



Ideas on How to Approach the Preschool Development Grant 2019 Bonus - Coordinated Application, Eligibility, Enrollment

The 2019 Preschool Development Grant (PDG) has included a bonus opportunity (worth 3 points) for states to plan for a coordinated application/enrollment, eligibility, and enrollment system that will address the complex needs of families while decreasing the fragmented approach communities use when it comes to screening, determining eligibility, and accessing services. Coordination of intake, eligibility and enrollment serves as an opportunity to streamline screening and enrollment efforts, allocate scarce resource to families most in need, reduce duplication of services, and ensure communication and coordination among early care and education services. By creating a coordinated system, programs and providers—with family involvement—can work together to implement a system that is less cumbersome on families, time efficient, and more successful in generating referrals that most appropriately meet the needs of families. While there is not a “one size fits all” solution to coordinated application/enrollment or centralized eligibility, waitlist, and enrollment systems development, we are offering some concepts and guidance that could be useful as you prepare your application.

1. Entry into the system/Recruitment

We pose some basic questions for consideration in developing or expanding the coordinated application, eligibility and enrollment system, to determine who will be targeted for this system and how they will enter the system.

- Do you want to build a statewide system or a more locally driven system? If you are focused on a statewide system, the narrative could focus on the steps to build that out. If you are focused on a more locally driven system, proposing pilots might be a good approach.

Bonus - Coordinated Application, Eligibility, Enrollment

Develop a pilot or expand on an existing effort for coordinated application/enrollment or centralized eligibility, waitlist, and enrollment systems development in order to make determinations that streamline enrollment for families who may be eligible for multiple public benefits. Such benefits support child health and development and early learning and family economic stability (e.g., Head Start, home visiting, Healthy Start, WIC, SNAP, Child Care Subsidies, Pre-k, TANF, Medicaid, and others), leading to more efficient use of dollars across programs. Examples include:

1. Providing one point of access for services in coordination with all other early learning support services within the state.
2. Coordinating enrollment based on income levels.
3. Providing unique state identifiers to all children, including those enrolled in Early Head Start and Head Start.

- Who is the target population (i.e. all families with young children or a subset of this population)? Our fragmented systems can make it difficult to reach and connect with families, particularly those young children who are younger or pregnant families, or families in under-resourced communities. Considering outreach mechanisms that fit your target populations will be important.
- Which providers need to engage (all providers who serve families with young children or a subset, like child care and primary care providers)?
- How will families enter the system?
- Is the focus one point of entry (i.e. a toll-free number?) or through multiple points of entry (i.e. building provider capacity across various systems to coordinate the intake and referral process)?¹

2. Family (Screening) Risk Assessment

One way to determine what resources families are eligible for, or if they meet eligibility requirements of a specific program, is to complete a screening and/or family risk assessment once families enter the system. Depending on the scope of the collaborative intake system this can range from a universal approach screening that then triages the family to a resource. Or it can be a family risk assessment tool that determines eligibility across programs that require specific indicators to enroll families into programs. This screening or assessment process not only determines a need for services but can also illustrate gaps in services if many families are eligible for certain programs and resources, but there is not enough capacity to serve them. When designing a screening and/or assessment process, it is important to take into consideration the following:

- What process is in place to determine families' needs?
- What screening and/or family risk assessment tools are used to help guide this process? Does the tool and/or process include a holistic approach to comprehensively address families' needs? Are there certain elements in the tool that are missing or need to be enhanced?
- If the intake system focuses on one type of eligibility (e.g. income), does the screening and/or assessment process encompass holistic questions that cut across all programs in which income is a determining factor?
- What qualities and capacity should the staff who complete the screening and/or assessment process possess? What are the ongoing training requirements for this position?
 - Downstream, when you are thinking about all families and not just those who are most vulnerable, you might want to think about a web tool that can provide an initial idea of what a family might be eligible for that then supports linkages to the places where the family can actually enroll. Enrollment determination requires significantly more information than an informal tool would. States should be clear about if they are creating an informational and/or an enrollment tool.

3. Referral

Based on the outcomes of the screening and/or assessment process, eligibility for a variety of programs and/or resources are identified. If the planning approach is to integrate a universal screening process, the system needs to have a referral process in place to ensure families can access the services they are eligible for. This referral process also allows for cross communication among providers, and timely and efficient enrollment to services. If the collaborative intake process consists of determining eligibility for a

¹ The Early Childhood Provider Toolkit, A Guide for the Implementation and Sustainability of a Referral and Follow-up Process

specific type of program, e.g., home visiting, the referral process then allows the family to be matched with the most appropriate home visiting program based on their eligibility factors. Creating a successful referral process rests on a strong system of established roles and procedures that ensure families do not fall through the cracks. It is imperative to determine the following:

- Who is responsible for making the referral? Who communicates with the family, providing education on the services they are eligible for and may be interested in?
- How is the referral documented?
- How is confidentiality addressed when there is cross program communication and information sharing?
- What communication process is in place to determine if the referral was received?

4. Follow-up & Tracking

After a referral has been made for a child and their family, it is best practice to have a follow-up and tracking system in place to see if the family was able to connect with the referral source for services or if they sought services from another source or if they did not seek out services. Implementing a follow-up and tracking system will aid in establishing data points around the number of families screened and/or assessed, those accessing referrals, those enrolling in services, those placed on waitlists, or those that did not enroll in services. Essential to this follow-up and tracking process is the importance of coordination and communication across programs and organization. For example, collective decision-making should occur on the following:

- What should the process look like to determine if a family accessed services or the program and who should close the feedback loop (person making referral, source of where family is referred to, or family)?
- What data system should be in place to track this process? Where should it live? Note that the bonus language talks about unique IDS, which ties to the data systems section in Activity 6.
- How does the system allow for the fact that there may not always be resources to meet family needs? How is information on gaps in services gathered, tracked and analyzed?

Integration of Concepts: The concepts discussed above are central in creating a coordinated intake system that can be integrated into the scope of work that the PDG bonus opportunity offers. This bonus opportunity focuses on either a pilot or the expansion of an existing effort for coordinated intake/enrollment. This can also include centralized eligibility, waitlist, and enrollment systems development in order to determine eligibility and streamline enrollments to families that may be eligible for multiple public benefits. Below are examples provided by PDG, along with an existing model:

Provide one point of access for services in coordination with all other early learning support services within the state.

Model Examples:

Help Me Grow is a national model that is designed as a state-wide coordinated and centralized system that uses a single point of entry to assist families and professionals in connecting children to appropriate community-based programs and services. <https://helpmegrownational.org/>

Family Connects is a community-wide nurse home visiting program for parents of newborns regardless of income or socioeconomic levels. Using a tested screening tool, the nurse measures newborn and maternal health and assesses strengths and needs to link the family to community resources.

www.familyconnects.org

State Examples:

Washington provides a statewide entry point to all families through a toll-free number that can be accessed from anywhere in the state. <https://www.parenttrust.org/for-families/call-fhl/>

New Jersey, coordinated intake statewide, starting with home visiting.

<https://www.zerotothree.org/resources/880-new-jersey-implements-central-intake-system-to-coordinate-home-visiting-services>

Coordinating enrollment based on income levels.

Model Example: The Community Hub model is a coordinated system that is aligned across collaborative partners in a defined region. Community hubs are recognized as an important piece of the local early childhood system to create an easily accessible, transparent system of developmental and learning supports for families of young children. Hubs serve parents and providers in the community by facilitating the sharing of information and resources; coordination of a system to identify, screen and refer families to the most appropriate programs and services; and development of strategies to engage hard-to-reach families in high-quality early learning programs among many others.

State Example: Washington DC has developed community Hubs for Early Head Start (EHS) sites which take on the central role of enrolling families into not only EHS but all other programs for which families may be eligible. <https://www.ecfunders.org/wp-content/uploads/2019/02/QIN-Overview-02.19.2019.pdf>

Support for Expansion of Early Head Start Services: Using a Community Hub Approach

This brief provides an explanation of what a community hub is and shares examples of different models of hubs.

Providing unique state identifiers to all children, including those enrolled in Early Head Start and Head Start.

Reports: The Early Childhood Data Collaborative: 2018 State of State Early Childhood Data Systems <https://www.ecedata.org/wp-content/uploads/2018/09/ECDC-50-state-survey-9.25.pdf>

Statewide Longitudinal Data System Grant Program; SLDS Issue Brief: Unique Identifiers: Beyond K-12 <https://nces.grads360.org/services/PDCService.svc/GetPDCDocumentFile?fileId=4307&ft=.pdf>

State Example: Maryland: <http://www.ncsl.org/documents/educ/MDReport.pdf>

Developing a Coordinated Application/Eligibility/Enrollment System- Progress Tracking:

For states and communities that are just beginning the process of designing and implementing a coordinated system the following activities² can be helpful:

- **Develop a collaborative network of early childhood services**
This process allows for an increase in communication among services, identification of programs and resources across the birth to five landscape, knowledge of program requirements and eligibility criteria across sectors, and shared ownership of the system.

² National Collaborative for Infants and Toddlers- Select Metrics for Success, www.thencit.org/measure-impact/select-metrics-for-success

- **Identify models for a coordinated approach**

There are different models that exist, whether state-wide, regional, or community-based. The needs of the community and the programs available to serve families drive the type of model that is eventually implemented. Determining what components are going to be part of the coordination is critical to the approach. Does it include an application, eligibility factors, a centralizing of these elements, as well as a centralized waitlist, a coordinated approach to enrollment?

- **Develop policies, procedures, and technology solutions for data entry and sharing**

An important factor in the implementation of this system is the shared responsibility of those doing the work. Therefore, policies and procedures can help assure quality, consistency, and positive outcomes within the system. Training is also a key component of this process, encompassing everything from the first point of contact with families, screening, referral and follow-up methods, and data tracking.

Additional Resources:

National Center for Infants and Toddlers www.ncit.org

Alliance Brief on Centralized Intake, "C-Intake: Lessons Learned and Recommendations"
https://docs.wixstatic.com/ugd/bc26e2_389831a76eaa41eaba7bb2b376a47816.pdf