

Montana Application to the Administration for Children and Families, Office of Child Care for Preschool Development Grant Birth through Five (PDG B-5) Renewal Grant HHS-2019-ACF-OCC-TP-1567

Project Summary/Abstract

Project Title	Strengthening Montana’s Early Childhood System
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The Strengthening Montana’s Early Childhood System Project renewal grant will continue to develop the state’s comprehensive early childhood system to support early learning and development, health, and family support and engagement. The work completed in Year One has informed the way we do business within and across the system; the renewal grant will help the state further achieve early childhood system goals. Work within the renewal grant is aligned with the early childhood needs assessment findings and related strategic plan goals of increasing early care and education (ECE) access and quality, with a specific focus on underserved cohorts and regions, improving support for the early childhood workforce, enhancing early childhood system coordination and navigation, deepening family engagement, increasing the commitment to early childhood, and enhancing system governance. Woven consistently throughout the renewal grant scope is work to better support infants and toddlers, children with developmental delays and disabilities, children and families involved with child welfare, and the providers who care for them. The state is committed to supporting an equitable early childhood system. Efforts like infant early childhood mental health consultation expansion, Parent Partner program expansion, integration of Part C services with ECE providers, expanded Child Find screening, Child Care Resource and Referral family engagement specialist implementation, expansion of the First Years Home Visiting Initiative, increased home-based child care business supports, and targeted professional development move the state closer to this goal. Because of the PDG B-5 planning grant, impact has been far reaching, informing many sectors and the way they can align and enhance work to strengthen and coordinate within the early childhood system, in and outside of government. The Child Care Development Fund work is fully aligned with the strategic plan developed through the planning grant. The Office of Public Instruction is partnering to support transitions, kindergarten readiness, and family engagement. The Montana Healthcare Foundation is in the beginning phases of developing a school wellness initiative to improve the wellness of youth through the delivery of health services and improving social determinants of health through fostering school-health partnerships, which may be extended to ECE sites in future years. The Headwaters Foundation continues to make early childhood a priority in their funding strategies, and they are the primary source of funding for the statewide Zero to Five office, which is a partner in renewal grant activities. Throughout this grant application, this broad work may be mentioned to describe the systems work, even if there is no direct grant funding tied to it, to demonstrate that the state is pursuing true systems change and sustainability.

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Project Description

The Strengthening Montana’s Early Childhood System project (project) continues to develop the state’s comprehensive early childhood system to support early learning and development, health, and family support and engagement. This work will help give all children from birth to five (B-5) the skills and knowledge they need reach their full potential in life, a key goal for Montana.

Expected Outcomes

We expect to achieve the following outcomes, aligned with the state’s early childhood strategic plan, through the PDG B-5 renewal grant project.

1.	Montana’s families with young children have increased access to, and participation in high quality early care and education across a mixed delivery system.
2.	Montana’s early childhood workforce is confident and effective, due to enhanced ECE professional development.
3.	The early childhood system is coordinated to support effective family assessment, system navigation, care coordination, and use of data.
4.	Montana’s families are engaged and valued as partners in the early childhood system.
5.	Montana’s communities make early childhood a priority, and act to support children’s health, learning, and well-being.
6.	Montana’s early childhood system is structured to support policy alignment, strategic financing, continuous improvement, and accountability.

Approach

Montana plans to implement the project through six primary activity areas: 1) needs assessment; 2) strategic planning; 3) maximizing parent and family knowledge, choice, and engagement; 4) best practices sharing and professional development for the early childhood workforce; 5) improving overall quality and service integration and expanding access; and 6) monitoring, evaluation, and data use for continuous improvement.

Activity One: PDG B-5 Statewide Needs Assessment

Montana’s approved comprehensive statewide needs assessment analyzed early childhood system strengths and gaps related to access, quality, workforce, coordination, family engagement, and governance. The state will use the assessment as a shared understanding of the early childhood system’s strengths and gaps in its continuous improvement process and will formally update the assessment in 2022.

Needs Assessment Status

Montana’s initial statewide early childhood needs assessment was approved on September 24, 2019. Montana used a collaborative process to collect primary data for the initial needs assessment that resulted in the findings below. Primary data was collected by collaborating with system stakeholders in three ways: parent/family and provider surveys, focus groups with families and providers, and individual interviews with state-level administrators and program staff. The collaborative process will continue for the 2022 update. Please see the periodic update subsection below for continued stakeholder collaboration.

The table below summarizes needs assessment status and key findings.

Defining key terms	Montana defined key terms in its needs assessment as follows: <ul style="list-style-type: none">• Quality ECE: High-quality early care and education is based on strong organizational foundations and effective practice implementation. Key components of quality ECE programs include effective instructional
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	<p>leaders, collaborative teachers, involved families, a supportive environment, and ambitious instruction.</p> <ul style="list-style-type: none"> • Availability: ECE availability means that “parents, with reasonable effort and affordability, can enroll their child in an arrangement that supports the child’s development and meets the parents’ needs.”¹ Factors that impact ECE availability include location, consumer information, transportation options, schedule alignment between work hours and program operation, cost of high-quality care, and limited specialized treatment for children with special needs. • Vulnerable/underserved: Montana defines children as being vulnerable and/or underserved when they experience any of the following: have a disability, identified developmental concern, or behavioral health issue; have special healthcare needs (such as food allergies, asthma, diabetes, special dietary restrictions, on extended prescribed medication, etc.); are an infant age 0-19 months; are an enrolled tribal member or reside on tribal lands; are children of teenage parent(s); are low income; are children of migrant families; are homeless or at risk of becoming homeless; are English language learners (ELL) or dual language learners (DLL); have experienced trauma or maltreatment, including children in foster placements; have a parent or guardian that is active in the military; and/or live in rural and underserved areas. • Rural: The needs assessment uses the Center for American Progress three-level index to define rurality, where a score of 1 is the least rural (urban), a score of 2 is somewhat rural (suburban) and a score of 3 is the most rural (rural). The measure is based on household density, or the number of occupied households per square mile.
<p>Children who are vulnerable or underserved and living in rural areas</p>	<p>The needs assessment includes a vulnerability index, which combines several vulnerability characteristics into a single value or score for each county. The vulnerability characteristics included in the index were based on data available for the characteristics within Montana’s definition of vulnerable and underserved. The assessment includes a deeper dive into the characteristics of child and family populations living in rural counties, which account for 55% of Montana’s counties.</p>
<p>Current quality and availability of ECE</p>	<p>The needs assessment provides detail around the current quality and availability of ECE in general, as well as for vulnerable and underserved children. In Montana, ECE services are provided through a range of service delivery models and funding streams, including public, private, and blended service models. ECE capacity varies widely across the state; in general, Montana has an insufficient supply of ECE to meet demand. The state’s licensed ECE capacity serves 44% of children ages 0-5 with all parents/caregivers in the workforce. Capacity/access problems are worse for specific subpopulations and regions, including infants and toddlers, rural</p>

¹ S. Friese, V. Lin, N. Forry and K. Tout, *Defining and Measuring Access to High-quality Early Care and Education: A Guidebook for Policymakers and Researchers* (Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services, 2017), OPRE Report #2017-08.

	<p>communities, tribal communities, poorer communities, families with children with special needs (physical health and disability, mental health, developmental delays and disability), and families with irregular work hours. Montana has made significant strides in increasing ECE program quality through its Quality Rating Improvement System (QRIS). Currently, 34% of the state’s licensed ECE providers participate in the QRIS. The assessment identifies opportunities to continue to refine and increase participation in the QRIS to increase the quality of ECE options.</p> <p>Many components are in place for the infrastructure to support Montana’s ECE workforce, including a workforce registry, coordination with higher education, professional development support, and an apprenticeship program. However, an analysis of outcomes in terms of ECE provider capacity, workforce recruitment and retention, and salaries reveals opportunity for continued improvement. Professional development is generally siloed among state licensed programs and other early childhood stakeholders, including Head Start programs, K-12 educators, early intervention providers, home visitors, child and family services social workers, and the healthcare workforce. ECE workforce professional development creation and approval processes can be duplicated, with limited use of distance learning options.</p>
<p>Unduplicated count of children</p>	<p>Child and family data are in multiple, primarily disconnected systems, making the unique identification of children not possible at present time. Montana, like many states, supports a multitude of information technology systems to implement targeted services or processes. The state is implementing new information technology infrastructure including a common client index, allowing for unique identification across data systems. This infrastructure was developed for Medicaid, and is being expanded to include early childhood systems through the PDG B-5 grant. See Activity 6, Subsection 1 for more detail.</p>
<p>Gaps in data or research about quality and availability of B-5 supports</p>	<p>The needs assessment provides detail around data gaps associated with the limited reach of state ECE licensing due to licensing exemptions, lack of licensing reciprocity between Head Start, tribal CCDF, as well as regulatory/licensing barriers. The assessment also analyzes QRIS participation limitations and the impact on access to quality. From a broader, cross-sector perspective, the assessment analyzes family navigation and provider coordination challenges associated with screening, referral, and tracking processes.</p>
<p>Collaboration between programs and maximizing family choice</p>	<p>The assessment looks at the impact of licensed ECE capacity and how this limits family choice, particularly for low income families using child care subsidy. Within the area of coordination, the assessment focused on screening children for social-emotional concerns; broader family navigation issues including extended social determinants of health screening and assessment, referrals, and navigation; the extent to which providers work together; transitions; and how data is used to support service coordination at the individual and system level. The assessment focuses on coordination gaps between health and ECE services and supports, and the impacts this has on families with children with special needs in accessing ECE. The</p>

	assessment also analyzes gaps in collaboration between businesses and ECE, and opportunities associated with enhanced collaboration.
Progress indicators	The state defined progress indicators in its early childhood strategic plan. These are associated with the state’s 6 early childhood goals, which align with the vision and mission. Indicators include measures of cross-sector program capacity, utilization, quality, satisfaction, efficiency, and child development.
ECE facility concerns	The state assesses the quality of ECE facilities within the QRIS system, and these data are included in the needs assessment. Key concerns related to facilities represented in the assessment include cost and access. The assessment analyzes the challenges of the child care market, with high costs, including facility costs, making it challenging to provide affordable care.
ECE funding barriers and opportunities	The assessment includes an analysis of early childhood funding streams alongside the state’s governance structure. The assessment includes discussion of opportunities to maximize state general fund investment in early childhood as well as blend and braid funding to reduce fragmentation and duplication through increased early childhood program coordination accomplished through structural changes.
Transition supports and gaps	The assessment looks at supports and gaps related to transitions from ECE into school, discussing the lack of statewide uniformity in approach with a locally controlled public education system and no statewide kindergarten readiness assessment or transition process. The assessment looks at family engagement practices in the transition process, and how these vary for children with special needs.

Periodic Updates

Montana’s strategic plan and program performance evaluation (PPE) plan are aligned closely to the needs assessment. The state will update all three documents through a continuous improvement process using a identify-plan-execute-review cycle. The needs assessment is the formalized process for identifying opportunities for improvement. The strategic plan, the implementation work plan contained in this grant application, and the PPE form the rest of the cycle. The state will use the data from the approved 2019 needs assessment as a baseline to analyze data trends in future assessment work. The state plans to use the needs assessment throughout renewal grant years 1 and 2 as a resource document to continually ground the grant project work. The state will formally update the needs assessment in the third year of the

renewal grant. Research questions may be modified to reflect what's been learned through the execution and review portions of the cycle.

The state is actively working to improve the coordination of its needs assessments to limit stakeholder participation fatigue. Currently, coordination includes reviewing research questions and data collection plans and protocols to see where efforts could be aligned and data shared. Data from the early childhood needs assessment was shared to support the 2019 Head Start Collaboration Office and 2019 Maternal and Child Health Block Grant needs assessments. We anticipate further coordination improvement with the new Early Childhood and Family Support Division, which consolidates ECE, licensing, Children's Trust Fund, Maternal Child Health, Part C, and child nutrition programs. Needs assessment coordination improvements will be defined with the leadership of the new division administrator and the division's shared data analysis team.

Family Engagement

We are committed to engaging parents as providers in the continuous improvement cycle. In the 2019 assessment, researchers connected to a large number of parents and family members statewide through surveys, interviews, and focus groups. Family perspective was also incorporated by integrating parent evaluations of ECE programs and data reported by ECE, home visiting, and Part C programs about family engagement to federal funders. Additionally, parents and caregivers were integral to the strategic planning process through community meetings and surveys.

We plan to repeat these successful stakeholder engagement mechanisms and continue to integrate family engagement program data when updating the needs assessment and strategic plan, through which goals and activities are defined and refined. The PPE plan includes parent perspective through satisfaction and opinion surveys. The evaluation data are an important input

into the needs assessment process, and another avenue through which parent voice will influence goals and activities.

Measurable Outcomes

The needs assessment is a foundational component of the work to strengthen Montana’s early childhood system. Measurable outcomes for the update process in 2022 include:

1/31/22	Updated research questions
4/30/22	Updated protocols (primary data collection)
7/29/22	Primary data collected
11/30/22	Final Updated Needs Assessment complete and approved

Please refer to the Needs Assessment portion of the work plan below for a comprehensive list of specific milestones and dates for updating the needs assessment in 2022. The work plan below summarizes tasks, responsible lead party, and timeframes.

Task	Lead	Start	End
Needs Assessment			
1. Review needs assessment in coordination with PPE and strategic plan reviews and modifications	Grant Mgr	1/1/20	12/31/22
2. Identify other Montana needs assessment in progress or planned and determine coordination approach	Grant Mgr	1/1/20	12/31/22
3. Update needs assessment research questions as needed to reflect lessons learned from project implementation	Grant Mgr	1/1/22	1/31/22
4. Update literature review/background research	Researcher	2/1/22	3/31/22
5. Identify and retrieve extant and administrative data	EC IT PM	3/1/22	4/30/22
6. Update primary data collection protocols, including interview, focus group, and survey instruments	Researcher	3/1/22	4/30/22
7. Conduct outreach to early childhood stakeholders, including families, providers, and program administrators in close collaboration with local coalitions	Researcher	4/1/22	4/30/22
8. Conduct primary data collection	Researcher	5/1/22	7/29/22
9. Synthesize and analyze diverse data, and update early childhood needs assessment	Researcher	6/1/22	8/31/22
10. Present preliminary findings to statewide early childhood stakeholders	Researcher	8/1/22	9/30/22
11. Review and refine draft assessment with ECFS; finalize	Researcher	8/1/22	11/30/22
<i>Deliverables/Milestones: Needs assessment draft complete; Needs assessment finalized</i>			

Activity Two: PDG B-5 Statewide Strategic Plan

Montana’s approved early childhood strategic plan reflects the state’s approach to implementing a five-year effort to strengthen the state’s early childhood system, with a focus on enhancing its early care and education mixed delivery system for children birth through five, particularly for vulnerable children. The early childhood strategic plan is the “plan” component of the state’s identify-plan-execute-review continuous improvement cycle.

Strategic Plan Status and Periodic Updates

Montana’s statewide early childhood strategic plan was approved on October 13, 2019. The table below summarizes how the strategic plan meets outlined requirements.

Stakeholder identification and engagement	The state identified and engaged a wide range of early childhood stakeholders in the development of the initial PDG B-5 grant, including family members/caregivers and providers/educators representing ECE, public education, Individuals with Disabilities Education Act (IDEA) Parts C and B, home visiting, nutrition, child and family services, intellectual and developmental disabilities, children’s mental health, children and youth with special healthcare needs, physical disabilities, and primary health services and supports with local, state, and tribal representatives. The state conducted targeted and general strategic planning workshops to develop the plan. Stakeholders will be re-engaged in periodic updates through workshops, focus groups, interviews, or surveys.
Plan for B-5 system	The state’s strategic plan is organized by goals, objectives, and strategies or action steps. Each goal has multiple objectives. Strategies/action steps and indicators are associated with objectives. The strategic plan has six goals in the following areas that comprise a comprehensive ECE B-5 system: <ol style="list-style-type: none"> 1. Access and Quality: Increase access to and participation in high quality early care and education (ECE) across a mixed delivery system 2. Workforce: Montana has a confident and effective early childhood workforce 3. Coordination: The early childhood system is coordinated to support effective family assessment, system navigation, care coordination, and use of data 4. Family Engagement: Families are engaged and valued as partners in the early childhood system 5. Commitment: Communities make early childhood a priority, and act to support children’s health, learning, and well-being 6. Governance: Montana’s early childhood system is structured to support policy alignment, strategic financing, continuous improvement, and accountability
Partnerships, collaborations,	Montana will continue to engage in multiple partnerships and collaborations to leverage policy alignment, program quality, and coordinated service

<p>coordination, and quality improvement strategies</p>	<p>delivery across ECE settings through the implementation of the strategic plan and periodic updates. Specifically, the state will continue to engage partners in the areas of:</p> <ul style="list-style-type: none"> • OPI on transitions to kindergarten and expanded Child Find screening • BBAC in advisory capacity on all early childhood system work • Local coalitions, including United Ways, on aligning policies, communicating decisions and engaging constituencies • Private and philanthropic organizations on funding and advocacy • Montana Early Childhood Project (ECP) and the Child Care Resource and Referral (CCRR) Network on professional development • Higher Education Consortium on standards and competencies • Head Start regarding family engagement and ECE quality
<p>Activities that improve transitions</p>	<p>The development of the strategic plan included a dialogue with over 40 stakeholders specifically on the topic of transitions and defining critical success factors, barriers, and strategies, which are all reflected in the plan. Goal 3 calls for improved transitions to kindergarten including an evaluation of processes, methods, and tools, and a focus on the transitions of vulnerable children.</p>
<p>ECE coordination and collaboration</p>	<p>Goal 3 of the strategic plan calls for increased coordination and collaboration among ECE providers. Strategies in the following areas are identified: screening, system navigation, transition to kindergarten, and use of data.</p>
<p>Framework for high quality ECE participation</p>	<p>Goal 1 focuses on access to and participation of children in high quality ECE programs across a mixed-delivery system. Objectives include:</p> <ul style="list-style-type: none"> • Increase ECE provider capacity statewide, with specific focus on underserved cohorts and regions • Increase family access to high quality, affordable ECE, with specific focus on underserved cohorts and regions • Increase number of licensed providers • Continue to improve STARS to Quality QRIS infrastructure and increase provider participation • Increase access to and quality of facilities for ECE providers
<p>Statutory requirements and roadblocks</p>	<p>The strategic plan identifies federal, state, and local statutory requirements, including potential barriers they pose to future coordination. For example:</p> <ul style="list-style-type: none"> • Child support compliance requirements can be a barrier for eligibility for child care subsidies (Best Beginnings Child Care Scholarship) • Removing or modifying child care licensing exemptions will require legislative action • Montana’s Legislative session convenes biennially, which can offer a biennium of support or a two-year roadblock • Montana’s legislature has a low level of commitment around early childhood issues, as demonstrated by the failure of the 2019 preschool bill

	<ul style="list-style-type: none"> Montana’s governor will change in 2020 and superintendent of the Office of Public Instruction (OPI) will change in 2020 or 2024, resulting in some unknowns for early childhood priorities
Indicator data use	At a minimum and where feasible, the state will analyze indicator data quarterly. DPHHS will use the PDG B-5 data analyst as well as a contracted evaluator, to support data analysis. The analyzed data will be reviewed by the project steering committee, Department leadership, and BBAC. The state is moving toward the use of data dashboards to support real time data reporting and analysis to assess progress, assess key desired outcomes, inform cost and resource efficiency, and support continuous quality improvement.
State Advisory Council involvement	The state presented preliminary findings and recommendations from the needs assessment to the BBAC, in May 2019 and facilitated a conversation to elicit strategies to enhance the state’s early childhood system from participants based off findings and recommendations. Approximately 120 stakeholders attended, representing the breadth of the state’s early childhood system. The state presented draft strategic goals to the BBAC in July 2019 for input. The BBAC is assisting with statewide communication regarding implementation of the plan. Periodic updates to the plan will involve the BBAC, which will receive regular reports on progress, successes, and challenges.

Progress on Vision, Logic Model, Governance Structure, and Initial PDG B-5 Activities

The state has made significant progress on its early childhood vision, logic model, and governance structure. As discussed in Activity 6, Subsection 3, the state has modified its governance structure to better coordinate early childhood and family support services. The state achieved many of its short-term outcomes from the planning grant logic model, including ECE capacity and infrastructure needs identified, early childhood system and funding needs identified, early childhood data needs identified, improvements in family information sharing and engagement, and more opportunities for ECE providers to share best practices. The table below shows initial PDG B-5 grant project milestones and their status.

Project Management			
Communication plan		Project status reports	
Internal kick off		External kick off	
Kick off minutes		Formal tribal consultation	
Best practice research			
		Survey instruments	

Raw survey data		Interview protocol	
Focus group protocol		Data collection process	
Draft needs assessment		Final, approved needs assessment	
Regional planning workshops		Draft strategic plan	
Final, approved strategic plan		PPE	
Implementation plan			
Family engagement definition and guiding principles		Early childhood outreach campaign materials	
Early childhood one-stop-shop launched		Family engagement coordinators hired	
Resource and referral process improvements defined		ASQ/ASQ-SE screenings increased	
Modified ECE educational and training materials		Statewide meetings with local early childhood coalitions held	
Learning communities established		Coaching competencies and certifications defined	
IECMHC expanded		Family engagement materials	
Cultural competency guidance developed		Targeted learning community/BAS toolkits	
Information technology alternatives analysis		EC data integrated into warehouse	
CCRR provider recruitment launched		Additional materials/supports for ECE providers working with underserved children/regions	
School readiness materials			

The primary challenge delaying milestone accomplishment has been the ambitious timeline included for some grant activities, which did not account for the amount of time needed to build relationships required for effective collaboration.

A primary aim of Montana’s strategic plan is to incorporate and align comprehensive support services for young children and their families. Examples of the many ways in which support services such as health, mental health, nutrition, social services, early intervention, and children with or at risk of disabilities are incorporated and aligned are outlined in the table below:

Tools and Technical Assistance	<ul style="list-style-type: none"> • Extending the family engagement framework across the early childhood sector (i.e., health and family support) • Implementing family engagement specialists with CCRRs to support extended SDOH screening and referral • Enhancing the early childhood data/information technology infrastructure to support unique identification of children • Extending Child Find screening processes through single point of entry pilots for children 0-5
Communication	<ul style="list-style-type: none"> • Collaborating with public and private sector statewide mental health advocates to develop messaging regarding family mental health • Increasing communication between Part C early intervention specialists, physicians, psychologists, and ECE providers support value of early intervention and facilitate provision of early intervention services in child care settings
Collaboration	<ul style="list-style-type: none"> • Improved collaboration with multiple support services through enhanced cross-sector program/bureau/division work • Including representatives from the health, mental health, nutrition (i.e., WIC), social services, early intervention, and children with disabilities in the strategic planning and implementation process

The strategic planning work plan below summarizes tasks, lead, and timeframes.

Task	Lead	Start	End
Strategic Planning			
1. Review strategic plan in coordination with PPE and needs assessment reviews and modifications	ECFS	1/1/20	12/31/22
2. Identify other Montana strategic plans planned or in progress and determine coordination approach	ECFS	1/1/20	12/31/22
3. Engage stakeholders in process of reviewing PPE data, updating strategies and objectives, and prioritizing work	ECFS	1/1/20	12/31/22
4. Create draft update to strategic plan	ECFS	10/1/20	10/31/22
5. Review and refine draft strategic plan; finalize	ECFS	11/1/20	11/30/22
<i>Deliverables/Milestones: Annual strategic plan update drafted; Annual strategic plan update finalized</i>			

Activity Three: Maximizing Parent and Family Knowledge, Choice, and Engagement in their Child’s Early Learning and Development

Family engagement and parent awareness were common threads across all the focus areas in the early childhood needs assessment – access, quality, workforce, coordination, and governance. Work in this activity area will support the state’s goal that families are engaged and valued as partners in the early childhood system.

1. Informing Families, Empowering Choice, Promoting Parent-Child Relationships, and Engaging Families in ECE

Montana will continue work as outlined in the strategic plan to better inform, support, and engage families through implementing a family engagement framework, enhancing parentingmontana.org, and the further development of Montana’s virtual one-stop-shop.

<p>Family engagement framework</p>	<p>The needs assessment confirmed that Montana lacks a shared framework for family engagement, and providers may not universally value its importance. Through the initial PDG B-5 grant year, Montana has drafted a family engagement framework through an interdisciplinary workgroup, with local and state-level stakeholders representing ECE, health, and family support sectors. The draft defines low, medium, and high impact family engagement activities for broad, cross-sector use, and serves as the foundation of the state’s family engagement work, with emphasis on vulnerable and underserved children/families, including children with special needs, low-income families, and infants/toddlers. In 2020, the state plans to implement the framework tools within the early learning and development sector, piloting high impact family engagement practices focused on specific ECE areas, including reducing absenteeism and improving kindergarten transition. The state will expand the framework to health and social services/family support sectors in years 2 and 3 of the renewal grant.</p>
<p>Parenting montana.org</p>	<p>DPHHS developed parentingmontana.org prior to the PDG B-5 grant project to provide centralized information to parents and families regarding child and adolescent development for children ages 5 through 18. Through the planning grant, the state is extending site content to include material related to children ages birth through 5, with initial content to be published by the end of the year. The site provides parents and caregivers with information and resources that promote strong parent-child relationships. DPHHS plans to continue to refine, develop, and maintain site content in renewal grant years, incorporating additional topics, including early intervention information, early childhood transition best practices (including transitions into public school settings), prenatal information, and other content areas based on feedback from families and providers. In addition to providing accessible content, Montana will provide training materials and support to provider stakeholders on maximizing the website and related tools</p>
<p>Virtual one-stop-shop</p>	<p>The state has begun to work on the development of a virtual one-stop-shop for state-related ECE content aligning with Child Care Development Fund (CCDF) requirements. Within the 2019 PDG B-5 grant, the state is conducting best practices research related to other states’ approaches to ECE web portals, including analysis of software options (e.g. commercial off the shelf, customized build etc.), information shared (e.g. ECE licensing, quality, capacity/openings, etc.), reporting capability, cost, timeline, partnerships, and other considerations. Additionally, DPHHS is mapping and defining</p>

	integration requirements of current ECE data systems. This analysis supports decision-making around how to best pursue implementing the virtual one-stop-shop. The state plans to continue this work through the renewal PDG B-5 grant. Families will be able to use the virtual one-stop-shop to find accurate, timely, and easy to understand information about ECE options, including, not limited to child care provider quality and specific monitoring and inspection reports. The site will also be enhanced to support ECE provider information sharing and reporting.
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2. Two-Generation Approaches to Improve Child and Family Outcomes

Supporting positive child outcomes requires working with families in two-generation or multi-generation approaches. Montana is excited to extend its Parent Partner program to support additional families through peer-to-peer support, including families with children with special needs and families engaged with the child welfare system. Increasing the reach of the Parent Partner program responds directly to the needs assessment, where parents expressed a desire for peer-to-peer support, in informal settings as well as formally when navigating specific parts of the early childhood system. The state will also use the renewal grant to define a comprehensive home visiting continuum, increase the capacity of its First Years Initiative, a collaborative project of home visiting and Child and Family Services, to serve more families involved in the child welfare system in evidence-based multi-generational approaches. The renewal grant will support the expansion of Part C services (Activity 4, Subsection 1) and Early Head Start-Child Care Partnerships (Activity 5, Subsection 1) to enhance multi-generational services and supports. Additionally, the state will continue to enhance family engagement at the statewide systems level by formally engaging parents and caregivers in the review, revision, and development of state policies and practices through advisory councils and targeted outreach.

Parent partners	The early childhood needs assessment included analysis of the state’s Parent Partner program, which is within the Children’s Special Health Services (CSHS) program. In this peer-to-peer model program, parents of children and youth with special healthcare needs are trained to be paid peer mentors to support comprehensive, coordinated, family-centered care.
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	<p>The state intends to broaden the scope of the Parent Partner program to support: more families with children with special needs including developmental concerns and disabilities; families at risk of, or already involved in, the child welfare system; and foster families. Through the renewal grant, the state will focus on increasing supply of and demand for parent partners. The state will increase cross-sector knowledge and use of the resource through inclusion of the program in its family engagement framework, knowledge sharing, and professional development.</p> <p>Child and Family Services Division (CFSD) implementation of the Parent Partner program will focus on birth and foster parents. Montana’s Parent Partner program for birth parents will support prevention and intervention work. Parents who have successfully worked through the child welfare system will be trained, paid, and provided ongoing professional development to provide peer mentoring to parents engaged with the child welfare system. Parent partners will walk alongside birth families as they engage in parent support teams, which try to prevent entry into the foster system by wrapping services and supports around families. Parent partners will help to transform parents’ experiences by instilling hope for birth families, helping birth parents to become effective self-advocates, and support birth families to navigate and connect to needed services and supports with the goal of healthy family preservation. We expect that parent partners will also help to support system change through helping caseworkers and other child welfare stakeholders to view birth parents in a strengths-based lens.</p> <p>The foster family parent partner program will connect foster families to each other, with more experienced foster families providing peer support to newer ones. The goals are similar to the birth family parent partner program, in terms of improved emotional support for foster families, increased self-advocacy where foster families know their rights and responsibilities, improved system navigation/connection to services for foster families, and system-level cultural change in terms of the communication with and valuing of foster families. Additionally, foster parent partners will help foster families feel more comfortable connecting with birth families, to support improved child and parent outcomes. The state will pilot these extensions of the Parent Partner model in selected CFSD sites in the first year of the renewal grant and grow the program over years 2 and 3.</p>
<p>Home visiting continuum</p>	<p>Montana supports home visiting through various models and funding streams, including MIECHV, Part C, Early Head Start, and Circle of Security. Through the needs assessment and strategic planning process, early childhood stakeholders expressed a desire for more home visiting support for all families. MIECHV, Part C, and Early Head Start/ECE have historically been in three separate divisions. Their consolidation into the new Early Childhood and Family Support (ECFS) Division provides an opportunity to develop a common understanding of home visiting models within the state and with tribes, and identify opportunities for alignment, inclusion, and expansion.</p>

<p>First Years Initiative expansion</p>	<p>The First Years Initiative is a collaboration between MIECHV and the Child and Family Services Division, which provides targeted resources, education, and services through evidence-based home visiting frameworks for pregnant women and families with young children involved in the child welfare system. First Years Initiative home visitors receive referrals from Child and Family Services (CFS) for high-risk families. CFS and home visitors collaborate closely to support family health, safety, and stability. The Initiative was launched over a year ago and served 295 children in its first year. Through the renewal grant, the state will expand high-performing First Years Initiative sites to support additional children and families.</p>
<p>Family engagement in policy</p>	<p>Montana is committed to engaging families in policy review, revision, and development. The state will ensure families are included as partners in the state plan revision processes for early childhood programs, including CCDF, Maternal and Child Health, and others. With the newly formed ECFS Division, there is opportunity to bridge family engagement policies as well as connect advisory groups to inform the entire division and its practices.</p> <p>The state will continue to support existing parent/family advisory groups. The Montana Family Support Services Advisory Council is a parent-led council that advises and assists the Department in planning, developing, and implementing the state’s comprehensive, multi-disciplinary, coordinated program of early intervention and family support services for children 0 to 3 with developmental delays or disabilities. In addition, CSHS has a Stakeholder’s Group, which includes families, providers, and agency stakeholders. Parents make up the majority of the CSHS Stakeholder’s Group membership. The state will seek input from these advisory groups in the refinement and use of the family engagement framework, and ensure it includes opportunities for parent input on policy and practices across state programs.</p>

3. Families with Developmental or Disability Concerns

Montana’s needs assessment focused significantly on children with disabilities or developmental concerns and their families. The state is committed to earlier and improved identification, enhanced family education and engagement, and improved developmental outcomes for these children and families. Montana plans to continue expanding developmental screening, enhance family engagement around developmental delays and disability, and pilot enhanced Child Find screening events.

<p>Developmental screening</p>	<p>In the initial PDG B-5 grant year, Montana has moved toward broader use of the ASQ/ASQ-SE as the preferred developmental screening tool in its early childhood system. The Department’s MIECHV home visitors, Part C Family Support Specialists/Service Coordinators, and many Head Start-</p>
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	<p>Early Head Start providers already use the ASQ/ASQ-SE to different levels. The state is in the process of adding the ASQ/ASQ-SE to STARS to Quality, the QRIS. All ECE providers rated Star 4 or 5 (highest-quality providers) will be required to use the ASQ/ASQ-SE to fidelity beginning in January 2020. Home visitors, Family Support Specialists (FSSs) and ECE providers receive professional development related to how to screen children, what to do with screening results, and how to engage families around screening through ongoing coaching.</p> <p>Additionally, the state will explore options for cross-sector screening data collection and use, to better support early childhood provider coordination as well as family engagement and system navigation. The state may analyze whether to extend the screening registry used by MIECHV home visiting providers for use by ECE, IDEA Part C, and other providers or pursue another alternative to collect and use screening data. The screening registry alternatives analysis and decision making will occur in the second year of the grant.</p>
<p>Family awareness and engagement around developmental delays and disability</p>	<p>The needs assessment identified the need for increased awareness for families and providers regarding developmental delays and disability, including the importance of developmental screening. Stakeholders discussed a “wait and see” mentality common with providers and families regarding developmental concerns, making delayed intervention more expensive and less effective.</p> <p>CCRRs are implementing new family engagement specialists, who will, among other things provide enhanced coordination support to families with children with special needs. CCRRs will go beyond provision of special needs subsidies and referral to ECE providers to include navigation to Part C, Part B, home visiting, disability services, other financial supports (e.g. Children’s Special Health Services, hardship, Medicaid, etc.), and other local service providers. CCRR family engagement specialists are discussed more in Activity 3, Subsection 6.</p>
<p>Child Find screening expansion</p>	<p>Montana will enhance its Child Find screening process to make it more robust and inclusive. The current Child Find screening process is driven solely by the Part B system and does not generally include supports for families with children under 3. This contributes to the “wait and see” mentality for younger kids. Early childhood and public education stakeholders, including Part C and Part B programs, will pilot an extension of Child Find screening efforts, targeting specific inclusion of children 0-5 and their families. The goal of the pilot will be to support all kids and families to receive the services and supports they need to thrive and be ready for kindergarten. We see this as part of a larger effort to shift the culture around child development, disability, and family engagement. Identifying needs and engaging families and children earlier will result in children being more ready to learn and succeed in public school. This expanded Child Find screening will serve as a single point of entry event, which will become a known community event with collective investment of schools, early childhood providers, and families. Pilot screening expansion sites will align</p>

with the state’s expansion of Part C Family Support Specialists supporting ECE providers, described in Activity 4, Subsection 1.

The first year of the pilot project will focus on detailed planning and message development. DPHHS and OPI in collaboration with local early childhood coalitions and local education agencies will identify pilot sites across the state. The planning period will draw from local community successes and evidence-based practices in the development of a consistent expanded Child Find screening model for the pilot sites. The model will include multi-disciplinary evaluations for children 0-5, referrals to services including Part C and Part B, family engagement opportunities, and kindergarten transition-focused activities, such as opportunities for families to meet kindergarten teachers. Local coalition family engagement coordinators will identify and recruit cross-sector providers to participate in expanded child find screening pilots, ensuring representation of health and social services programs across the social determinants of health (SDOH) spectrum. The state will develop messaging and marketing materials to ensure a consistent look and feel across pilot sites.

4. Human Services Partnerships and Coordination

Most of the state’s early childhood work is done through partnerships. Local community councils and the BBAC are key to developing and maintaining cross-sector partnerships. Local council work is described in Activity 5, Subsection 2. CCRR agencies and the CCRR Network also focus substantially on building partnerships with ECE providers, businesses, local government, social service providers, and healthcare providers. The renewal grant builds on these efforts throughout its activities. Most significantly, the creation of the new Early Childhood and Family Support Division formalizes enhanced, cross-sector partnerships and collaboration at the state level (Activity 6, Subsection 3). Additionally, the renewal grant increases the state’s investment in partnerships through the implementation of CCRR family engagement specialists to support increased child and family referrals (Activity 3, Subsection 6), expanded Child Find screening events (Activity 3, Subsection 3), a mobile resource center pilot (Activity 3, Subsection 6), and various business supports (Activity 4, Subsection 5).

5. Improved Information about ECE Program Quality

The state will continue to work on delivering easy to use and understand information about the importance of quality ECE programs universally to families and caregivers throughout the state. Both the virtual one-stop-shop and parentingmontana.org discussed in Activity 3, Subsection 1 above are mechanisms through which the state is sharing information with families. The virtual one-stop-shop will share quality indicator data for individual ECE programs as well as for aggregated geographic regions. Additional information about the virtual one-stop-shop is included in Activity 6, Subsection 4.

<p>Marketing campaign</p>	<p>The state will invest further in a marketing campaign, which is being initiated in this planning grant year. The marketing campaign has two target audiences – ECE providers and families/ECE consumers. The consumer campaign is focused on the importance of choosing high quality ECE and what to look for when seeking high quality care. The state, CCRR Network, CCRR agencies, and Zero to Five Initiative are collectively defining the messaging for the campaign. An ad agency will be selected by the end of 2019 for initial campaign roll out. The campaign will be extended and enhanced through the renewal grant, leveraging best practices within Montana and from other states related to increasing awareness of quality, Montana’s QRIS, and increasing ECE provider participation in the QRIS.</p>
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6. Coordinated Resource and Referral System

The state is expanding implementation of a shared SDOH framework in its approach to sharing resource information, making referrals, and coordinating care. Montana developed the Family Bridge Model in 2016 for the Temporary Assistance for Needy Families (TANF) program. The Family Bridge Model is an expanded SDOH framework, including food, housing, safety, transportation, physical and behavioral health, child care and education, child health and development, social supports, legal needs, education, training, work experience, income, and financial knowledge and skills. This SDOH framework will be used in the Child Find screening expansion (Activity 3, Subsection 3), by CCRR family engagement specialists’ work with families and providers, as well as in the mobile resource center pilot.

CCRR family engagement specialists	<p>Montana added family engagement specialist positions to its regional CCRR agencies on October 1, 2019. These family engagement specialists directly support families as well as support ECE providers so they, in turn, can better support families. CCRR family engagement specialists will use a modified version of the Montana Family Bridge Model as a resource in their work with families and providers, ensuring broad-based information sharing and referrals to meet all of children’s and families’ needs. Through partnerships, CCRR family engagement specialists and ECE providers supported by them will be able to connect families and children to the full range of needed services and supports. DPHHS will provide professional development to the family engagement specialists to support this work and will evaluate outcomes and modify implementation through a continuous improvement process.</p>
Mobile resource center	<p>The state will pilot the implementation of a mobile resource center in underserved areas and with underserved and vulnerable populations. The mobile resource center may include health, nutrition, developmental, and family engagement services and supports. In addition to direct services and supports, resource center staff would provide referrals and connections to services and supports across the expanded SDOH framework.</p>

7. Family Engagement and Leadership Opportunities

The state is investing in improved family engagement and leadership through the extension of the Parent Partner program (described in detail in Activity 3, Subsection 2 above), implementation of family advocacy training modules, as well as ongoing support of its Family Support Services Advisory Council (also discussed in Activity 3, Subsection 2), the implementation of the family engagement framework, and continued investment in and emphasis on family engagement coordinators at the state and local levels through CCRR agencies and local coalitions, which are discussed in Activity 3, Subsection 4 and Activity 5, Subsection 2, respectively.

Family advocacy training	<p>The Montana Head Start Association (MTHSA) is continuing to provide professional development for the ECE industry in the areas of family engagement, leadership, and advocacy. Two modules are currently being created– Advocacy Systems 101 and Advocacy Skills Basics. Both include video content (high-level and topical deep dives) and facilitator guides with discussion topics and activities. The state will continue to invest in additional advocacy training modules, including advocating for children within your ECE program; special education advocacy; understanding advocacy from the</p>
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	<p>decision-maker’s perspective; and creating a climate that encourages parent advocacy in ECE programs.</p> <p>MTHSA is also supporting the development of a social media platform to distribute actional information to parents, including hearing and rule-making schedules as well as organizing annual, statewide family engagement summits throughout the renewal grant timeframe.</p>
Family engagement framework leadership opportunities	<p>The family engagement framework includes opportunities for family engagement and leadership across the state’s mixed delivery ECE model. Examples from the draft framework include: ensuring parents are aware of services and know their rights under IDEA; assisting families in developing goals and linking families to necessary supports; individualizing opportunities for peer-to-peer connections for different groups of parents; including families in ECE program planning processes through policy councils and parent committees; and providing advocacy training and opportunities for families to develop and use advocacy skills in the context of their child’s lifelong learning.</p>

The family engagement work plan below summarizes tasks, lead, and timeframes.

Task	Lead	Start	End
Family Engagement			
Family Engagement Framework			
1. Complete family engagement framework implementation guidance through workgroup meetings	Family engagement specialist (FES)	1/1/20 (in progress)	9/30/20
2. Pilot draft family engagement framework with ECE providers, meeting regularly throughout pilot to discuss progress/lessons learned	FES	10/1/20	6/30/21
3. Update draft framework based on pilot lessons learned and evaluation framework	FES	10/1/20	7/31/21
4. Define how to extend family engagement framework to other early childhood sectors, and implement using continuous improvement process	FES	8/1/21	12/31/22
Parentingmontana.org			
5. Continue to oversee development and implementation of parentingmontana.org content for 0-5 year olds	Grant mgr	1/1/20 (in progress)	9/30/20
6. Extend and maintain parentingmontana.org based on feedback in continuous improvement process	Grant mgr	10/1/20	12/31/22
Virtual One-Stop-Shop			
7. Finalize selection of virtual one-stop-shop information technology approach	EC data PM	1/1/20	3/31/20
8. Incorporate virtual one-stop-shop implementation into early childhood IT roadmap	EC data PM	1/1/20	4/30/20
9. Define virtual one-stop-shop design/modification requirements, as needed	EC data PM	4/1/20	7/31/20

Task	Lead	Start	End
10. Test, pilot, and implement virtual one-stop-shop, potentially through an incremental, agile approach	EC data PM	8/1/20	12/31/20
11. Continue to maintain and refine virtual one-stop-shop through continuous improvement process	EC data PM	1/1/21	12/31/22
Parent Partners			
12. Determine sites for increased Parent Partner investment	CSHS manager	1/1/20	2/29/20
13. Increase investment in Parent Partner Program, engaging in continuous improvement process to track interventions and outcomes	CSHS manager	3/1/20	12/31/22
14. Determine approach to extending Parent Partner Program to child welfare sector, with support from Casey Programs	ECFS, CFSD	1/1/20	6/30/20
15. Implement birth family and foster family Parent Partner pilot projects	CFSD	7/1/20	6/30/21
16. Extend CFSD parent partner projects using continuous improvement process	CFSD	7/1/21	12/31/22
Home visiting continuum			
17. Collaboratively define continuum of home visiting supports, and identify gaps/opportunities	ECFS	1/1/20	12/31/20
18. Determine next steps to support increased access to home visiting	ECFS	9/30/20	3/30/21
First Years Initiative			
19. Select counties/communities for increased First Years Initiative investment	ECFS and CFS	1/1/20	6/30/20
20. Increase First Years Initiative investment in selected areas	ECFS and CFS	7/1/20	12/31/20
21. Analyze impact of investment on capacity, access, and child/family outcomes	ECFS and CFS	7/1/20	12/31/22
Family Engagement in Policy			
22. Include parent/family engagement in policy review, revision, and development in family engagement framework	FEM	1/1/20	7/30/21
23. Include parents/family members in relevant state plan revisions	ECFS	1/1/20	12/31/22
ASQ/ASQ-SE			
24. Oversee ECE Star 4 and 5 provider implementation of ASQ/ASQ-SE through continuous improvement process	Early childhood health and wellness specialist (ECHWS)	1/1/20	6/30/20
25. Enhance ASQ/ASQ-SE cross-sector professional development	ECHWS	2/1/20	8/31/20

Task	Lead	Start	End
26. Oversee initial implementation of cross-sector ASQ/ASQ-SE professional development	ECHWS	9/1/20	6/30/21
27. Analyze screening registry alternatives and select preferred option	EC data PM, ECHWS	1/1/21	12/31/21
28. Implement screening registry	EC data PM	1/1/22	12/31/22
Child Find Screening Expansion			
29. Identify districts with local community coalitions that are interested in implementing exceptional circumstance programs and determine interest in pilot participation	OPI, ECFS	1/1/20	5/31/20
30. Develop pilot project details, including sustainability; develop policies, processes, and professional development needed to support implementation	OPI, ECFS	1/1/20	12/31/20
31. Develop messaging/marketing	OPI, ECFS	1/1/20	12/31/20
32. Implement pilot project, measuring outcomes and adjusting practices based on indicator data in continuous improvement process	OPI, ECFS	1/1/21	12/31/22
Marketing campaign			
33. Continue to work with early childhood partners to define shared messaging and goals related to quality ECE	Grant mgr	1/1/20	6/30/20
34. Launch marketing campaign	Grant mgr	7/1/20	12/31/20
35. Support marketing campaign to increase supply of, understanding of, and demand for quality ECE	Grant mgr	1/1/21	12/31/22
CCRR family engagement specialists			
36. Develop SDOH/Bridge model training and technical assistance for CCRR family engagement specialists	ECFS	1/1/20	6/30/20
37. Evaluate implementation of model through family outcomes and conduct continuous improvement	ECFS	7/1/20	12/31/22
Mobile resource center			
38. Define scope, locations, population targets, and outreach plan for mobile resource center pilot	Grant mgr	1/1/20	12/31/20
39. Implement mobile resource center pilot using continuous improvement process to guide implementation adjustments and expansion	Grant mgr	1/1/21	12/31/22
Family advocacy training			
40. Develop advocacy training modules	MTHSA	1/1/20	6/30/21
41. Support social media platform distributing actionable content/information to families	MTHSA	1/1/20	12/31/22
42. Organize annual family engagement summits	MTHSA	1/1/20	12/31/22
<i>Deliverables/Milestones: Family engagement implementation guidance complete; Family engagement framework pilot complete; Parentingmontana.org enhanced; Virtual one-stop-shop implemented; Parent Partner expansion sites launched; Parent Partner program implemented with child welfare; home visiting continuum defined; First Years Initiative expansion launched; ASQ/ASQ-SE phase 1 expansion implemented; Screening registry implemented; Child Find screening expansion pilot launched; Marketing campaign launched; CCRR family engagement</i>			

Task	Lead	Start	End
<i>specialist TTA created; Mobile resource center pilot launched; Family advocacy training modules complete; Annual family engagement summits held</i>			

Activity Four: Sharing Best Practices and Professional Development for the Early Childhood Workforce

Having a strong and effective workforce is essential to strengthening its early childhood system. The state seeks to increase the ECE system’s capacity and quality through increased investment and support of its workforce. The work outlined in this activity is intended to build and strengthen the early childhood workforce.

1. *Incorporating Evidence-based Practices into ECE Professional Development*

Montana is committed to expanding access to evidence-based practices into professional development for ECE providers. Three specific approaches being employed through this renewal grant are the expansion of infant early childhood mental health consultation (IECMHC), expanding Part C services in ECE settings to support ECE providers, and enhancement of cultural competency professional development content. All of these are trauma-informed approaches to address adverse experiences with students and ECE providers.

IECMHC	<p>IECMHC is a multilevel intervention that builds adult capacity to support infant and children’s social, emotional, and behavioral health and development.² IECMHC uses a combination of training, reflective consultation, and skill building to support teachers, supervisors, directors, aides, food service and transportation staff in early learning environments.³ Montana has implemented IECMHC through Project LAUNCH and Head Start. These efforts have increased capacity around mental health issues and improve collaboration across cross-sector early childhood providers.</p> <p>Montana will increase IECMHC capacity in the state to support ECE providers. IECMHC infrastructure work including defining credentials and tracking professional development in the state’s practitioner registry is included in Activity 4, Subsection 4. IECMHC expansion will occur in</p>
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² Zero to Three, *Infant and Early Childhood Mental Health Consultation: A Briefing Paper* (Washington, DC: Zero to Three), 2017, <https://www.zerotothree.org/resources/1952-infant-and-early-childhood-mental-health-consultation-a-briefing-paper>.

³ Wright, Catherine, *Minnesota’s Mental Health Consultation System* (St. Paul, MN: Minnesota Department of Human Services, 2019).

	<p>phases, building awareness of the benefits of IECMHC with ECE stakeholders, branding IECMHC, recruiting and onboarding consultants to work across the state, developing criteria and associated application for ECE programs who would like to receive IECMHC, and expanding the opportunity for IECMHC to more programs in years 2 and 3.</p>
<p>Implementation of IDEA Part C support with ECE providers</p>	<p>Montana’s needs assessment clearly showed the need for additional support for ECE providers to effectively care for children with developmental delays and disabilities. The state will invest additional resources into Part C services to coordinate the provision of Part C with ECE providers. Part C FSSs will work with ECE providers as a link between specialists and the ECE environment. FSSs will use their coaching model with ECE providers to teach and demonstrate interventions they have learned to be successful in engaging the infant or toddler within the environment, whether it be communication, social-emotional skills, adaptive behavior, physical and/or environmental supports, etc. The FSS will enhance the ability of ECE providers to educate and support children with developmental delays and disabilities. FSSs will also work with the families of the children participating in the pilot, ensuring consistent practices across the child’s settings. This work will start as a pilot in select communities in one region and be extended over the lifespan of the grant with outcomes informing practices. Policies, processes, and professional development will be created to support this increased coordination of Part C and ECE.</p>
<p>Cultural competency</p>	<p>Over the last year, a diverse group of ECE stakeholders with significant tribal representation formed the Cultural Responsiveness Workgroup to define a cultural competency professional development plan to be completed by February 2020. To build on these guidelines, a training and toolkit will be developed representing the guidelines as well as including implicit bias training for the adults who work with children, also to be completed by February 2020. Next steps include delivering the training and tool kit to ECE providers, including the use of materials and hands on strategies for use with children in the classroom. The professional development will be focused on supporting inclusive, culturally responsive classrooms with consideration of child rearing practices as a part of culture especially in infant toddler classrooms. These materials will be discussed in ongoing formal tribal consultations, which will be supported throughout the grant.</p>

2. Improving the Professional Development and Experience of B-5 ECE Providers

Montana’s early childhood needs assessment suggested opportunities to continue to improve the professional development and experience of the state’s ECE providers. The state will continue this work over the next three years. Specific focal areas include increasing participation in STARS to Quality, enhancing coaching infrastructure and processes within the STARS to

Quality framework, increased support of home-based ECE providers, and expanding the use of child care apprenticeships and pre-apprenticeships.

<p>STARS to Quality</p>	<p>STARS to Quality is Montana’s QRIS. It is designed to support high-quality early care and education programs through a quality rating and improvement system that strengthens programs and practitioners with continuous improvement strategies and informs parental choice. Licensed center-based programs, licensed family and group child care homes, and Head Start and Early Head Start programs are able to voluntarily participate in the program. The share of child care capacity provided by STARS to Quality providers has grown from 16% of all licensed child care capacity in 2014, to 34% in 2018. Participating providers are able to provide additional compensation, bonuses, or benefits to their staff because of incentive payments. Increasing participation in STARS to Quality supports increased access to quality ECE and supports the ECE workforce quality and retention.</p> <p>The state has begun to evaluate the STARS to Quality Program, especially in relation to participation in the program. Montana will continue to evaluate and revise STARS to Quality, with the intention of bringing on new programs and retaining current programs. Through the renewal grant, additional funding is included to increase participation through financial incentives and supports.</p>
<p>Coaching</p>	<p>Coaching in early childhood education settings, when combined with broader professional development, contributes to improvement in teaching quality that leads to gains in children’s learning.⁴ Montana’s needs assessment demonstrated the importance of ECE coaching efforts to providers. Within the STARS to Quality infrastructure, coaches focus on supporting program staff in providing social-emotional supports for children. Coaching also exists within Head Start, home visiting, and Part C services. In all of the coaching models, content, frequency, and application of coaching vary. A state-led interdisciplinary team has made progress on defining coaching competencies and certification, through best practice analysis.</p> <p>Once competencies are defined, a certification will be created to recognize coaching professionals. Moving forward, Montana will enhance the ECE practitioner registry at Montana State University to allow for centralized tracking and reporting.</p>
<p>Continued professional development support for</p>	<p>The needs assessment identified opportunities for increased support and professional development for home-based child care providers. Regional learning communities are operating statewide to support information sharing, networking, and professional development of group and family</p>

⁴ Lauri Connors-Tadros and Sarah Daily, *CEELO Fast Fact: Strategies to Improve Instructional Practices in Early Childhood Settings* (New Brunswick, NJ: National Institute for Early Education Research, 2018), http://ceelo.org/wp-content/uploads/2018/04/2ceelo_fast_fact_LA-Instruction-LCT_041218_final.pdf.

home-based ECE providers	providers. Learning communities will continue over the next several years and are connected to CCDF strategies.
Apprenticeships and pre-apprenticeships	<p>The Department of Labor and Industries (DLI), DPHHS, and Early Childhood Project (ECP) will continue recruiting and expanding the Child Care Development Specialist Apprenticeship Program and pre-apprenticeship pilot. The state will invest in increased relationship building with ECE businesses, higher education, and high schools to increase capacity and utilization of the programs.</p> <p>The renewal grant is extending the reach of the state’s pre-apprenticeship pilot. Representatives will go to high school Family Consumer Science classes throughout Montana to connect with prospective pre-apprentices. Regional representatives will support pre-apprentices with career counseling and mentoring. Representatives of the Montana University system will visit participating high schools to discuss college course work. Pre-apprentices that complete the program will receive a computer and other items to prepare them for college coursework.</p>

3. Addressing Workforce Turnover

As ECE providers are supported through a variety of professional development strategies, turnover among providers should decrease. Mental health consultation from Activity 4, Subsection 1 has a national evidence base showing a positive impact on workforce retention and has been demonstrated to reduce turnover in Montana’s Project LAUNCH initiative. Other professional development discussed throughout this activity focused on increasing provider skillsets to effectively support all children and families will also address turnover. The state will measure provider turnover and satisfaction as performance indicators in these professional development initiatives.

Many of the efforts included in this renewal grant indirectly or directly enhance workforce compensation and supporting small business plans to maintain a viable livelihood to be successful, which we believe could increase provider retention. Included in these efforts are increased STARS to Quality participation and incentives (Activity 4, Subsection 2), business supports and shared services for home based child care providers (Activity 4, Subsection 5), the micro-center network hub model (Activity 4, Subsection 5), the ECE cooperative toolkit

(Activity 4, Subsection 5), collaborative work to increase businesses’ and legislators’ commitment to and investment in ECE (Activity 4, Subsection 5), and increased awareness of and participation in Apprenticeship program in collaboration with the Department of Labor and Industry (Activity 4, Subsection 2).

4. Developing Aligned Credentials, Certifications, and Coursework

ECP is the state’s primary organizing body for ECE professional development. It promotes professional development of ECE providers through implementation of the state plan for early care and education career development, collaboration with partner organizations to promote early childhood professional development, and involvement with the National Workforce Registry Alliance to promote a knowledgeable and skilled early childhood workforce. Primary professional development efforts include establishment of an early childhood knowledge base, development of a statewide practitioner registry, articulation of a provider Career Path, and implementation of related professional development training opportunities. These efforts will continue and be enhanced through the renewal grant.

<p>Knowledge base</p>	<p>The purpose of the Montana ECE Knowledge Base is to communicate what practitioners need to know, understand, and be able to do. It is intended to introduce individuals to the early childhood field, encourage providers to become reflective practitioners, facilitate development of individual professional development goals, and help leadership plan professional development experiences. The Knowledge Base is currently being revised to facilitate use by individuals across the career spectrum and to support higher education to plan and implement curricula. It will also incorporate NAEYC standards and include modules on trauma informed care and technology integration.</p>
<p>Practitioner registry</p>	<p>The statewide practitioner registry is intended to increase the number of high-quality ECE programs by helping to develop a skilled early childhood workforce. Data from the practitioner registry communicates important information about the early childhood workforce that can raise visibility, professionalism, and compensation for providers. Within the renewal grant, the practitioner registry will be enhanced to track the professional development of Part C FSSs, IECMHCs, and early childhood coaches. This work includes defining competencies and credentials and associated professional development to be tracked in the registry.</p>

	The state will analyze the option of further extending the infrastructure to support home visitors, child welfare social workers, direct service workers, and related professions.
Professional development content creation and approval	The needs assessment identified the opportunity to coordinate and make more efficient ECE professional development content creation, approval, and implementation, including increased professional development reciprocity across ECE programs. The assessment also noted that professional development could be more flexible to better fit provider education and training backgrounds. The state is working to centralize content and resources within the CCRR domain. Additionally, the state will work towards expanding opportunities for high-quality distance learning and intends to streamline cross-sector training acceptance and approval processes. The state will work closely with higher education to ensure alignment. The Quality Improvement Professional Development Specialist will also work to support a statewide registry of training among and across the early childhood system, resulting in reciprocity of professional development among child welfare, ECE, home visiting, Part C, etc.

5. *Increasing Availability of Qualified Providers*

Montana is committed to increasing ECE capacity by increasing the availability of qualified providers statewide, including in rural areas. In addition to enhanced coordination between child care licensing and CCDF quality programming through the new division (discussed in Activity 6, Subsection 3 and Activity 4, Subsection 2), DPHHS is collaborating with the Governor’s Education Advisor, the Governor’s Economic Development Office, the Department of Commerce, DLI, Zero to Five, and the Montana Cooperative Development Center to develop and implement strategies to support child care capacity as a fundamental infrastructure support for communities. The lack of child care capacity is an economic development impediment for communities of all size statewide. Collaboratively, the state will increase ECE capacity through the Family Forward Initiative, annual business summits, increasing business support for ECE providers, the piloting of a micro-center hub model, and the development of an ECE cooperative toolkit.

Family Forward	Montana launched its Family Forward Initiative in 2019, with the goal of collaboratively defining a strategy to develop commitment and investment in ECE from the business community. Partners involved in outlining the
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	<p>strategy and next steps for Family Forward include the local and state Chamber of Commerce, the U.S. Chamber of Commerce, the Federal Reserve Bank Helena branch of the Minneapolis Federal Reserve, Funders for Montana’s Children, DPHHS, Zero to Five Initiative, the Montana Office of the Governor, and the DLI. The state will continue to support the Family Forward Initiative within the renewal grant. Family Forward will engage employers in addressing early childhood issues through building multi-sector partnerships and promoting and supporting the adoption of family-friendly policies, including addressing ECE support needs in businesses. Family Forward will work with multiple stakeholders to understand and catalog creative models throughout Montana related to child care and will work to share best practices and connect businesses through cooperative opportunities.</p>
Business summit	<p>The state held the 2019 Child Care Solutions Summit with support from a National Governor’s Association grant. The target audience consisted of business and organization leaders from around the state who were seeking solutions, connections, and opportunities to act through local and statewide change. The state will support annual business summits to build on the momentum of the 2019 summit and promote increased business engagement in early childhood.</p>
Business support for ECE providers	<p>In addition to the many strategies throughout the grant that directly or indirectly support ECE providers, specific support for small family and group child care businesses is needed. The state will continue to support the Family Care Network Association as a valuable tool to support small ECE businesses. Small business support will also include shared service models/solutions, which may entail information technology/data support. The state has started researching shared service platforms and options through regional learning networks and the CCRR Network. This research will culminate in an analysis of shared services alternatives to guide state-level decision making.</p>
Micro-center network hub model	<p>The hub model concept is a micro-center network, which includes multiple, one-classroom ECE ‘centers’ located in other facilities such as public schools, hospitals, office buildings, or community centers, minimizing facility costs. Administrative services and provider supports are centralized. Montana will analyze this option for feasibility and interest alongside the ECE cooperative toolkit.</p>
ECE cooperative toolkit	<p>The Montana Cooperative Development Center (MCDC) completed an ECE cooperative feasibility study analyzing three models: employer-owned; parent-owned; and hybrid ECE cooperatives along with funding models to support rural development. MCDC is currently supporting an ECE cooperative pilot in one rural community, and with lessons learned from the pilot and the feasibility study will develop an online ECE cooperative template and toolkit for statewide use. The state will work collaboratively with MCDC through the renewal grant to support toolkit development, piloting, promotion, technical assistance, and maintenance. The state may</p>

	also work with MCDC to create additional ECE cooperative models – worker-owned ECE and ECE business cooperatives.
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6. Sharing Best Practices and Providing Professional Development for Infants/Toddlers and Children with Disabilities/Special Needs

The state is investing substantial resources to share best practices and provide professional development to meet the needs of infants and toddlers and to meaningfully include children with disabilities and special needs in ECE settings. IECMHC and Part C-ECE coordination described in Activity 4, Subsection 1 will support infants, toddlers, and children with disabilities through ECE professional development.

Specialized professional development content	In the needs assessment, providers across the state noted insufficient training in working with children with high needs, including developmental delays, mental health issues, and children in foster care who have attachment barriers. In response to this need, the state will create and implement specialized professional development focused on vulnerable populations including infants/toddlers and children/families with high or special needs. This new professional development content will be identified or created through the revamped, centralized process within the ECFS Division. Building off of momentum with the former Preschool Development Grant, in which training modules were developed in key domains specific to the state’s preschool standards, Montana will enhance the modules to guide and deepen the understanding of key early learning standards as they relate to the unique needs of young children, zero to five. The modules emphasize professional development strategies which can be used by those providing technical assistance, including coaches, consultants, and mentors. Professional development content areas will include cultural and implicit bias, homelessness, poverty, child and family services/foster care, special needs, infant and toddler, and social-emotional screening.
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7. Interdisciplinary Professional Development across ECE, Health, and Human Services

Montana’s needs assessment showed that some cross-sector training and capacity building efforts exist and are perceived positively. As the state continues to improve its ECE professional development system, it will focus on further increasing cross-sector professional development and skill alignment to support consistency in knowledge, language, and approach.

The state has developed a crosswalk to compare training between Head Start, STARS to Quality, and related quality ECE efforts in the state. The state will extend this crosswalk analysis across early childhood programs, including Part C, home visiting, ECE coaches, IECMHC, and child and family services social workers. The state will conduct this comparative analysis as it defines certifications and credentials and extends the practitioner registry to include associated professional development for these service providers. The Quality Improvement Professional Development Specialist will analyze commonalities and potential inefficiencies and determine whether and how professional development can be used more broadly.

The state will support at least one annual cross-sector professional development conference, which will include early learning and development, health, and social services providers who work with children and families across the social and economic determinants of health.

8. Early Elementary School Transition Professional Development

Transitions are challenging, including the transition into kindergarten and early elementary grades. By supporting the ECE workforce, ECE providers can then best support children and families through these important changes. In the renewal grant, the state collaboratively with local community coalitions focusing on school transitions, will develop professional development strategies to support the ECE workforce. Local coalitions will continue to partner with local education agencies to define kindergarten transition processes and guidelines. As this work progresses in the renewal grant, stakeholders will focus on developing comprehensive professional development supports for ECE providers to support transition process and guideline implementation. The family engagement workgroup will develop specific guidance focused on engaging children, families, and educators in the school transition process, which will be supported through ECE professional development.

The professional development work plan below summarizes tasks, lead, and timeframes.

Task	Lead	Start	End
Professional Development			
IECMHC			
1. Define method for defining/vetting IECMHC credentials	ECHWS	1/1/20	12/31/20
2. Extend practitioner registry to track IECMHC professional development	ECHWS	1/1/21	12/31/21
3. Define process for selecting and make selections for participating ECE programs	ECHWS	1/1/20	12/31/20
4. Recruit and train IECMH consultants with mental health providers using existing Zero to Three series	ECHWS	7/1/20	12/31/20
5. Recruit and train IECMHCs with consultation competencies curriculum	ECHWS	1/1/21	12/31/21
6. Provide technical assistance and reflective supervision to IECMHCs	ECHWS	7/1/20	12/31/22
7. Track outcomes and indicators, making adjustments based on data	ECHWS	7/1/20	12/31/22
Part C and ECE Coordination			
8. Define policies, processes, professional development, outcomes, and performance indicators to support increased coordination of Part C and ECE	Part C and CCDF managers	1/1/20	6/30/20
9. Hire and train additional Part C FSSs for pilot communities	Part C manager	7/1/20	9/30/20
10. Support continuous improvement process to increase child/family access and ECE capacity to serve children with developmental delays and disabilities, expanding statewide	Part C and CCDF managers	10/1/20	12/31/22
Cultural competency guidance			
11. Implement cultural competency curriculum and guidance along with professional development options across early childhood system, measuring impact through continuous improvement process	ECFS	1/1/20	12/31/22
STARS to Quality QRIS			
12. Assess and Evaluate STARS to Quality to define strategies to increase participation	ECFS	1/1/20	12/31/20
13. Promote QRIS financial incentives	ECFS	1/1/20	6/30/21
14. Analyze impact of incentives and QRIS modifications on QRIS participation and ECE participant quality level	ECFS	1/1/20	12/31/21
Coaching			
15. Continue to review and refine coaching competencies through professional standard and competency processes	ECFS, ECP, MSU	1/1/20	12/31/22
16. Implement Practice Based Coaching Model to fidelity through continuous improvement process	ECFS	1/1/20	12/31/22
17. Develop policies and processes to ensure collaboration between coaches, IEMHCs, and Part C FSSs	ECFS	1/1/20	12/31/20
Continued professional development for home-based ECE providers			

Task	Lead	Start	End
18. Continue to invest in regional learning networks for home-based child care providers	CCRR Network	1/1/20	12/31/22
19. Support statewide opportunities for home-based child care providers to meet	CCRR Network	1/1/20	12/31/22
20. Evaluate and continuously improve non-STARS professional development	QIPDS	7/1/21	12/31/22
Apprenticeships and pre-apprenticeships			
21. Analyze apprenticeship and pre-apprenticeship outcomes and national best practices to inform continuous improvement/expansion work	ECP	1/20/20	6/30/20
22. Hire Special Projects Coordinator to support apprenticeship and pre-apprenticeship programs	ECP	1/1/20	7/31/20
23. Select regional representatives to work with high school Family Consumer Science classes	ECP	8/1/20	12/31/20
24. Select pre-apprentice participants	ECP	1/1/21	6/30/22
25. Implement pre-apprenticeship program, including annual conference	ECP	1/1/21	12/31/22
26. Invest in pre-apprenticeship incentives/stipends	ECP	1/1/21	12/31/22
Knowledge Base			
27. Complete Knowledge Base revision	ECP, MSU, ECFS	1/1/20	12/31/22
Practitioner registry			
28. Add Part C competencies, certifications, and professional development to practitioner registry	ECP, MSU, ECFS	1/1/20	6/30/20
29. Define IECMHC competencies, certifications, and professional development, possibly through association	ECFS, ECP	1/1/20	12/31/20
30. Add IECMHC competencies, certifications, and professional development to practitioner registry	ECFS, ECP	1/1/21	6/30/21
31. Enhance practitioner registry with coaching competencies/certification	ECFS, ECP	1/1/21	6/30/21
32. Determine next steps for practitioner registry enhancement, including home visiting and child welfare	ECFS, ECP	7/1/21	12/31/21
Professional development content creation and approval			
33. Centralize professional development content creation for CCRRs	ECFS	1/1/20	12/31/22
34. Redesign professional development approval processes to be more inclusive of cross-sector options and reduce duplication	ECFS	1/1/20	12/31/20
Family Forward initiative			
35. Establish Family Forward advisory group	Zero to Five	1/1/20	4/30/20
36. Build and maintain employer relationships and multi-sector partnerships	ZtF	1/1/20	12/31/22
37. Promote and support the adoption of family-friendly policies by businesses	ZtF	1/1/20	12/31/22

Task	Lead	Start	End
38. Understand and catalog creative models of business support for ECE	ZtF	1/1/20	12/31/22
Business summit			
39. Host annual business summits	ZtF, ECFS	1/1/20	12/31/22
Business support for ECE providers			
40. Analyze shared service alternatives and select statewide approach	ECFS	1/1/20	6/30/20
41. Implement initial shared services approach, provide technical support, and evaluate outcomes through continuous improvement process	ECFS	7/1/20	6/30/21
42. Determine whether to pursue additional or alternate shared service options based on outcomes, and implement	ECFS	7/1/21	12/31/21
43. Continue to support and promote shared services, with focus on rural home-based child care providers	ECFS	1/1/22	12/31/22
Hub model			
44. Research hub model strategies and approach	ECFS	1/1/20	12/31/20
45. Determine feasibility and interest in a pilot hub model, using continuous improvement process	ECFS	1/1/21	12/31/22
ECE cooperative toolkit			
46. Develop cooperative template and toolkit and pilot online toolkit	MCDC	1/1/20	12/31/20
47. Evaluate impact of ECE rural cooperatives on ECE capacity; maintain and update template and toolkit with lessons learned	MCDC	1/1/21	12/31/22
48. Determine whether to develop worker owned ECE and ECE business cooperative options	ECFS, MCDC	1/1/22	6/30/22
Specialized professional development content			
49. Create and implement specialized professional development focused on vulnerable populations based on provider input regarding need	QIPDS	1/1/20	12/31/22
Cross-sector professional development			
50. Crosswalk Part C, IECMHC, coaching, home visiting, and child welfare provider professional development and identify opportunities for sharing/collaboration	QIPDS	1/1/20	12/31/22
51. Plan and implement at least one annual cross-sector early childhood professional development conference annually	QIPDS	1/1/20	12/31/22
Transition to early elementary professional development for ECE providers			
52. Develop comprehensive professional development supports for ECE providers to support transition process and guideline implementation	Early Education Specialist	1/1/22	12/31/22
<i>Deliverables/Milestones: IECMHC credentials defined; IECMHC included in practitioner registry; Part C-ECE infrastructure defined; QRIS assessment complete; PD approval processes redesigned; annual business summit held; Shared services approach implemented; ECE cooperative toolkit pilot launched; Part C-ECE PD crosswalked; IECMHC-EC PD crosswalked;</i>			

Task	Lead	Start	End
<i>Home-visiting-EC PD crosswalked; Child welfare-EC PD cross-walked; Annual cross-sector PD conference held; Kindergarten transition PD developed</i>			

Activity Five: Improving Overall Quality and Service Integration, Expanding Access, and Developing New Programs

Montana’s early childhood needs assessment showed that the state has an overall shortage of ECE to meet demand. The state’s licensed ECE capacity serves 44% of children ages 0-5 with all parents/caregivers in the workforce. Capacity/access problems are worse for specific subpopulations and regions, including infants and toddlers, rural communities, tribal communities, poorer communities, families with children with special needs (physical health and disability, mental health, developmental delays and disability), and families with irregular work hours. Access to high quality ECE is even more limited, with one third of licensed of providers participating in the state’s QRIS, STARS to Quality.

Strategies within Activity 5 are focused on directly increasing ECE program capacity and quality as well as increasing the strength of the early childhood system, which, by extension supports capacity and quality in ECE.

1. Direct Support to ECE Programs

The state proposes to increase access to quality ECE options for all families, with a focus on identified underserved families, children, and regions through several grant options intended to increase capacity. We are primarily adding resources to proven strategies that have successfully increased ECE capacity and quality. The Part C collaboration stipend (described in Activity 4, Subsection 1) and EHS-CC Partnership model expansion (described in table below) are the exceptions, as new concepts being analyzed/tested in this grant. The table below discusses details of the financial supports we are including in the renewal grant to increase capacity and quality. All of these support options are one-year in duration.

Type	Target Poplns	Notes
Start up	Infants-toddlers, special needs, rural	Start-up grants used through CCDF will be expanded to support additional new ECE providers, with a focus on infant-toddler, special needs, and rural capacity.
Expansion	Infants-toddlers, Special needs	Expansion grants will allow ECE providers to invest in expanding capacity and addressing facility needs, including modifications to support children with special needs.
Emergency	Infants-toddlers, Special needs	Emergency grants are similar to expansion grants and can be used to address damage or other infrastructure needs to ensure licensing compliance.
Non-traditional hour care	Families with non-traditional hours	As a result of the systems work, through CCDF, Montana has put in place increased reimbursement for non-traditional hour care.
Part C collaboration stipend	Infants-toddlers, Special needs	Providers agreeing to work collaboratively with Part C to support children with developmental delays or disabilities will receive a stipend, with half paid at the beginning and half at the end of the engagement.
EHS-CC Partnership Model	Infants-toddlers	Montana will extend Early Head Start-Child Care Partnerships model by providing a stipend to licensed ECE providers to adopt the Early Head Start model and to EHS providers who will mentor and support ECE providers as they move toward the EHS model of high-quality infant-toddler care.
STARS to Quality incentives	All	STARS to Quality incentives provide additional reimbursement to ECE providers who choose to participate in the QRIS and/or increase their quality level.
Copay assistance	Infants-toddlers, special needs, rural	Montana will pay a higher percentage of families' co-pays to support their ability to access licensed ECE.

These efforts align with the strategic plan objectives outlined in the table below. The state will analyze indicator data to assess whether proposed activities are achieving the objectives. Indicators include: overall licensed ECE capacity; ECE capacity for infants and toddler; number and percentage of licensed ECE providers accepting Best Beginnings scholarships; ECE capacity in rural regions; ECE capacity in non-traditional hour care; Part C utilization; IECMHC utilization; QRIS participation and level; capacity of high quality ECE providers; and provider satisfaction with QRIS.

Objectives	Actions and Deliverables
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1.1 Increase ECE provider capacity statewide, with specific focus on underserved cohorts and regions	<ul style="list-style-type: none"> • Start up, expansion, and emergency grants • Non-traditional hour care increased reimbursement • Part C collaboration stipend • Early Head Start-Child Care Partnership model • Hub model • Copay assistance
1.3 Increase number of licensed providers	<ul style="list-style-type: none"> • Start up, expansion, and emergency grants
1.4 Continue to improve STARS to Quality QRIS infrastructure and increase provider participation	<ul style="list-style-type: none"> • STARS to Quality incentives
1.5 Increase access to and quality of facilities for ECE providers	<ul style="list-style-type: none"> • Start up, expansion, and emergency grants • STARS to Quality incentives

2. Activities that Indirectly Enhance EC Systems and Infrastructure

Montana is committed to continuing and enhancing its support of its local early childhood coalitions as a key mechanism for supporting strong local early childhood systems statewide. These local coalitions are the backbone of community-level, collaborative, cross-sector early childhood work.

Local Early Childhood Coalitions. Local coalitions serve a range of essential functions in Montana’s early childhood system. In Montana, the community coalition structure has been used to preserve the value of local control, to efficiently allocate centralized grant dollars, and to enhance cross sector collaboration and engagement. DPHHS initially invested in 21 local early childhood coalitions in 2011 and has continued to support their work since their inception. The 2019 needs assessment and strategic plan highlighted the need to continue to invest in local coalitions, which are the primary mechanism for developing and maintaining local relationships required to systemically support children and families. These local coalitions include cross-sector representatives of the early childhood system and are the local counterpart to the statewide advisory council.

The state will continue its support of the 21 local coalitions through the renewal grant. The state will provide operational funding to support a coalition coordinator and family engagement coordination across the three year grant timeframe, as well as provide ongoing technical assistance through a dedicated DPHHS staff member. Coalitions will be required to fully integrate primary care health providers, business community members, and Part C providers to support increased cross-sector collaboration.

Local coalition work is associated with many of the objectives in the state’s early childhood strategic plan. The table below outlines objectives and associated actions or deliverables for the local coalitions.

Objectives	Actions and Deliverables
3.2 Improve system navigation and coordination of early childhood services and supports	<ul style="list-style-type: none"> • Develop and maintain relationships with local/regional early childhood providers to support increased information sharing and coordination to in turn support improved family navigation and access • Support expanded Child Find screening pilots
3.3 Improve transitions to kindergarten for children, families, and educators	<ul style="list-style-type: none"> • Develop and maintain relationships with ECE providers and LEA stakeholders • Collaboratively support local kindergarten transition process and guidance development • Support expanded Child Find screening pilots
4.1 Increase family awareness of early childhood learning, development, and health	<ul style="list-style-type: none"> • Become knowledgeable about resources provided through parentingmontana.org and virtual one-stop-shop and ensure parent and cross-sector provider awareness and use of these resources • Increase developmental screening rates • Support expanded Child Find screening pilots
4.2 Enhance and extend family engagement throughout early childhood system	<ul style="list-style-type: none"> • Support implementation of the family engagement framework across early childhood sectors • Solicit feedback about the family engagement framework to support continuous improvement process • Support expanded Child Find screening pilots
5.1 Increase public understanding of and commitment to early childhood	<ul style="list-style-type: none"> • Work with local partners to use shared messaging on early childhood • Support Family Forward Montana initiative through local business engagement

	<ul style="list-style-type: none"> • Work with local partners to progress policy and funding priorities
6.1 Enhance early childhood system governance structure	<ul style="list-style-type: none"> • Analyze local coalition landscape and identify opportunities to consolidate or coordinate • Communicate and share data regularly with state program administrators to support coordination and alignment

Child care licensing. Discussed in detail within Activity 6, Subsection 3, Governance Structure, DPHHS is forming a new division, which, among other things, will consolidate Child Care Licensing with CCDF. This consolidation provides an opportunity to analyze and improve how the state supports ECE providers from the moment they express interest in becoming a provider and throughout their journey to high quality. In this work, the state will explore:

- Avenues to bridge health and safety criteria across tribal, state, and Head Start expectations.
- Additional licensing pathways (by age group and type of care) for unlicensed facilities/providers (Head Start, Montessori, out-of-school time programs, etc.), ensuring enough checks and balances to ensure state standards are met.

To support greater alignment and process related to how the state supports early childhood programs, a Quality Improvement Professional Development Specialist will be tasked with a specific work plan focused on improvement strategies, quality assurance strategies, and professional development implementation. The state will work closely with mixed delivery ECE providers to evaluate the impact of changes through a continuous improvement process.

Child Care Licensing improvement efforts are associated with two of the objectives in the state’s early childhood strategic plan. The table below outlines objectives and associated actions or deliverables for the local coalitions.

Objectives	Actions and Deliverables
1.3 Increase number of licensed providers	<ul style="list-style-type: none"> • Bridging health and safety criteria across ECE funding sources • Implementing additional licensing pathways

	<ul style="list-style-type: none"> • Improve communication between licensing, CCDF, and ECE providers
1.5 Increase access to and quality of facilities for ECE providers	<ul style="list-style-type: none"> • Bridging health and safety criteria across ECE funding sources • Analyze approaches to making state and tribal licensing reciprocal

The quality, service integration, and access improvement work plan below summarizes tasks, lead responsible party, and timeframes.

Task	Lead	Start	End
1. Oversee expansion of start up, expansion, and emergency grants	Grant mgr	1/1/20	12/31/22
2. Oversee increase in non-traditional hour care reimbursement	CCDF Manager	1/1/20	12/31/22
3. Oversee implementation of Part C collaboration stipend	Grant mgr	1/1/20	12/31/22
4. Oversee expansion of EHS-CC Partnership models	Grant mgr	1/1/20	12/31/22
5. Oversee implementation of STARS to Quality modifications and incentives	CCDF Manager	1/1/20	12/31/22
6. Oversee co-pay assistance implementation	CCDF Manager	1/1/20	12/31/22
7. Develop and maintain relationships with local/regional early childhood cross-sector providers	FEM	1/1/20	12/31/22
8. Collaboratively support local kindergarten transition process and guidance development	FEM	1/1/20	12/31/22
9. Become knowledgeable about resources provided through parentingmontana.org and virtual one-stop-shop and ensure parent and cross-sector provider awareness and use of these resources	FEM	1/1/20	12/31/22
10. Support implementation of the family engagement framework across early childhood sectors	FEM	1/1/21	12/31/22
11. Support Family Forward Montana initiative through local business engagement	FEM	1/1/20	12/31/22
12. Support expanded Child Find screening pilots	FEM	1/1/20	12/31/22
13. Work with local partners to progress policy and funding priorities	FEM	1/1/20	12/31/22
14. Analyze local coalition landscape and identify opportunities to consolidate or coordinate	FEM	1/1/21	12/31/20

Task	Lead	Start	End
15. Communicate and share data regularly with state program administrators to support coordination and alignment	FEM	1/1/20	12/31/22
Child care licensing			
16. Explore avenues to bridge health and safety criteria across tribal, state, and Head Start expectations	QIPDS	1/1/20	6/30/21
17. Define communication/information sharing enhancements between licensing, ECE providers, and CCDF quality program administrators and contractors	QIPDS	1/1/20	6/30/21
18. Explore potential, additional licensing pathways (by age group and type of care) for unlicensed facilities/providers, ensuring checks and balanced	QIPDS, ECFS	1/1/20	12/31/22
19. Implement policy, process, and professional development changes through continuous improvement process	QIPDS	7/1/21	12/31/22
<i>Deliverables/Milestones: Direct support financial supports/assistance implemented; Local coalition work plans complete; Trained on parentingmontana.org use; Kindergarten transition guidance created; Quarterly reporting on performance indicators complete; Licensing health and safety criteria bridging decisions made; Licensing pathways decisions made; Licensing communication/information-sharing decisions made; Licensing pathways defined</i>			

Bonus Points

Coordinated Application, Eligibility, and Enrollment

Within this renewal grant, the state is increasing eligibility and enrollment coordination through multiple initiatives, discussed in detail in other application sections and summarized in the table below.

Grant Initiative	Summary
Unique Identifiers (Activity 6, Subsection 7)	The state is providing unique identifiers to all children, using health, human services, and early education services in the state through this grant. This work will occur in phases; long term goals include eligibility workers and family engagement specialists can engage families with a broader view of the services and supports currently and previously used.
Child Find Screening Extension (Activity 3, Subsection 3)	DPHHS and OPI are collaboratively piloting an extension of Child Find screenings. These pilots will serve as a single point of entry for children and families across a range of needs, including into Part C, Part B, ECE, health, and family support services. Pilots will provide screening, assessment, referral, connection to services, and family engagement services and supports.
CCRR Family Engagement Specialists	CCRR family engagement specialists will use the SDOH framework from the Montana Family Bridge Model to screen and refer, so families can seek support related to food, housing, safety, transportation, physical and

(Activity 3, Subsection 6)	behavioral health, child care, , social supports, legal needs, education, training, work experience, income, and financial knowledge and skills services and supports.
Mobile Resource Center (Activity 3, Subsection 6)	The state will pilot the implementation of a mobile resource center in underserved areas and with underserved and vulnerable populations, including health, nutrition, developmental, and family engagement services and supports.

Infant/Toddler Emphasis

A considerable amount of the renewal grant work is focused on building the state’s capacity to serve infants and toddlers in high quality ECE across the mixed delivery system. The table below summarizes infant/toddler-focused efforts in the renewal grant.

Grant Initiative	Summary
IECMHC (Activity 4, Subsection 1)	The state is building out the IECMHC infrastructure in terms of adding IECHMHC to the QRIS and defining credentials, certifications, and professional development, and adding it to the practitioner registry. The state is also expanding IECMHC to support more ECE providers.
Part C – ECE coordination (Activity 4, Subsection 1)	The state is investing additional resources into Part C services to coordinate the provision of Part C with ECE providers. FSSs will use their coaching model to enhance the ability of ECE providers to educate and support infants and toddlers with developmental delays and disabilities.
Specialized PD content (Activity 4, Subsection 6)	The state is developing specialized professional development to support provider skill building in areas of need, including infant-toddler care.
Child Find Screening Enhancement (Activity 3, Subsection 3)	The state is piloting an extension of child find screening, with a focus on identifying and connecting to services infants and toddlers with developmental delays and disabilities.
First Years Initiative Expansion (Activity 3, Subsection 2)	The state is increasing its investment in the First Years Initiative to provide targeted resources, education, and services through evidence-based home visiting frameworks for pregnant women and families with young children involved in the child welfare system.
Infant-Toddler Capacity Building Investments (Activity 5, Subsection 1)	The state is providing grant options to existing and prospective ECE providers to encourage more, high-quality care for infants and toddlers, including: <ul style="list-style-type: none"> • Start up, expansion, and emergency grants • Part C collaboration stipend • Early Head Start-Child Care Partnership model extension

Family Financial Assistance (Activity 5, Subsection 1)	The state is providing additional copay assistance to families with infants and toddlers to support their ability to access licensed ECE.
ECE business supports (Activity 4, Subsection 5)	Shared service models/solutions will be implemented to support home-based child care providers, with the goal of increasing infant-toddler capacity. This includes continued support for the Family Care Network Association as a valuable tool to support small ECE businesses

In addition to the initiatives outlined above, the state has created a new infant-toddler specialist position for the ECFS division. This person will be hired through the grant and will oversee all of the infant and toddler efforts within the renewal grant project scope.

Collaborative Transition and Alignment from Birth to the Early Grades

Montana is committed to working collaboratively across early learning and development, public education, health, and social services providers to effectively support children and their families. Within this renewal grant, the state will continue to develop kindergarten transition guidelines and policies at the local level, as well as implement a pilot project expanding child find screening, which is discussed in Activity 3, Subsection 3. We view this Child Find screening extension pilot project as supporting improved transitions for participating children and families, which will inform local-level work to improve kindergarten transition processes and guidelines.

Kindergarten Transition. Within the planning year grant, local coalitions have been partnering with local education agencies to understand kindergarten transition processes and guidelines. The state wants to continue and deepen this work in the renewal grant. In collaboration with partners, the state would like to evaluate kindergarten transition methodologies across the state and nation, with a focus on supporting transitions for vulnerable (including rural) and underserved children. Using this research and local expertise, the state will support pilots of kindergarten transition methodologies in local collaborations between

community coalitions and local education agencies. Pilot evaluations will inform continued statewide dialog and decision-making regarding how to best support kindergarten transitions.

The collaborative transition and alignment for birth through early grades work plan below summarizes tasks, lead party responsible, and timeframes.

Task	Lead	Start	End
Collaborative Transition and Alignment Birth through Early Grades			
Kindergarten Transition			
1. Conduct in depth research on kindergarten transition best practices within the state and nationally	DPHHS, OPI	1/1/20	9/30/20
2. Define local kindergarten transition pilot parameters	OPI, LEAs, Local ECCs	10/1/20	2/28/21
3. Implement local kindergarten transition pilots and evaluate results	OPI, LEAs, Local ECCs	3/1/21	12/31/21
4. Engage in broader discussions about impact of pilots and possible state-level implications	DPHHS, OPI	1/1/22	12/31/22
<i>Deliverables/Milestones: Kindergarten transition research complete; Kindergarten transition pilot results evaluated</i>			

Activity Six: Monitoring, Evaluation, and Data Use for Continuous Improvement

Montana is in the process of transforming the way it collects, manages, and uses data to better support individual and system level outcomes. The data work included in this renewal grant application will be instrumental in the state’s ability to integrate a holistic approach to data use for children and families.

Data Integration, Management, and Data Use

Most of the topics included in this subsection are envisioned, in the planning process, or are operational for a subset of data systems.

1. Integrated Data System Development Progress

The state is in between the planning process and being already operational in terms of developing an integrated data system to provide information that can be used to improve the early childhood mixed delivery system and strengthen the early childhood system as a whole.

Health-related data have already been integrated into the Montana Program for Automating and Transforming Healthcare (MPATH) infrastructure, which will include up to 12 modular data management systems. Modules underway or implemented include a systems integrator with common client and provider indices, a data warehouse, data analytics, and population health. Data analytics capacity is provided by existing analytics software and cloud-based processing, which allows for many different users across DPHHS to access information in both standard reports as well as using advanced analytics. State leadership has decided to extend the MPATH infrastructure to include broader early childhood data to better understand child and family outcomes and the impact of interventions. Additionally, the needs assessment demonstrated how central the health sector is in the early childhood system. Per survey data, over 80% of Montana families interact with healthcare, compared to two-thirds interacting with early learning and development and less than half with other social/family support services. The state has committed to collecting and analyzing health and foster care data within MPATH. CCDF data from the state's CCUBS (Child Care Under the Big Sky System) will be integrated in the data warehouse and data analytics by February 2020.

Montana has a State Longitudinal Data System (SLDS) grant through OPI, the state's education agency. OPI and DPHHS are in early discussions about how to increase collaboration between the SLDS and MPATH. The renewal grant will provide an opportunity to include additional early childhood system program data and will analyze feasibility of connecting early childhood data in MPATH to educational data in the SLDS while ensuring privacy and confidentiality requirements are met through FERPA and HIPAA.

2. Data Element Collection and Usage

The table below outlines the extent to which data elements from specific programs are or will be collected as part of Montana's integrated early childhood data systems.

Programs	Data Elements and Integration
Child Care	Child care data from the state's child care eligibility, payment, and compliance system, which includes child, family, and provider data elements, will be ingested and integrated with the data warehouse and data analytics by the end of the 2019 PDG B-5 planning year. Practitioner registry and QRIS data are interfaced in the child care eligibility, payment, and compliance system, and will be integrated within the renewal grant scope in 2021. Child care licensing data will be integrated within the renewal grant scope.
IDEA Part C	Part C data will be integrated by June 2020.
Head Start and Early Head Start	Head Start data will be ingested and integrated with the data warehouse and data analytics by December 2020.
State Pre-K	Montana does not have a state pre-kindergarten program.
IDEA Part B, Section 619	Montana's IDEA Part B, Section 619 program is a part of the Office of Public Instruction (OPI). These data are incorporated in OPI's data systems. The state will work with OPI in the renewal grant to determine how to best integrate these data to have a holistic understanding of young children. These data are particularly important to the state as we seek to improve transitions between IDEA Parts C and B and into public school settings.
Public Primary Education K-3	OPI houses public primary education data in its data systems. The state will work with OPI in the renewal grant to determine how to best integrate these data with MPATH so we can have a longitudinal understanding of the impact of early childhood investments on longer term outcomes including third grade reading and graduation rates.
Medicaid	The MPATH infrastructure already includes: member eligibility information; Medicaid and CHIP medical claim information; immunization information for children receiving Medicaid or CHIP; developmental disabilities waiver client information; and Medicaid/CHIP provider information
Child Welfare	The MPATH infrastructure includes information for children and providers in the foster care system housed in the state's ROM system.
MIECHV Home Visiting	These data are planned to be integrated in the MPATH infrastructure within the PDG B-5 renewal grant by December 2020.
CSHS	Children's Special Health Services data are planned to be integrated in the MPATH infrastructure within the PDG B-5 renewal grant. This will include Parent Partner program data by December 2020
SNAP	Supplemental Nutrition Assistance Program (SNAP) data will be integrated in the MPATH infrastructure by December 2020.
TANF	Temporary Assistance for Needy Families (TANF) data will be integrated in the MPATH infrastructure by December 2020.
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children are planned to be integrated in the MPATH infrastructure by December 2020.

Programs	Data Elements and Integration
CACFP	Child and Adult Care Food Program data will be integrated in the MPATH infrastructure within the PDG B-5 renewal grant by December 2020
Vital Records	Vital records data will be integrated in the MPATH infrastructure in 2020.
Family Education and Support (FES) Program	Data from the FES program, which is funded by Title XX block grant funds for children with developmental delays or disabilities between the ages of 3 to 21, will be integrated in the MPATH infrastructure by December 2020.

3. Data Linking

Data linking is in the planning/early implementation phase, with some ECE data slated to be linked to health data by the end of the planning grant year. Additional data are planned to be linked through the renewal grant. Linking health data to other early childhood system data was the motivation for extending the MPATH infrastructure. These linked data across early childhood sectors and the associated data analytics and reporting will allow policy makers and program managers to use data to inform decision-making. The state will be able to better understand what works and why, and use the growing evidence base to better serve children and families, more efficiently manage programs, and be better stewards of public dollars. To do this effectively, Montana is planning to modernize its child care eligibility, payment, and compliance system so it can more easily work within the state’s enterprise architecture through the renewal grant. The legacy Oracle Forms is being migrated to the more modern JAVA programming language to allow for greater flexibility with web services and data sharing. This modernization will allow the child care system to leverage the common client index and common provider index as part of the platform within the enterprise service bus and improved business logic in the system.

4. State or Local Community Data Collection and Use

Data collection and use vary across the early childhood system.

Professional Development	The state has a practitioner registry, which is currently used by ECE providers, QRIS stakeholders including coaches and consultants, higher
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<i>(Operational, Planning Process, and Envisioned)</i>	education stakeholders, and DPHHS program managers. It is being enhanced for use by IDEA Part C. Within the renewal grant, the state will explore broader registry use across the early childhood system, including with IECMH consultants and MIECHV home visitors.
Access to Quality <i>(Planning Process)</i>	The state is determining how to design and implement a virtual one-stop-shop within the first year of the PDG B-5 grant, which is described in detail within Activity 3, Family Engagement. This enhanced platform will support improved information sharing and use for families and other stakeholders. The current licensing website is used by families and ECE providers. The state anticipates broader use of an enhanced, virtual one-stop-shop, including policymakers, researchers, business leaders, and local government leaders. The virtual one-stop-shop will allow users to interact and pull data based on set parameters to assist with referrals, information sharing about licensed providers, online services for providers and parents including applications and updates, in addition to serving as a common data dashboard to provide the public with accurate and valuable information about the early childhood system.
Transition Practices <i>(Envisioned)</i>	The state is researching and piloting transition processes through this renewal grant. We envision using what we learn to define how data systems will support families, providers, and program administrators. Specific areas of focus include work related to screening registry development and utilization of the MPATH data warehouse.
Kindergarten Readiness <i>(Local: Envisioned; Statewide: Not Yet Planned)</i>	Montana does not have a statewide kindergarten readiness assessment. At the local level, kindergarten readiness data sometimes is shared between ECE and kindergarten educators. What the data and data sharing processes look like differ across the state. The renewal grant will work to improve kindergarten readiness measurement and data sharing.

5. Data Literacy Assessment

Data literacy assessment work is both already operational and in the planning process. The state is developing shared early childhood population-level indicators and system performance measures in collaboration with key data users across early childhood sectors. This process includes the assessment of data literacy of key data users. It is clear that it falls on the state to share data in a way that supports consistent understanding of the data and the story behind it, especially as we broaden the purview of what the early childhood system is.

The data analytics, including statistical modeling and other advanced analytic functions, associated with the MPATH warehouse are implemented for consistent use. Advanced analytics are available to a subset of stewards within DPHHS, who are highly trained in data analysis and reporting. Data presented through the virtual one-stop-shop will also be consistent, supporting a common understanding of the state's early childhood system.

6. Data Governance

Data governance work is either in the planning process or operational. Some security components are envisioned. The state is currently developing an enterprise data management plan and implementation strategy. The implementation strategy will be executed in the renewal grant period.

Data sharing agreements, from a covered entity standpoint, are consistent across DPHHS and govern our data sharing agreements through the creation of HIPPA required data use agreements or Business Associate Agreements as appropriate. The functional sharing of data including building of services and deciding on files, are included in the enterprise data management plan.

Data systems participating in MPATH align with privacy and confidentiality standards. The data warehouse supports a granular level of security, which allows for role-based data sharing, with multiple different internal and external entities able to access only the data and data models they are allowed to see. The role-based security ensures privacy and confidentiality in data sharing.

7. Unique Identifiers

Unique identifier work is already operational for some data sets, and in the planning phases for others. Montana is implementing unique identifiers for children, families, and providers in stages. Data already in the MPATH infrastructure and Mast Data Management module

(Medicaid, CHIP, subset of child welfare) are currently using the common client index (CCI) and common provider index (CPI) to assign unique identifiers to clients and providers.

Data being newly ingested in the data warehouse within the planning grant year (Child Care) will be matched to or assigned a unique client or provider indicator through the CCI or CPI. Child care system modernization will improve this process, matching clients and providers with the CCI/CPI upon entry. This will support the long term goal of allowing eligibility workers and family engagement specialists to engage families at the beginning with a broader view of the services and supports currently and previously used.

The understanding of client services and supports used will increase as new data systems are added to the MPATH data warehouse within the renewal grant, including Head Start, IDEA Part C, MIECHV home visiting, CSHS, SNAP, TANF, WIC, CACFP, FES, and Vital Records.

8. Unduplicated Count of Children

Having an unduplicated count of children participating in ECE is in the planning phase. Once the initial phase of Child Care ingestion into the data warehouse occurs, the state will be able to calculate the unduplicated count of children using licensed ECE. Licensing exceptions in Montana mean that gaps in knowledge will persist. Statutory licensing exemptions exist for preschools, out-of-school time providers, and drop-in centers. Additionally, licensing reciprocity does not exist between state, tribal, and Head Start ECE. The state is committed to increasing licensing participation and mutual recognition through work defined in the early childhood strategic plan. As licensing participation increases, the distinct, unduplicated count of children will be more accurate. Beyond ECE, the state will have an enhanced capacity to calculate the unduplicated count of children and families using health and human services, allowing the state to understand more about families, their cross-program and cross-sector service and support usage, and, eventually, the impact of these interventions on their outcomes.

Monitoring, Evaluation, and Continuous Improvement

The project includes an intentional evaluation framework to assess program processes, implementation, and emerging outcomes. The state will continue to rely on the Strengthening Montana's Early Childhood System project logic model with the renewal grant project, which identifies program goals, strategies, outcomes and performance measures, to guide the evaluation activities. Ongoing data collection and analysis will inform program learning and implementation.

1. Accountability Tools and Methods

DPHHS has been shifting its culture and its tools to supporting a data-based decision-making organization, looking at data regularly to understand systemically what is working and where adjustments are needed. Montana has made and will continue to make progress in implementing early childhood system performance measures and population level indicators, which are shared across the state and local levels. Shared measures allow for a common definition of progress and success. As the state extends its MPATH data infrastructure to include more cross-sector early childhood data, reports and forms will be built to regularly and automatically calculate performance measures. Data will be available to program administrators through reports and real-time dashboards. The new Early Childhood and Family Support Division's team of data analysts will be responsible for analyzing cross-sector performance indicator data. Contracts issued through the grant will be tied to system performance measures and include reporting requirements.

The state already takes advantage of technical assistance through the CCDF block grant support system as well as through NGA as appropriate and other national support systems. For example, to assist with the STARS to Quality evaluation and improvements, Montana reached out to BUILD to assist with that work. Additionally, Montana appreciates the strong

relationships held with other states in the region and has engaged in peer to peer networking as well. Montana agrees to participate in federal technical assistance activities for this grant and other related grants within the early childhood system.

2. Areas of Fragmentation or Overlap

Montana’s early childhood needs assessment addresses areas of fragmentation and overlap in detail. The strategic plan and the renewal grant work plan include detailed plans to address them. The table below summarizes these issues and the state’s plans to address them.

Sustainability is discussed in the sustainability section below.

Area of Need	Plans to Address
Sufficient supply of ECE providers to meet demand.	<ul style="list-style-type: none"> • Capacity building efforts (Activity 5, Subsection 1) • Enhanced business supports, with focus on home-based child care providers (Activity 4, Subsection 5) • Marketing campaign (Activity 3, Subsection 5) • Child care licensing improvements (Activity 5, Subsection 2)
Access issues for infants/toddlers	<ul style="list-style-type: none"> • IECMHC expansion (Activity 4, Subsection 1) • Capacity building efforts (Activity 5, Subsection 1) • Enhanced business supports, with focus on home-based child care providers (Activity 4, Subsection 5) • Specialized professional development content (Activity 4, Subsection 6) • Co-pay support (Activity 5, Subsection 1) • Start up, expansion, and emergency grant investment (Activity 5, Subsection 1) • EHS-CC Partnership model expansion (Activity 5, Subsection 1) • Mobile resource center (Activity 3, Subsection 6)
Access issues for children with developmental delays and disabilities	<ul style="list-style-type: none"> • IECMHC expansion (Activity 4, Subsection 1) • Part C – ECE coordination (Activity 4, Subsection 1) • Developmental screening (Activity 3, Subsection 3) • Family awareness and engagement around disability (Activity 3, Subsection 3) • Child Find screening expansion (Activity 3, Subsection 3) • Parent Partner program expansion (Activity 3, Subsection 2) • Capacity building efforts (Activity 5, Subsection 1) • Specialized professional development content (Activity 4, Subsection 6) • Mobile resource center (Activity 3, Subsection 6)
Cross-sector workforce support needs	<ul style="list-style-type: none"> • Enhanced professional development (Activity 4, Subsections 1 – 8)

Coordination and navigation needs	<ul style="list-style-type: none"> • Family engagement specialists (Activity 3, Subsection 6) • Parent Partner program expansion (Activity 3, Subsection 2) • Home visiting continuum (Activity 3, Subsection 2) • First Years Initiative expansion (Activity 3, Subsection 2) • Developmental screening (Activity 3, Subsection 3) • Child Find screening expansion (Activity 3, Subsection 3) • Local coalition support (Activity 5, Subsection 2) • Transition to elementary school PD (Activity 4, Subsection 8) • Kindergarten transition (Bonus Activity 3) • Data integration, management, and data use (Activity 6, Subsection 1) • Mobile resource center (Activity 3, Subsection 6)
Enhanced family engagement	<ul style="list-style-type: none"> • Maximizing parent and family knowledge, choice, and engagement in their child’s early learning and development (Activity 3, Subsections 1 – 7) • IECMHC expansion (Activity 4, Subsection 1) • Part C – ECE coordination (Activity 4, Subsection 1) • Specialized professional development content (Activity 4, Subsection 6) • Child Find screening expansion (Activity 3, Subsection 3) • HSA family engagement modules (Activity 3, Subsection 7)
Improved governance structure	<ul style="list-style-type: none"> • Implementation of Early Childhood and Family Support Division (Activity 6, Subsection 3) • Data integration, management, and data use (Activity 6, Subsection 1)

3. Program Performance Evaluation Plan Approach and Timeline

The state is working on its program performance evaluation (PPE) plan in collaboration with an evaluation contractor and plans to submit the PPE to ACF by the end of 2019. Details of PPE content are included in the PPE Plan section near the end of this application. ECFS data analysts will oversee ongoing performance indicator data analysis, the state will contract with an evaluator to develop annual evaluation plans in accordance with the PPE plan, and the ECFS Division administrator will oversee evaluation work.

4. Program Performance Evaluation Plan Alignment and Maintenance

Montana’s early childhood PPE will be updated with the needs assessment and strategic plan through a continuous improvement process using a identify-plan-execute-review cycle. The PPE is the review component of the continuous improvement process. Data in the MPATH warehouse will be run through forms/reports monthly for ECFS data analyst review. Analysts

will look at the indicators associated with the strategies being implemented, analyzing where strategies are moving the needle as anticipated, and where that is not the case. Evaluation data may suggest strategy or activity changes in the state’s strategic plan. The PPE plan and strategic plan will be formally updated annually to represent lessons learned.

5. Building on Previous PDG B-5 Activities

The renewal grant is building on progress and lessons learned from the planning year grant in many ways, including in its approach to funding early childhood work, as shown below.

<p>Differences in how funds are spent</p>	<p>The state is investing significantly into increasing capacity ECE statewide, with additional investment targeted to rural areas, infant-toddler capacity, and better serving children with special needs, including those in the child welfare system. These investments include programmatic expansions, increased capacity building grants, increased ECE provider stipends, increased business supports for home-based child care providers, enhanced and increased investment in ECE professional development, and increased financial support for families. The spending changes and associated program management will be managed through the ECFS Division.</p>
<p>Funding alignments and efficiencies</p>	<p>The new ECFS Division is anticipated to create funding efficiencies related to: shared use of data analysts across early childhood programs, working with shared indicators and common data warehouse; reduction in Child Care Licensing (CCL) administrative costs by consolidating CCL with CCDF quality work; improved communication and coordination across the early childhood system. Known efficiency gains within the renewal grant also include aligning CCDF and Part C funding to increase support for ECE providers caring for children with developmental delays and disabilities in their classrooms; and further aligning funding from MIECHV and CFSD to provide more home visiting through expansion of the First Years Initiative. The state envisions opportunities to align funding between CCDF and OPI for improved transition/kindergarten readiness work.</p>
<p>Additional funding streams and funding integration</p>	<p>Through the work of the grant, considerations for funding sustainability, and the implementation of the ECFS Division, the state is looking at various funding streams for addition, alignment, and integration, including:</p> <ul style="list-style-type: none"> • Part C, Family and Education Support Program (FES), and Children’s Trust Fund integration with other early childhood programs in ECFS. • Medicaid and/or Substance Abuse and Mental Health Services (SAMHSA) funding, including possibly through the Addictive and Mental Disorders Division, the Children’s Mental Health Bureau, or other Medicaid approaches (i.e. waiver) to sustainable support IECMHC. • Medicaid funding to further support the needs of children with developmental delays and disabilities in ECE settings.

	<ul style="list-style-type: none"> • Medicaid funding options to support care coordination sustainably • Department Commerce and DLI investment in supporting ECE as part of community infrastructure needed for economic development. • Private business investment in supporting ECE for their workforce.
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Meaningful Governance and Stakeholder Engagement

Montana is embarking on early childhood system governance reform through the consolidation of several early childhood programs within DPHHS. Although early childhood services had previously existed in only two state agencies, the state’s early learning and development, health, and family support programs had been scattered across multiple divisions and bureaus within DPHHS, and subject to different policies, business processes, evaluation criteria, and program leadership. Montana is committed to stakeholder engagement throughout the process to ensure its governance structure meets statewide and local needs.

1. *State’s Governance Structure and Changes*

The Montana Department of Public Health and Human Services created a new Early Childhood and Family Support (ECFS) Division during the year of the PDG B-5 planning grant. Multiple programs existed in separate Department divisions or as standalone programs in the Director’s office prior to being consolidated into the new ECFS Division in 2019. The programs consolidated into ECFS include:

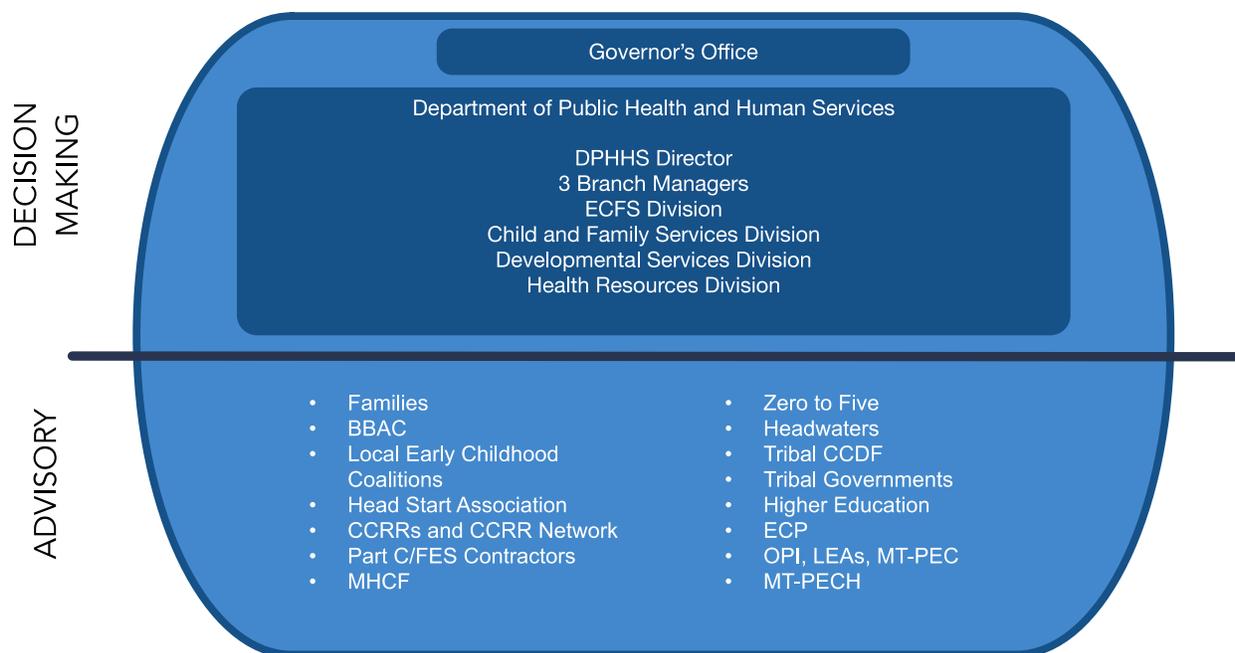
- Early Childhood Services Bureau (ECSB)
- Family and Community Health Bureau (FCHB)
- Child Care Licensing (CCL)
- Part C
- FES
- No Kid Hungry
- Children’s Trust Fund

The new division will collaborate and coordinate with other DPHHS divisions, including Child and Family Services Division (CFSD), Medicaid/Children’s Health Insurance Programs (CHIP), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for

Needy Families (TANF), and Disability, Employment, and Transitions Division/Vocational Rehabilitation (DETD/VR).

2. Decision-Making Path

Decision making happens at all levels within the early childhood system. Parents make decisions for their children; LEAs and local coalitions make decisions within their purview. At the state level, early childhood decisions aligned with the state’s early childhood strategic plan and this renewal grant will be made by DPHHS with support from the Governor’s office. The ECFS Division will work closely with other divisions supporting young children and families. See the organizational chart in the Organizational Capacity section below for more detail.



3. Stakeholder Involvement

The chart below identifies a subset of the stakeholders who have been involved or will be involved in the assessment, planning, and implementation of all activities. The chart provides the stakeholder(s) role, name and organization they represent, and differentiates whether they

were or will be involved in assessment, planning, or implementation. The state involved approximately 2,000 individuals in its assessment and planning process, so cannot list them all.

Stakeholder Name and Role / Office or Organization	Early Learning & Development	Family Support	Health	Assessment	Planning	Implementation
Governor’s Office: McCall Flynn, Education Policy Advisor	X	X		X	X	X
DPHHS: Sheila Hogan, Department Director	X	X	X	X	X	X
DPHHS Economic Security Services: Laura Smith, Branch Manager	X	X		X	X	X
DPHHS Medicaid and Health Services: Marie Matthews, Branch Manager			X	X	X	X
DPHHS Operations Services: Erica Johnson, Branch Manager	DPHHS ops & IT systems			X	X	X
DPHHS Human Community Services Division: Jamie Palagi, Administrator	X	X	X	X	X	X
DPHHS Early Childhood Services Bureau: Patty Butler, Bureau Chief	X	X	X	X	X	X
DPHHS Developmental Services Division (DSD): Rebecca DeCamera, Administrator	X		X	X	X	X
DPHHS DSD Children’s Mental Health Bureau: Meghan Peel, Bureau Chief			X	X	X	X
DPHHS IDEA Part C/FES: Wendy Studt, Program Coordinator	X	X	X	X	X	X
DPHHS DSD Developmental Disabilities Program: Bureau Chief	X	X	X	X	X	X
DPHHS Family Community Health Bureau: Kristen Rogers, Bureau Chief	X	X	X	X	X	X
DPHHS Child and Family Services Division: Marti Vining and Nikki Grossberg, Administrators		X		X	X	X
DPHHS Child Care Licensing: Leigh Ann Holmes, Administrator	X			X	X	X
OPI Part B Special Education/Early Learning: Danni McCarthy, Manager	X			X	X	X
DPHHS Addictive and Mental Disorders Division: Zoe Barnard, Administrator			X	X		
Best Beginnings Advisory Council	X	X	X	X	X	X
Local Early Childhood Coalition Directors	X	X	X	X	X	X
Early Childhood Project: Dan Slutka, Director	X			X	X	X
Higher Education Consortium: Christine Lux	X			X	X	X
CCRR Network: Meghan Hollifield, Director	X	X		X	X	X
CCRR Agency Directors	X	X		X	X	X

Stakeholder Name and Role / Office or Organization	Early Learning & Development	Family Support	Health	Assessment	Planning	Implementation
Head Start Collaboration Office: Kathy Rich, Director	X	X	X	X	X	X
Montana Head Start Association: Mary Jane Standaert, Director	X	X	X	X	X	X
Head Start-Early Head Start Directors	X	X	X	X	X	X
Tribal ECE providers (CCDF & HS-EHS)	X	X		X	X	X
Licensed ECE providers	X	X		X	X	X
Education Partners and Providers	X			X	X	X
No Kid Hungry: Lisa Lee, Director	X		X		X	X
WIC: Kevin Moore & Kate Girard, Director	X	X	X	X	X	X
Headwaters Foundation: Brenda Solorzano, Executive Director	X	X	X	X	X	X
Zero to Five: Caitlin Jensen, Director	X	X	X	X	X	X
Montana Healthcare Foundation: Aaron Wernham, Executive Director		X	X	X	X	
Department of Commerce: Tara Rice, Director		X			X	X
Department of Labor and Industry: Kathleen O’Leary, Deputy Commissioner		X			X	X
Governor’s Office of Economic Development: Ken Fichtler, Director		X			X	X

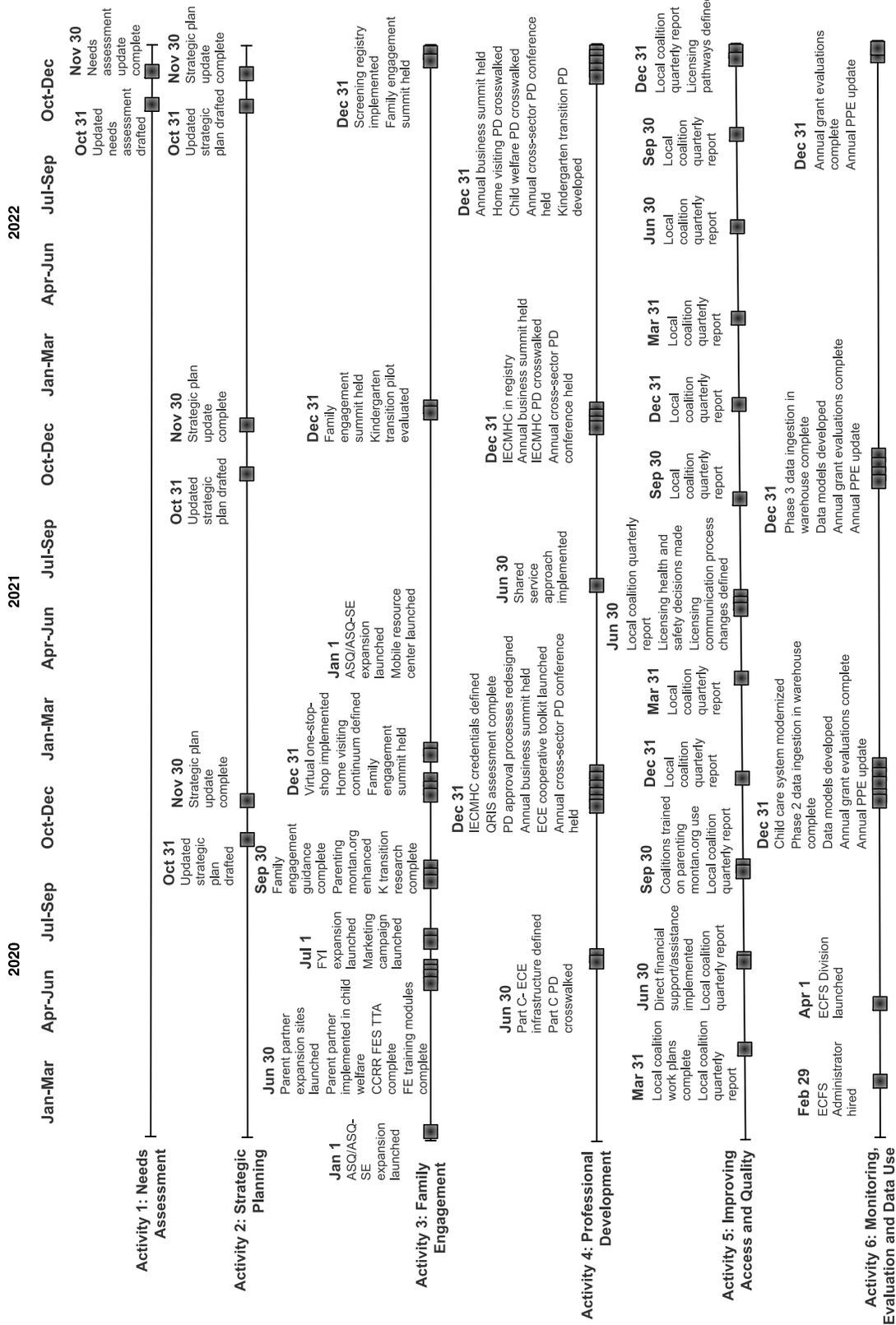
The Monitoring, Evaluation, and Data Use work plan below summarizes tasks, lead party responsible, and timeframes.

Task	Lead	Start	End
Monitoring, Evaluation, and Data Use			
Information Technology Infrastructure			
1. Modernize child care system to better leverage enterprise architecture	EC data PM	1/1/20	12/31/20
2. Ingest Phase 2 program data into MPATH framework	EC data PM	1/1/20	12/31/20
3. Develop data models to support use of Phase 1 and 2 program data ingested in MPATH framework	EC data PM	1/1/20	12/31/20
4. Ingest Phase 3 program data into MPATH framework	EC data PM	1/1/21	12/31/22
5. Operate and maintain MPATH framework	EC data PM	1/1/20	12/31/22
Monitoring, evaluation, and continuous improvement			
6. Analyze indicator data ongoing	ECFS data analysts	1/1/20	12/31/22
7. Conduct formal annual evaluation according to PPE plan	Evaluator	1/1/20	12/31/22
8. Update strategic plan and PPE plan annually	ECFS	1/1/20	12/31/22

Task	Lead	Start	End
Governance			
9. Finalize infrastructure plan for ECFS Division	DPHHS Director	9/1/19	1/31/20
10. Hire ECFS Division Administrator	DPHHS Director	12/1/19	2/29/20
11. Finalize organizational chart with vision and scope	DPHHS Director	1/1/20	3/30/20
12. Implement change management approaches to support transition to ECFS	ECFS Admin	3/1/20	9/30/20
13. Use shared outcomes and indicators to measure ECFS impact in continuous improvement framework	ECFS Admin	10/1/20	12/31/22
<i>Deliverables/Milestones: Child care system modernization complete; Phase 2 data ingestion in data warehouse complete; Data models developed; Phase 3 data ingestion in data warehouse complete; Annual grant evaluations complete; Annual PPE plan updates complete; ECFS Division Administrator hired; ECFS Division launched</i>			

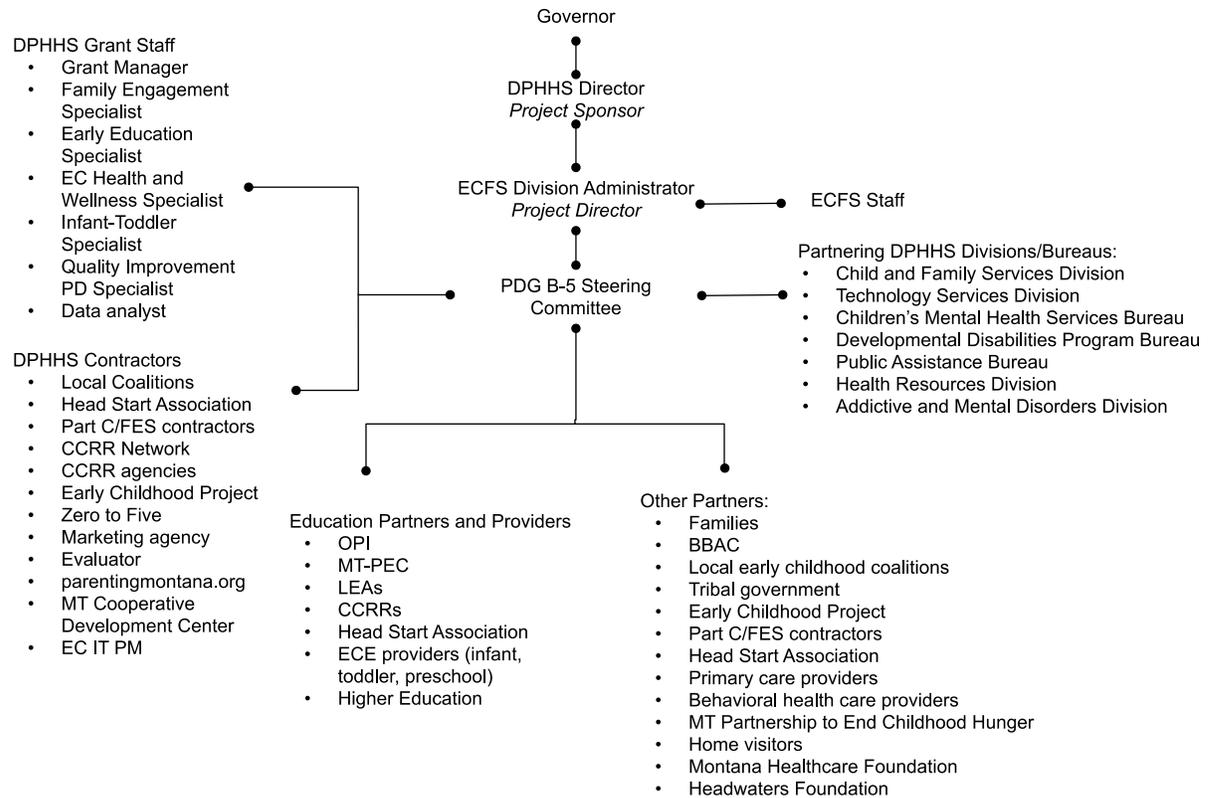
Project Timeline and Milestones

The summary timeline below shows milestones by activity area for the Strengthening Montana’s Early Childhood System Project.



Organizational Capacity

The following organizational chart demonstrates project organization.



DPHHS led the 2019 PDG B-5 planning grant work and has significant experience at the community and statewide level with various early learning, health, and family support programs/initiatives. DPHHS administers a wide variety of grant programs and has significant expertise in grant management. In addition to state procurement laws, the Department also has a robust contract tracking system as well as robust payment systems. Monitoring of grant activities through contracts will include desk audits, site visits, risk assessments when required, budget oversight, work plan completion, and outcome tracking. Monitoring reports will be used as a source of communication with contractors to assure technical assistance and corrective action strategies are implemented as needed. Fiscal oversight will be handled by the grant coordinator and the ECFS Budget Analyst.

The ECFS Division’s programs, including CCDF and the Maternal and Child Health Block grant have many statewide partners. DPHHS has supported the BBAC and local early childhood coalitions since 2011 and continues to invest in supporting the health and well-being of children and families through local collaborations with providers and educators in each of Montana’s 56 counties. Grant partners and contractors possess the organizational capacity to fulfill their roles effectively. Most partners have worked successfully with the Department over many years, many within the PDG B-5 planning grant.

Program Performance Evaluation Plan

Montana is developing a PPE to support early childhood system continuous quality improvement. Inputs, key activities, and expected outcomes of key activities are included in the logic model, which is shown in the following section. The PPE plan will explain how inputs, activities, and outcomes will be measured in terms of data sources, performance measure and indicator definition, frequency, and analysis responsibility, and reporting. The PPE plan will include the following elements:

Target population	The needs assessment identified target underserved populations and regions, including infants/toddlers, children with special needs, families with nontraditional care hour needs, families with low incomes, and rural regions.
Refined logic model	The logic model provides the theory of change that is the foundation for the work. Because this is such an extensive project, it will not contain every detail of the work, but rather, will demonstrate the logical connection of inputs, efforts, outputs, and outcomes.
Short and long term outcomes	The PPE will detail outputs and outcomes, differentiating short and long term outcomes. Shorter term outputs and outcomes will be linked clearly to strategies. Longer term outcomes are often associated with more than one strategy.
Indicators and metrics	The PPE plan will detail the indicators and metrics the state will use to measure system performance in terms of outputs and outcomes. These are aligned with the early childhood strategic plan and are referenced in Activity 5, Subsection 1.
Data systems and elements	The PPE will define data sources and data elements needed to calculate metrics. These will consist of data from the MPATH warehouse as well as from local/contractor reports and individual data systems not yet integrated

	into MPATH. Stakeholder interviews or focus groups, stakeholder surveys, and fiscal data will also be data elements integrated in the PPE process.
Data sources	The PPE plan will identify new data sources complementing other data. New data sources will include the virtual one-stop-shop and parentingmontana.org.
Methodology	The PPE plan will define a mixed-methods approach to gather credible evidence of program implementation and outcomes. Mixed-method evaluations rely on both quantitative and qualitative data to capture program processes, individual and program level outcomes, and system change. The goal of using mixed-methods is to strengthen the validity and reliability of findings by integrating diverse and complementary data sources. The PPE will define the methodological approach for each indicator and metrics, specifying the strategy, including timing, for data collection, sampling, measurement, and analysis. The contracted evaluator will lead PPE plan implementation.
TA support for reporting plans	The PPE plan will explain the state’s approach for working with state and federal level technical assistance providers to finalize implementation reporting plans. The evaluation contractor will support grant stakeholders in data collection and reporting.
Continuous learning and improvement	The PPE plan will define what the identify-plan-execute-review continuous improvement cycle entails and how it will be implemented in terms of process and work plan implications. The evaluation contractor will work with the state to update the PPE plan annually.

Logic Model

The logic model on the following page summarizes inputs, target population, activities, outputs, outcomes, and project goals.

Vision: Children from birth to age five have the skills and knowledge they need to reach their full potential in life				
Goal: Strengthen Montana’s comprehensive early childhood system to enhance early learning and development, health, and family support and engagement				
Target Population: Underserved children, families, and regions; providers throughout early childhood system				
Inputs/Resources	Strategies and Activities	Outputs	Outcomes	
			<i>Short/Medium-Term</i>	<i>Long-Term</i>
DPHHS staff, supplies, and support: ECFS Division; CFSD; HRD; DSD; Grant staff: Grant Manager; Family Engagement Specialist; Early Ed Specialist; ECHWS; PD Specialist; Infant-Toddler Specialist; Data Analyst; EC IT PM Education organizations staff, supplies, and support: OPI; MT-PEC; LEAs Partnering programs staff, supplies and support: MTHSA; CCRR Network CCRRs; ECP; BBAC; Local EC Coalitions; Headwaters; Zero to Five; MHCF	Maximizing parent and family knowledge, choice, and engagement in their child’s early learning and development: implement family engagement framework; enhance parentingmontana.org; implement virtual one-stop-shop; expand Parent Partner program; define home visiting continuum; expand First Years Initiative; increase family engagement in policy; expand and improve ASQ/ASQ-SE use; pilot Child Find screening expansion; support marketing campaign; implement SDOH screening and referral model with family engagement specialists; pilot mobile resource center; expand family advocacy training	Family engagement framework; family engagement pilot; parentingmontana.org enhancements; virtual one-stop-shop implementation; Parent Partner expansion and CFS sites; home visiting continuum; First Years Initiative expansion sites; ASQ/ASQ-SE screenings; screening registry; marketing campaign; family engagement specialist PD; family engagement summit	Shared understanding of family engagement Increased use of family engagement tools and programs Increased screening Families are engaged as participants and partners in the EC system Referral processes are improved	MT’s families are engaged and valued as partners in the early childhood system The EC system is coordinated to support effective family assessment, system navigation, care coordination, and data use
	Sharing best practices and PD for the EC workforce: expand IECMHC; increase Part C and ECE coordination; implement cultural competency curriculum; assess and evaluate QRIS; improve coaching; PD for home-based ECE providers; increased use of apprenticeships/pre-apprenticeships; revise knowledge base; enhance practitioner registry; enhance PD content creation/ approval; support Family Forward initiative; support business summit; partner in provision of business supports for ECE providers	IECMHCs trained; ECE providers working with Part C FSSs; cultural competency product; QRIS modifications; coaching competencies; home-based ECE PD; apprentices/pre-apprentices; practitioner registry updates; PD creation/approval process; business summit; business supports	Increased efficiency in ECE PD content creation and approval EC providers receive consistent PD resources EC providers have more opportunities to share best practices	MT’s EC workforce is confident and effective, due to enhanced ECE professional development MT’s communities make EC a priority, and act to support children’s health, learning, and well-being
	Improving overall quality and service integration, expanding access, and developing new programs: provide direct support to ECE providers and families, with focus on underserved/vulnerable; invest in local early childhood coalitions; enhance ECE licensing	Start-up, expansion, emergency grants given; EHS-CC Partnership model expansion; Part C collaboration stipends; QRIS incentives; co-pay assistance; local coalition outputs	Increased ECE capacity and family choice, especially for infants-toddlers, children with disabilities, and in rural areas STARS to Quality participation increased	MT’s families with young children have increased access to, and participation in high-quality ECE across a mixed delivery system
	Monitoring, evaluation, and data use for continuous improvement: enhance child care IT system; integrate EC data into MPATH infrastructure including CCI and CPI; implement PPE plan; update strategic plan and needs assessment; implement ECFS; improve EC system collaboration re. funding, governance, administration, policy, and processes	EC systems ingested in MPATH; unduplicated count of children in EC system; indicator data analysis; ECFS infrastructure plan	Enhanced EC system governance at state and local levels EC program administrators and providers use data for CI	MT’s EC system is structured to support policy alignment, strategic financing, CI, and accountability

Project Sustainability Plan

Montana is committed to sustaining key elements of the proposed grant project that improve practices and outcomes for children and families. Although some of the activities are one-time efforts, the partnerships and collaboration, and the funding alignment efforts will be ongoing.

<p>Partnerships and coalition building</p>	<p>The state expects to work with multiple organizations to continue growing collaboration and coordination within the early childhood system and sustain key grant elements. More specifically, the state expects to further cultivate the following relationships for sustainability within and beyond the proposed grant period:</p> <ul style="list-style-type: none"> • The state will continue to partner closely with tribal organizations throughout grant activities. • Local coalitions and the BBAC focus on ongoing partnership building. The grant will grow cross-program and cross-sector relationships at the state and local level, increasing the connection of early learning and development, health, and social services programs. • The Zero to Five Initiative will partner closely with the Department to support business engagement through the Family Forward Initiative and marketing. • Headwaters Foundation is a key program partner, committed to six years of support to local early childhood coalitions and broader early childhood initiatives.
<p>Blending and braiding funds</p>	<p>The new ECFS Division is anticipated to create funding efficiencies related to: shared use of data analysts across early childhood programs, working with shared indicators and common data warehouse; reduction in Child Care Licensing (CCL) administrative costs by consolidating CCL with CCDF quality work; improved communication and coordination across the early childhood system. Known efficiency gains within the renewal grant also include aligning CCDF, Part C, and FES funding to increase support for ECE providers caring for children with developmental delays and disabilities in their classrooms; and further aligning funding from MIECHV and CFSD to provide more home visiting through expansion of the First Years Initiative. The state envisions opportunities to align funding between CCDF and OPI for improved transition/kindergarten readiness work.</p>
<p>Program rules and requirements</p>	<p>The state knows that federal funding is associated with varying levels of flexibility to allow for blending and braiding, and will work to align with requirements and maximizing funding efficiency. This is also true of other program requirements, such as data privacy and confidentiality, which can create obstacles to collaboration. The state is prepared to carefully work through these issues to best support children, families, and providers.</p>

Building on progress to improve funding structure	<p>Part of the system reform effort will be to identify new funding streams and combine funding streams as entities are adjusting their policies and processes to support the new early childhood model. The newly created ECFS Division within DPHHS should realize efficiencies and cost savings over time since funding streams will be aligned and duplicate work will be greatly reduced. The state has experienced efficiency gains through cross-system collaboration on previous grants and expects to find similar opportunities through this grant project. The state is looking at various funding streams for addition, alignment, and integration, including:</p> <ul style="list-style-type: none"> • Part C and Children’s Trust Fund integration with other early childhood programs in the ECFS Division. • Medicaid and/or Substance Abuse and Mental Health Services (SAMHSA) funding, including possibly through the Addictive and Mental Disorders Division, the Children’s Mental Health Bureau, or other Medicaid approaches (i.e. waiver) to sustainable support IECMHC. • Medicaid funding to further support the needs of children with developmental delays and disabilities in ECE settings. • Medicaid funding options to support care coordination sustainably • Department Commerce and DLI investment in supporting ECE as part of community infrastructure needed for economic development. • Private business investment in supporting ECE for their workforce. • Family First Prevention Services Act funding to support prevention and early intervention work.
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Dissemination Plan

Montana’s plan to disseminate reports and other grant project outputs is below.

Dissemination goals and objectives	<p>Goal 1: Awareness</p> <ul style="list-style-type: none"> • Objective 1.1: Support awareness and engagement with project partners and contractors • Objective 1.2: Support awareness and engagement with executive leadership and legislative committees <p>Goal 2: Timeliness of Information</p> <ul style="list-style-type: none"> • Objective 2.1: Ensure regular updates via monthly communication • Objective 2.2: Publish special articles or distribute products at or soon after project milestones to ensure information is fresh <p>Goal 3: Usefulness of Information</p> <ul style="list-style-type: none"> • Objective 3.1: Ask target audiences what information they most need and when they need it – build into dissemination plan • Objective 3.2: Craft communications • Objective 3.3: Distribute reports or other project outputs according to identified audience need (avoid global distribution of everything) • Objective 3.4: Align with DPHHS strategic plan
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<p>Strategies for Identifying and Engaging with Target Audiences</p>	<ul style="list-style-type: none"> • Work with DPHHS programs and the BBAC to identify and stratify stakeholder groups by level of information needed <ul style="list-style-type: none"> ◦ Special focus on local coalitions as a link to local audiences • Engage target audiences in identifying needed information and establish appropriate dissemination cadence • Identify existing distribution channels • Analyze existing communication tools and mechanisms used by DPHHS, BBAC, and others (i.e. websites, email lists, newsletters, etc.) • Publish a monthly project newsletter and distribute using appropriate channels • Publish regular website updates • Develop periodic updates and news stories for existing newsletters, websites, and other media • Provide periodic updates on progress toward strategic plan activities • Attendance and updates at key stakeholder meeting including coalitions, advisory councils, and contractor meetings
<p>Allocation of Staff Time and Budget</p>	<p>The grant coordinator will dedicate 10% of her time to dissemination activities.</p>
<p>Preliminary Evaluation Plan</p>	<ul style="list-style-type: none"> • Count website hits when possible • Use BBAC and local coalition meetings to ask qualitative questions about availability and usefulness of information • Build into existing or future surveys of target audiences, questions about availability and usefulness of information • Build into existing or future interviews or other data gathering mechanisms, questions about availability and usefulness of information
<p>Timeline</p>	<p>Upon Grant Award</p> <ul style="list-style-type: none"> • Engage DPHHS and BBAC to identify target audiences, distribution channels, and cadence • Finalize project communication and dissemination plan <p>Monthly</p> <ul style="list-style-type: none"> • PDB B-5 Project Newsletter • Special articles in established forums (i.e., websites, newsletters) <p>Periodic</p> <ul style="list-style-type: none"> • Reports and other grant products – when complete

Third Party Agreements

All of the entities collaborating on this PDG B-5 renewal grant proposal have been part of developing the proposal. Specific Memorandums of Understanding (MOUs) and data sharing agreements will be created for data confidentiality and privacy once the project commences.

Upon grant award, these will be shared as part of the grant project activities. Any third party

subrecipients or grantees will sign Letters of Commitment and engage in a formal contract.

Montana will supply these at the request of the federal office.

Project Budget and Budget Justification

Below are the budget and justification for Year One of the renewal grant.

Budget Category	Amount
Personnel	\$647,852
Travel	\$23,123
Equipment	\$0
Supplies	\$90,000
Contractual	\$7,549,500
Other	1,589,000
Indirect	\$100,525
Subtotal/Federal Request	\$10,000,000
Non-Federal Match	\$3,000,000
Total Project Budget	\$13,000,000

Total	Justification
Personnel	
Grant Manager (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$77,592	Total Wage and Fringe (Wages: \$26.58 x 2080 hours = \$55,295) (Fringe Benefits: FICA \$4,230; Retirement \$4,794; Worker's Comp \$481; Unemployment \$144; Benefits \$12,648 = \$22,297)
Family Engagement Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$78,003	Total Wage and Fringe (Wages: \$26.98 x 2080 hours = \$55,645) (Fringe Benefits: FICA \$4,257; Retirement \$4,824; Worker's Comp \$484; Unemployment \$145; Benefits \$12,648 = \$22,358)
Early Education Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$75,473	Total Wage and Fringe (Wages: \$25.72 x 2080 hours = \$53,491) (Fringe Benefits: FICA \$4,092; Retirement \$4,638; Worker's Comp \$465; Unemployment \$139; Benefits \$12,648 = \$21,982)
Early Childhood Health and Wellness Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$74,259	Total Wage and Fringe (Wages: \$25.22 x 2080 hours = \$52,458) (Fringe Benefits: FICA \$4,013; Retirement \$4,548; Worker's Comp \$456; Unemployment \$136; Benefits \$12,648 = \$21,802)
Quality Improvement Professional Development Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$77,592	Total Wage and Fringe (Wages: \$26.58 x 2080 hours = \$55,295) (Fringe Benefits: FICA \$4,230; Retirement \$4,794; Worker's Comp \$481; Unemployment \$144; Benefits \$12,648 = \$22,297)
Infant Toddler Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	

Total	Justification
\$77,592	Total Wage and Fringe (Wages: \$26.58 x 2080 hours = \$55,295) (Fringe Benefits: FICA \$4,230; Retirement \$4,794; Worker's Comp \$481; Unemployment \$144; Benefits \$12,648 = \$22,297)
Data Analyst (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$82,401	Total Wage and Fringe (Wages: \$28.55 x 2080 hours = \$59,390) (Fringe Benefits: FICA \$4,543; Retirement \$5,149; Worker's Comp \$517; Unemployment \$154; Benefits \$12,648 = \$23,012)
Financial Specialist (12 months; 100% time; 1 FTE; Annual and Grant Salary)	
\$67,932	Total Wage and Fringe (Wages: \$22.63 x 2080 hours = \$47,070) (Fringe Benefits: FICA \$3,601; Retirement \$4,081; Worker's Comp \$410; Unemployment \$122; Benefits \$12,648 = \$20,862)
ECSB Chief, DPHHS Project Manager (12 months; 10% time; .10 FTE; Annual and Grant Salary)	
Provides general supervision and leadership related to the grant	
\$10,941	Total Wage and Fringe (Wages: \$39.61 x 208 hours = \$8,238) (Fringe Benefits: FICA \$630; Retirement \$714; Worker's Comp \$72; Unemployment \$21; Benefits \$1,265 = \$2,702)
DPHHS Budget Analyst, (12 months; 10% time; .10 FTE; Annual and Grant Salary)	
Provides fiscal oversight of grant activities, federal reporting, and contract administration	
\$8,789	Total Wage and Fringe (Wages: \$30.80 x 208 hours = \$6,406) (Fringe Benefits: FICA \$490; Retirement \$555; Worker's Comp \$56; Unemployment \$17; Benefits \$1,265 = \$2,383)
DPHHS ECSB Early Education Manager, (12 months; 10% time; .10 FTE; Annual and Grant Salary)	
Provides direct supervision of the family engagement coordinator and coordinates BBAC	
\$9,038	Total Wage and Fringe (Wages: \$31.89 x 208 hours = \$6,618) (Fringe Benefits: FICA \$506; Retirement \$574; Worker's Comp \$58; Unemployment \$17; Benefits \$1,265 = \$2,420)
DPHHS Research Data Analyst Manager, (12 months; 10% time; .10 FTE; Annual and Grant Salary)	
Provides direct supervision of the data analyst and high level guidance on data analytics	
\$8,240	Total Wage and Fringe (Wages: \$28.55 x 208 hours = \$5,939) (Fringe Benefits: FICA \$454; Retirement \$515; Worker's Comp \$52; Unemployment \$15; Benefits \$1,265 = \$2,301)
TOTAL PERSONNEL AND FRINGE: \$647,852	
Travel	
\$23,123	\$10,000 for 4 people to attend required meeting in Washington DC with airfare, hotel, and meals; \$13,123 for in-state travel, including mileage, hotel, and per diem.
Equipment	
\$0	The state does not anticipate any equipment costs with this grant.
Supplies	
\$90,000	Includes printing costs for curriculum, guides, and professional development materials.
Contractual: \$7,549,500	
All contracts will follow state procurement regulations. This may include contract amendments, request for proposal, limited solicitation, and sole sourced resources.	
\$0	Activity 1 contractual costs include the cost of a needs assessment contractor; this contract will be in year 3 for \$90,000

Total	Justification
\$20,000	Activity 2 includes costs of annually updating the early childhood strategic plan
\$850,000	Activity 3 contractual costs include: \$150,000 for enhancement of parentingmontana.org; \$500,000 to contract for early childhood expertise and technical expertise to develop the ‘one-stop-shop’ content, platform, and hosting; estimate is based on Washington State’s costs; \$50,000 for expanded Child Find screening pilots, funded through public schools; \$50,000 to contract with the Head Start Association for family engagement modules and the annual family engagement summit; \$50,000 for the marketing contractor to continue to support the marketing campaign; \$50,000 for the mobile resource center
\$669,500	Activity 4 contractual costs include: \$217,500 for IECMHC expansion; \$125,000 for the CCRR Network; \$56,000 for specialized professional development content creation; \$96,000 to implement the ECE cooperative pilots through the Montana Cooperative Development Center; \$30,000 for cultural competency professional development; \$75,000 invested in expanding the apprenticeship and pre-apprenticeship programs; \$70,000 for ECP to expand the practitioner registry
\$4,000,000	Activity 5 contractual costs include: \$1,000,000 for infant-toddler ECE capacity building; \$150,000 for ECE capacity building through increased start up, expansion, and emergency grants; \$2,100,000 for local early childhood coalitions (\$100,000 for each of the 21 coalitions); \$750,000 invested in STARS to Quality enhancements and participation incentives
\$2,010,000	Activity 6 contractual costs include: \$750,000 child care data management system enhancement; \$435,000 early childhood system analytics; \$125,000 for contracted early childhood IT manager; \$700,000 for PPE plan implementation and maintenance, including an evaluation contractor and technical assistance costs
Other	
\$1,589,000	Includes: \$239,000 cost of convening meetings BBAC, tribal consultation, business summit, family engagement forums, a cross-sector early childhood conference and coaching meetings. Meeting costs include travel, per diem, food, facility space, facilitation, and coordination, and were calculated based on previous costs; \$150,000 for grant staff training, including travel and per diem; \$500,000 for expansion of the Parent Partner program; \$500,000 for expansion of the First Years Initiative; and \$200,000 for investment in the Part C-ECE collaboration pilot
Indirect	
\$100,525	Costs include: DPHHS Administration \$379; HCSD Division Administration \$8,947; Directors Office \$20,018; Business & Financial Services \$36,031; Technology Services \$31,215; and Audit Bureau \$3,935. The full plan is available upon request.
Commitment of Non-Federal	
\$3,000,000	Includes: \$1,200,000 state general fund for STARS to Quality; \$1,272,000 state general fund match over and above required child care match and maintenance of effort, in support of overall child care system, access to child care, and quality improvement; and \$528,000 state general fund and state special revenue for the Montana Initiative for the Abatement of Mortality in Infants (MIAMI).
TOTAL PROJECT BUDGET: \$13,000,000	
TOTAL FUNDS REQUESTED: \$10,000,000	