (ECAP). It is common knowledge, the number of barriers encountered when engaging families, therefore the importance to guarantee enough time for the family leader to work collaboratively with families to resolve them. This leads to assuring flexibility in the delivery of services and deploying non-traditional approaches to ensure there's increased participation. Strategies such as holding evening and weekend meetings; providing incentives to motivate and reward engagement; transportation and reimbursement for time spent on events or other meetings are supports.

  Another strategy to support the work of the Family lead will be to build-in a line-item budget solely dedicated to supporting 3-4 parent advocates or leaders, representing diverse populations across the state (Black, female/male, White, Hispanic). These parent leads/advocates will sign a Memorandum of Understanding (MOU) with the ECCS program and be instrumental in supporting the family lead through train-the-trainer sessions targeted to engage and empower other families in the community (peer-to-peer interactions). The expertise of the Parent Information Center will be leveraged to provide training (evidence-based curriculum Parents As Collaborative Leaders) for the Parent leads/advocates, and periodically for larger parent groups (enrolled parents of Head Start, ECAP, PAT, CFYC), through seminars, webinars and other educational events. Through these efforts, family and communities will be supported to reduce barriers to their participation and overall engagement.

  P-3 professional leaders' support will include opportunities for professional development and training that will build and increase their knowledge and expertise in early childhood and racial inequity. This will also provide networking opportunities and cross-training among the providers. Access to community services and resources to build provider-confidence in referrals and family linkages to services. The training for the P-3 professionals will cover topics such as adopting two-generational approaches, being trauma-informed and implementing trauma-informed approaches; considering equity and the social determinants of health and education; home visiting services, importance of early detection with developmental screening. Health care providers for example, will have wrap around training services with the opportunity to earn Continuing Medical Education (CME).

  Inclusivity has always been an attribute and approach of the ECCS lead and she will continue to recognize, especially in the managing of a cross-sector group, the importance of individual differences and make strategic decisions based on those differences. To recognize cultural and language differences for instance, provision will be made to ensure the translation of materials into the diverse languages and, when necessary, use

interpretation/translation services. To promote group or team cohesion, we will pursue tools to enhance group dynamics and personal effectiveness such as Franklin Covey trainings. Communication and collaborations will be encouraged to foster the sharing of ideas, knowledge and experiences, especially as individual or program perspectives and agendas may differ.

I. Advancement of Equity Within Early Childhood Systems.

The Delaware ECCS HIPT Program is committed to address systemic factors that lead to early developmental, family, and maternal health disparities. Through the years, the current ECCS program has been incorporating a two-generation approach toward addressing the health and socio-demographic characteristics of children and their parents/guardians within the state. This approach has been embodied in the child care programs and home visiting programs that are linked with ECCS and has been more formalized through the identification of adverse social determinants of health (SDOH) by HMG, and more recently, community health workers and pediatricians. Finally, data collection and reporting has been increasingly focused on areas of higher need based on geographic region and race/ethnicity.

In addition to these ongoing processes, the Delaware ECCS HIPT Program will increase its capacity to address health equity through the following means:

- ***ECCS-HMG Advisory Board Health Equity Subcommittee.*** This proposed subcommittee will be tasked to comment, approve, and ultimately, appraise the effectiveness of the health equity goals established through the strategic plan. The Help Me Grow and ECCS Teams represent over 30 maternal to early childhood programs that serve the pre-natal to-three population, and therefore serves as a core and active partnership that could be leveraged to improve and increase collective learning on equity and racial disparities. Organizing periodic trainings on the topic, and networking events that highlight racial inequity are professional development strategies that could lead to change in culture and the power structure, including the process of systems that perpetuate racial inequities for communities of color;

- ***Data Collection and Reporting.*** Expanding the data collection and reporting processes of both the Delaware ECCS HIPT Program and HMG to identify barriers to access to high quality, effective early childhood and family services for underserved perinatal, infant, and early childhood populations. This will be done through more strategic reporting of such barriers as documented in data sources such as ASQ and PEDS (developmental screening) and iCarol (HMG). Additionally, Delaware will enhance its data collection to consistently include and track the intersection between race, ethnicity and poverty which will provide a picture into which sub-groups in the state are vulnerable;

- ***Family and Community Partners.*** Reaching out and engaging families and community partners in the most vulnerable socio-demographic communities within the state. This will involve working with both existing agencies that do so (e.g., child care programs, federally qualified health centers (FQHCs), and home visiting partners) and strengthening programs such as Books, Balls, and Blocks as well as Champions for Young Children.

The ECCS program also has an existing relationship with the Home Visiting program which, according to research is a strategy that addresses racial disparities. Periodic home visits to clients' homes have been found to reduce stress and its resultant anxiety which leads to improved parenting and a healthier child who is emotionally resilient and school ready. The ECCS program intends to strengthen the relationship with the home visiting program and enhance collaborations; and

- ***DHMIC and DPH.*** Ensuring that the Delaware ECCS HIPT Program and its stakeholders align with the health equity practices enshrined by the Delaware Healthy Mothers and Infants Consortium (DHMIC). The DHMIC has made health equity a central value in all programming and evaluation efforts carried out in the maternal and infant space within the state. Moreover, the Delaware DPH has created a health equity guide that will also serve as a valuable tool for the Health Equity Subcommittee of the ECCS-HMG Advisory Board to use in order to make certain that the ECCS HIPT Program aligns with the state's health equity tenets. The ECCS lead also served as the facilitator for the Health Equity sub-committee of the DHMIC for more than five years. Overall, ECCS activities will be viewed with a racial inequity lens.

Building maternal and early childhood systems that are inclusive, culturally and linguistically responsive and competent is key to developing and assuring commitment and capacity to address systemic factors that lead to disparities in the prenatal to three population. This begins with getting to know and understand the target population and their communities. Listening to community voices and stories for example is a way to understand the barriers they experience to identify the policies or programs that inhibit their progress. In Delaware's case for instance the ECCS program will include questions on equity in parent surveys. These surveys form part of the periodic assessment that parents involved in the ECCS Family leadership program will respond to. This approach will assist in identifying and addressing barriers in access to high quality and effective services. Furthermore, ensuring that families or the community is involved, and at the table to assist in developing, evaluating and monitoring services and programs is a key strategy to understand the gaps and challenges encountered in the system or program.

J. Sustainability.

The following activities will help maintain this project after federal funding ends:

- ***Plan for Sustaining Early Childhood Data Platform***. Embedding this project within the state's HMG framework will serve as an essential way to ensure sustainability. Currently, HMG has been institutionalized within Delaware's early childhood systems and houses the data warehouse system that will be used to track screens, referrals, and follow-up. Furthermore, the ECCS lead and evaluator will utilize a sustainability tool kit to conduct an assessment of activities/projects, and solicit input from the Help Me Grow Advisory Board.

- ***Plan for Continued Organizational Support***. Similarly, agencies deeply involved with this project have a history of providing in-kind services and volunteering time as such

activities coincide with the goals and mission of the particular agency. Furthermore, many of the activities these programs will be engaged in are only an enhancement of activities they had been engaged in prior to this project. The proposal does not make any demands outside what these programs have been committed to in the past.

- ***Plan for Leadership Continuity***. The ECCS strategic goals have always been aligned with the strategic plan of the Delaware Early Childhood Council (DECC). The DECC Strategic Plan highlights addressing the learning, physical and social-emotional health needs of all children from birth through childhood, including the coordination policies and programs to provide integrated comprehensive services to young children and other families. Furthermore, DECC has expressed its commitment to be in an advisory and leadership role to oversee the implementation of the grant, as indicated in their letter of Support.

K. Statement of Non-Duplication.

As aforementioned throughout this section, given the relatively small size and population of the state, many Delaware-based early childhood stakeholders work within multiple overlapping early childhood agencies. This helps permit ECCS stakeholders to be supported through several funding streams, particularly the Delaware DPH MCHB, HMG, MIECHV, PDG B-5, and Title V. Given the busy schedules of these stakeholders and the necessity for online conferencing, many online meetings for ECCS, HMG, and other partner organizations are scheduled in close succession and well in advance to help improve attendance and close collaboration. Finally, and of great importance, the activities detailed in this grant response will not be duplicated and not implemented with other early childhood programs working within the State of Delaware.

In addition, staff involved with the Delaware ECCS Program also are deeply involved with the Delaware Early Childhood Council and its constituent regional councils; the Delaware Healthy Mothers and Infants Consortium (DHMIC); and the Healthy Women, Healthy Babies (HWHB) program, which ensures that additional meetings relevant to the Delaware ECCS HIPT Program will likely not be necessary (i.e., ECCS will be added as an agenda item to existing meetings for these agencies). It is anticipated that this continued close collaboration across will strengthen and broaden the effective reach of the ECCS HIPT Program as well as related programs, particularly HMG, HWHB, MIECHV, PDG B-5, and Title V.

WORK PLAN

The Work Plan and Logic Model for the ECCS HIPT Program is given in Attachment 1.

RESOLUTION OF CHALLENGES

Certain challenges may hinder the full realization of this Work Plan. The recognized challenges and their proposed resolutions are as follows:

A. Communication

Challenge: Implementation of this plan requires consistent and timely communication among several agencies.

Resolution: With assistance from the ECCS Evaluation Lead, the ECCS Lead will launch an online survey immediately following the announcement of funds in which agencies can list their preferred method of consistent communication (e.g., via website, e-mail list serve, and/or conference call). The most popularly chosen method will serve as the means by which the agencies can communicate. Agencies that do not wish to use this mode of communication can opt to use a different method with the ECCS Lead and the other agencies with which they engage.

B. Memorandums of Understanding

Challenge: Agencies may not be able to agree upon a mutual set of terms when developing the memorandums of understanding.

Resolution: The ECCS Lead will remind the agencies on the importance of these agreements toward building a robust early childhood system infrastructure. In addition, the ECCS Lead can serve as an unbiased and objective third-party individual in crafting the memorandums of understanding.

C. Staff Retention

Challenge: Staff turnover within the partner agencies may delay the scope of work or reduce the number of trainings that can be completed.

Resolution: The ECCS Lead will encourage each of the partner agencies to proactively communicate about staff changes. Moreover, multiple individuals will be trained on the ECCS Program and will be knowledgeable of the early childhood system infrastructure so that turnover changes will lead to minimal, if any, disruptions to the Work Plan.

D. Differences in Organizational Interests

Challenge: The balance between organizational or program interests and the collective interests within a Community of Practice could be a challenge and could upend the project.

Resolution: In this case it is essential to build open and honest relationships not only during sessions but also outside of group sessions. It is also important to encourage participation by giving attention, supporting and validating individual perspectives. This builds confidence in shared perspectives which fosters a sense of shared vison and purpose which could level this balance.

E. Parent Engagement

Challenge: Parent engagement is always a challenge considering the fact that parent interests wane over time due to conflicting interests of home/work/personal interests.

Resolution: We plan to provide incentives for time spent, transportation and childcare during events and also compensate the Parent leads who will provide an element of peer-to-peer interaction which could sustain parents' interests for over the long haul. Additionally, educational or training sessions will be focused on topic areas parents have identified in the Head Start needs assessment, for example.

EVALUATION

A. Strategy to Monitor and Evaluate Project Performance

To monitor and evaluate project performance, the ECCS Evaluation Lead will develop a comprehensive evaluation that details:

- What federally-mandated and state-specific data elements need to be collected;
- The frequency and dates by which each of these data element needs to be collected;
- The source and/or stakeholder that will provide the data for each data element; and
- How the data element will be calculated and reported.

Overall, the data elements will likely be reported in either a monthly or quarterly dashboard that will be made available to ECCS HIPT Program stakeholders either via e-mail platform and/or online periodic meetings. Where applicable, each calculated data element will be compared to an aspirational benchmark value to track performance; this benchmark value will be drawn from one or more of the following sources:

- **HRSA- and/or NICHQ**-ascribed values;
- **Healthy People 2030** goals; and
- Delaware-specific goals as detailed in the following:
    - **DECC Strategic Plan** (recommendations);
    - **Delaware MIECHV** program (benchmark values);
    - **DHMIC** goals (as indicated by the DHMIC Executive Committee); and/or
    - **Title V MCH Block Grant** (priority areas).

Moreover, where applicable, the data elements will also be compared to national performance measures to ascertain the effectiveness of state-level efforts as compared to the rest of the nation. The sources of these national performance measures will be determined from sources such as:

- **American Community Survey, US Census Bureau**;
- **Behavioral Risk Factor Surveillance System (BRFSS)**;
- **National Survey of Children's Health**;
- **Pregnancy Risk Assessment Monitoring System (PRAMS)**; and
- Respected agencies that calculate and present on national performance measures, namely the **March of Dimes** and the **Annie E. Casey Foundation KIDS COUNT**.

B. Plan to Collect, Clean, Analyze, and Track Required Performance Measures

Attachment 6 details the currently chosen performance measures and outcomes, their respective data sources, and how they will be collected. Overall, each of these performance measures will be cleaned, analyzed, and tracked either via methods specific to their data source (e.g., DGIS-specific measures will be assessed based on the methods outlined in the *HRSA MCHB Discretionary Grant Performance Measures* manual) or based on how they are made available by the data source and/or stakeholder (e.g., each component of the measure "Number of professional representatives engaged as leaders in state-level early childhood initiatives" will be explicitly defined and tracked). Note that many of the required performance measures will be collected from existing partnerships and/or processes so as to reduce redundancy and to align easily with other MCBH efforts, particularly Delaware Medicaid, MIECHV, and the Title V MCH Block Grant (e.g., "DGIS Women's/Maternal Health 4, Depression Screening" will be derived from PHQ-2/-9 data collected via Medicaid and MIECHV).

C. Target Populations for Tracking Performance and Outcome Data

Although the Delaware ECCS HIPT Program will not be focusing its efforts *directly* on specific demographically-defined communities, the program has placed considerable emphasis on improving the diversity of parent leaders and community partners who are engaged with the project. This emphasis will help drive upon improvement for Goal 5 of the project ("Increase state-level capacity to advance equitable and improved access to services for underserved P–3 populations").

The relevant parent leaders (who will be identified through the Parent Information Center (PIC)) and community partners (who will be identified by the assets and gaps analysis) will serve as the health equity partners of the project and will actively collaborate with the ECCS Evaluation Lead on the planning, design, implementation, and iterative improvement of the monitoring and evaluation plan. This improvement in the plan will involve these steps:

1. The ECCS Evaluation Lead will identify the underserved communities in the state vis-à-vis access to health care services, HMG utilization, developmental screening rates, and other maternal, infant, and early childhood-related indicators. These communities will be shared with these health equity partners;
2. The health equity partners will make a concerted effort to engage families and community partners within these designated underserved communities. This engagement will come in the form of increasing parent leaders, enrolling more partners to make use of HMG, etc.;
3. The ECCS Evaluation Lead will track this engagement through the relevant performance measures centered on health equity. The Evaluation Lead will also ascertain the extent to which access to health care services and HMG utilization has improved in these designated communities due to the efforts of the health equity partners.
4. Continuous quality improvement will be central to this process; accordingly, the ECCS Evaluation Lead will submit dashboards on the progress of this engagement and suggest Plan-Do-Study-Act (PDSA) cycles for the health equity partners to help drive improvement as necessary.

D. How Available Data Will Be Used to Evaluation Project Performance

The current Delaware ECCS Program makes use of several extensive and readily available datasets to assess program performance. These datasets, which will also be used in the Delaware ECCS HIPT Program, include:

- **ASQ and PEDS Data,** which are available in real-time. These evidence-based developmental screening data also includes referral data and additional fields can be added as necessary to capture necessary program data, such as data related to social determinants of health of families completing the tool.
- **Part C Child Development Watch Data,** which is linked to the above-mentioned ASQ and PEDS data. This data allows the ECCS Program the ability to track the referral status of children who are screened to be at higher risk for developmental delay.
- **Healthy Women, Healthy Babies Data**, which provides prenatal and infant health data for enrolled mothers residing in highly vulnerable communities within the state. Seven large hospital systems within the state make this data available to the Evaluation Lead and DPH.
- **HMG iCarol Data,** which is the granular dataset for families who have engaged within the HMG system. This readily available dataset presents the needs of families as well as other socio-demographic characteristics of these families.
- **MIECHV Data,** which includes enrollment, service utilization, and performance measure data for families enrolled in the Delaware MIECHV Program. As with other data sets, this data set is readily available to the ECCS Evaluation Lead; and
- **Title V MCH Block Grant Data.** This data, which is housed at DPH, includes program data related to efforts supported by this grant.

The ECCS Evaluation Lead will meticulously use these ample and disparate data sets to develop dashboards of the performance measures and outcomes to assess the project's performance. This assessment of project performance will involve the establishment of appropriate baseline indicators and key outcome indicators, many of which are concomitantly used by the Delaware MIECHV Program and Title V MCH Block Grant. For those measures that are not gauged by these programs, the ECCS Evaluation Lead will generate baseline indicators and key outcome indicators using the following data sets (as mentioned in the "Strategy to Monitor and Evaluate Project Performance" section):

- **American Community Survey, US Census Bureau**;
- **Behavioral Risk Factor Surveillance System (BRFSS)**;
- **Healthy People 2030** goals;
- **National Survey of Children's Health**;
- **Pregnancy Risk Assessment Monitoring System (PRAMS)**; and
- Respected agencies that calculate and present on national performance measures, namely the **March of Dimes** and the **Annie E. Casey Foundation KIDS COUNT**.

The ECCS Evaluation Lead will use these dashboards to suggest areas for continuous quality improvement for engaged stakeholders as well as encourage a culture of learning (e.g., are the ascribed benchmarks too easy or too difficult to achieve? What additional supports are needed to improve upon these performance measures?), etc. Moreover, the data collected and dashboards generated will help inform both the DECC Strategic Plan and strategic plan developed through this project. As the Delaware ECCS HIPT Program proceeds, the ECCS Evaluation Lead will

also generate data reports and presentations that detail noteworthy findings and results uncovered through the project, and with assistance of NICHQ, will make these materials available so as to improve the national evidence-base.

E. Dissemination of Findings

The ECCS-HMG Advisory Board will distribute reports related to project activities and results to key target audiences. The target audiences of interest include the following:

- **HRSA TA, NICHQ, and Other ECCS Grantees;**
- **Community-Based Partners, Child Care Centers, Family Practice and Pediatric Clinics; Obstetricians/Gynecologists;**
- **State of Delaware Division of Public Health; and**
- **Delaware Early Childhood Council.**

The reports and products that will be generated include the following:

- ***Data Briefings and Reports*.** The ECCS Lead and the ECCS Evaluation Contractor will develop these reports and briefings specific to the informational needs of the community, ECCS program itself, and government agencies such as the Division of Public Health;

- ***Marketing Materials*.** The social marketing contractor will generate marketing material (e.g., brochures, one-pagers, radio and television media) in order to gain public cognition and interest on developmental screening and inform on program outputs and successes. The marketing material will include data-driven results as well as narratives related to screening for developmental skills, referrals, and follow-up;

- ***Suggested Reports and Products from HRSA TA, NICHQ, and Other ECCS Grantees*.** The ECCS Lead will inquire about reports and products that have been well received by stakeholders working with HRSA TA, NICHQ, and among fellow ECCS grantees. The ECCS-HMG Advisory Board will discuss and consider whether these reports and products would be of value to Delaware-based stakeholders.

Finally, the ECCS Lead will continue to work closely with Delaware MIECHV and the Title V MCH Block Grant to supply information into their respective newsletters and program updates. This will help improve integration across these MCH entities, help keep stakeholders working with these MCH partners aware of ECCS HIPT Program efforts, and possibly encourage new stakeholders to become involved with the ECCS HIPT Program over time.

F. Planned Strategies or Approaches for Addressing Equity Through Data

The following are the currently envisioned strategies and approaches for addressing equity through data:

- ***Working with Health Equity Partners in Specified Communities***. As discussed in the "Target Populations for Tracking Performance and Outcome Data" section, the ECCS Evaluation Lead will carry out a quality improvement plan with a set of healthy equity

partners who are identified and trained as parent leaders or are community partners that actively provide services in specified, highly-vulnerable communities in the state. This strategy seeks to address and improve health equity from both a data driven and programmatic approach;

- ***Integrating DHMIC and DPH Health Equity Initiatives with Proposed Health Equity Subcommittee***. This approach is intended to both reduce redundancy and enhance the strength of health equity initiatives by making certain that the proposed Health Equity Subcommittee familiarize and integrate the existing DHMIC and DPH health equity initiatives into their proposed objectives, activities, and goals; and

- ***Reporting on Health Equity Measures on Monthly/Quarterly Dashboards.*** The intent behind this strategy is to disaggregate data by key variables, such as race/ethnicity and zip code, in order to determine the extent to which health disparities are present in the proposed performance measures and outcomes. This will help the ECCS-HMG Advisory Group the ability to identify areas for improvement programmatically with a health equity lens.

G. Available Assets and Resources to Support Monitoring and Evaluation Plan

The current Delaware ECCS Program has a number of available assets and resources that will be extended to the proposed Delaware HIPT Program. These include:

- ***Current Evaluation Lead.*** Forward Consultants, LLC, the current contracted evaluation lead, is deeply involved with concurrent evaluation efforts across the State of Delaware's Maternal and Child Health Bureau. Forward Consultants staff are instrumental to this program as they:
    - Facilitate the current ECCS Program's evaluation;
    - Serve as the evaluation lead of the Delaware MIECHV Program;
    - Helped developed and continue to evaluate the state's Healthy Women, Healthy Babies program;
    - Lead the work on the Delaware MIECHV Needs Assessment;
    - Provided data expertise for the Delaware Title V MCH Block Grant;
    - Are very familiar with HRSA DGIS;
    - Have considerable experience in perinatal and early childhood programming and partners throughout the State of Delaware;
    - Have ready access to and tremendous familiarity with ASQ and PEDS developmental screens; and
    - Have generated a number of papers and presentations for the current ECCS Program and NICHQ.

- ***Current ECCS Impact/Improvement Teams and HMG Advisory Boards.*** The ECCS Impact and Improvement Teams as well as the HMG Advisory Board in the State of Delaware comprise of a wealth of stakeholders focused on improving early childhood development, maternal and infant health, and family wellbeing. These teams and board, which have overlapping members, have considerable knowledge on data collection and

monitoring of activities in their respective agencies. Moreover, these stakeholders have been in consistent communication with the current evaluation lead over the years and closely collaborate with the evaluation lead on dashboards and continuous quality improvement.

ORGANIZATIONAL INFORMATION

A. Organizational Structure and Capacity

In Delaware, the executive branch of state government is headed by Governor John Carney who took office as Delaware's 74th Governor in January 2017. Within the executive branch, the Delaware Department of Health and Social Services (DHSS) is a cabinet-level agency and is led by Secretary Molly Magarik. DHSS is the largest state agency employing more than 4,000 individuals. The department consists of 11 divisions, which provide services in the areas of public health, social services, substance abuse and mental health, child support, developmental disabilities and Medicaid and medical assistance, among other. The mission is to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations.

The Division of Public Health (DPH) is one of the largest divisions within DHSS, serves as the Title V agency in Delaware. Under the direction of Karyl T. Rattay, MD, MS, the mission of DPH is to protect and promote the health of all people in Delaware. Delaware does not have county or local health departments so DPH administers both state and local public health programs. DPH is structured into three main strands: Operations, Health Information and Science (HI&S), and Community Health Services. Each strand is comprised of a multitude of sections.

The Family Health Systems section is the home of many of the programs funded by Delaware's Title V federal-state partnership. The section chief for FHS, Leah Woodall, MPA, also serves as the state Title V MCH Director. The section is comprised of three units. The Bureau of Maternal & Child Health is led by the MCH Deputy Director, Crystal Sherman, BS. The MCH Bureau is responsible for direct administration of the Title V Block Grant, the ECCS program including following programs -- Children and Youth with Special Health Care Needs; Newborn Screening (metabolic and hearing) ; Birth Defects and Autism Registries; State Systems Development Initiative; and Home Visiting (MIECHV and state funded).

B. Advisory Structures and Partners

The ECCS-HMG Advisory Council represents two separate committees that will merge to implement the ECCS Health Integration Prenatal to Three grant. The Help Me Grow Advisory Committee has been in existence since 2012, when HMG was launched in the state. With a membership of about thirty (30) individuals representing a range of providers from child care, state agencies and Non-profits, these professionals will foster collaboration to assure the needs of the P-3 population through participation in sub-committees. The HMG Advisory Committee currently operates through its five sub-committees (Partnership; Communication and Marketing; Data and Surveillance; Sustainability and Funding; Continuous Quality Improvement). The committee meets six (6) times a year, with sub-committee meeting during the non-committee meeting times. These sub-committees will need to be re-evaluated to reflect the goals and objectives of the new ECCS Health Integration grant. An MOU which stipulates expectations and conditions for serving on the Advisory Council will be drafted and signed by all partners to

ensure transparency, buy-in and commitment to the effort. Administrative support will be provided through MCH-funded administrative assistant position whose role is to provide assistance to program managers in the Bureau. Attachment 5 has the project organizational chart depicting organizational structure, including relationships to significant advisory structures, partners and collaborators.

The ECCS Improvement and Impact Teams, currently have twenty members, with some members also serving on the HMG Advisory Committee. This merger will be an opportunity to consolidate efforts and eliminate duplication. The ECCS HIPT project will support equitable and meaningful participation and representation of the target population by leveraging the gains made from engaging families through the ECCS Impact grant, leading to the formation of the Champions for Young Children. Partnership with this group will be further enhanced by inviting them to be at the table to influence state-level planning, agenda development and decision-making. Similarly, Head Start and Early Childhood Assistance Program (ECAP) families who will be working closely with the ECCS Family lead could also be invited to lend their voices to impact early childhood policies and decision-making.

A partnership self-assessment tool will be utilized on an annual basis to determine the strengths and weaknesses of the partnership as well as members' satisfaction. Additionally, focus group sessions targeting providers and families serving on the council, including Head Start and ECAP families, will be conducted and improvements made based on the results.

C. Staff Capacity

The Delaware Division of Public Health (DPH) is the Governor-appointed entity to oversee the Maternal and Child Health Bureau (MCHB) which oversees the Early Childhood Comprehensive Systems (ECCS) program and Help Me Grow (HMG). DPH oversees the application and implementation of the grant funds in partnership with the Delaware Early Childhood Council. The Maternal and Child Health Bureau (MCH) reports to the Division of Public Health's Family Health and Systems Management Section (FHSM).

Ms. Leah Woodall serves as the Family Health and Systems Section Chief and MCH/Title V Director. She has over 15 years of experience in public health program operation with an emphasis in policy and program development with a specialty in public administration.

Ms. Crystal Sherman serves as the MCH/Title V Deputy Director and has oversight of the MIECHV, Title V, ECCS and HMG programs. She has over 10 years of experience in policy and program development with a specialty in system development.
As the lead for this project, the Early Childhood Comprehensive Systems and Help Me Grow Administrator, Paulina Gyan reports directly to Ms. Sherman. Ms. Gyan oversees the day-day operations of the ECCS and HMG programs and has been responsible for the different iterations of the ECCS grants since 2011. She is a full-time staff and will continue this role for the new grant project. She has 10 years of experience in public health with an emphasis on program and systems development including health communication. Ms. Gyan has a double Masters in Public Health and Corporate Communications. She has led the ECCS program and is a capable

representative for the state of Delaware as she's recognized as leading an entity (ECCS and Help Me Grow) focused on systems building through a collective impact model.

She's built relationships with individual providers, state agencies and early childhood programs which could potentially impact future negotiations and systems building. Ms. Gyan has had numerous opportunities to participate in ECCS-specific technical assistance, in and out of state. She's also had the opportunity to share Delaware ECCS or HMG accomplishments in certain areas with her peers during conferences and webinars sessions.

The ECCS will work 37.5 hours a week, which was sufficient time to accomplish ECCS goals and objectives. Administrative support will be provided through MCH administrative position whose responsibility is to support the work during meetings, including events planning, contracts and Memoranda of Understanding writing, among others. The ECCS Administrator reports to the MCH deputy director. The MCH director will also provide guidance as well as in-kind support in areas that would warrant her assistance.
The Family Lead, Daphne Evans has over 35 years working in non-profit and for-profit organizations serving children of all ages and their families. In the past five years she also served as the ECCS project coordinator, managing the place-based-community groups, the family engagement initiative - Champions for Young Children and Books, Balls and Blocks events. During this period, she concurrently served as the Family Service Manager within a pre-school under the Early Childhood Assistance Program - a state-funded preschool. As the ECCS family lead, Ms. Evans will work part-time (20 hours) per week to supervise 3-4 Parent Leads who will provide peer-to-peer support for parents. Under Daphne's guidance parent leaders have emerged at the pre-school, participation has increased, and parents continue serving on the council even after their children graduate. Her efforts have motivated parents from transitioning from transactional roles into transformational roles.

Though yet to be recruited, the 3-4 Parent Leads will work about 10 hours per week and not more than 36 hours a month. The parent leads will have train-the-trainer sessions on a host of topics based on an evidence-based curriculum (Parents as Collaborative Leaders and Serving on Groups that Make Decisions). This training will be provided by the Parent Information Center, a private non-profit that provides information, training and education to families, caregivers, educators and professionals. These will be a diverse group of parents from across the state representative of the state (male, female, White, Black, Hispanic, etc). These parent leads will then engage enrolled parents of Head Start, ECAP and PAT, through webinars and other events that develops their knowledge and capacity to advocate for themselves, families and communities. The Parent Leads should at least have a High School diploma or GED, however it's important that they have the time to commit to the initial training and the subsequent peer-to-peer engagement.

The Evaluator, Mr. Vikrum Vishnubhakta, received an MPH with a concentration in Health Policy and Management at the Johns Hopkins University Bloomberg School and MBA at the Columbia Business School. Vikrum is a Principal/Consultant at Forward Consultants, LLC. He served as a Consultant in the Health Intelligence division of APS Healthcare. Mr. Vishnubhakta's work has consistently focused on data extraction and appraisal, program evaluation, complex statistical reasoning, and health policy research and analysis.

Mr. Vishnubhakta has conducted several evaluation analyses centered on efforts to improve community health, particularly in Delaware, Florida, City of New York, Wisconsin, and local jurisdictions and within Ohio and Pennsylvania. He has worked with Delaware as an evaluator for over 10 years with eight (8) of those years with the ECCS program and will continue the role. He has expertise in evaluating statewide preconception and prenatal care programs, maternal and child health programs, a statewide home visiting program, health promotion programs, opioid and neonatal abstinence syndrome (NAS)-related projects, and programs on adolescent health promotion for youth in juvenile detention centers.

Delaware's hiring policy requires that programs actively recruit, employ, and promote qualified personnel and administer its personnel practices without discrimination based upon age, sex, race, ethnicity, nationality, sexual orientation, handicap, or religion of the individual under consideration. In addition, recruitment and selection practices for hiring personnel are in compliance with Delaware law, hiring policies and procedures. These requirements will guide the hiring and retaining of on-going staff support. Professional development is also an on-going element which will be provided through opportunities to participate in in-person/online conferences, seminars, webinars provided through entities like the ECCS Technical Assistance Center, Help Me Grow national office and Health Resources and Services Administration. The ECCS lead will have other opportunities through online courses provided through the Division of Public Health and other state programs.