

**THE DISTRICT OF COLUMBIA EARLY CHILDHOOD  
COMPREHENSIVE SYSTEMS INITIATIVE  
IMPLEMENTATION PLAN FOR FY 2006 THRU FY 2008**

**A COLLABORATIVELY-DEVELOPED PLAN FOR COMPREHENSIVE SERVICE DELIVERY  
FOR YOUNG CHILDREN AND THEIR FAMILIES**

**PREPARED FOR THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

**Submitted by**

**DC DEPARTMENT OF HEALTH  
THE MATERNAL AND PRIMARY CARE ADMINISTRATION**

**July 9, 2007**

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### ACKNOWLEDGMENTS

Numerous people, organizations and planning groups contributed to the development of the District's ECCS Plan. This process would not have succeeded without their involvement and effort on behalf of children and families. While the Maternal and Primary Care Administration has been the convener of all ECCS activities, we have been grateful to benefit from many leaders and champions from every major organization and agency in the District of Columbia. Over 100 people have made time in their busy day, often on more than one occasion, to spend an hour or two discussing their programs and perspectives. While they are too numerous to list here we gratefully acknowledge their input and commitment.

A sincere thanks and heartfelt appreciation goes out to members and participants on the ECCS Steering Committee. They have been the stakeholders most actively guiding the project's vision and approach.

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### EXECUTIVE SUMMARY

Prior to the commencement of the Early Childhood Comprehensive Systems Initiative, the District of Columbia lacked a broad and comprehensive DC-wide multi-agency plan for early childhood. At the same time, there were and remain systemic, financial, and cultural challenges affecting the public, private, and nonprofit sectors regarding service delivery for families and children from birth through age eight. The Early Childhood Comprehensive Systems Initiative (ECCS) has been designed to address these issues, providing a vehicle for District stakeholders to plan, develop, and now implement collaborations and partnerships that support children and families in order to ensure that *all children are healthy and ready to learn at school entry and beyond*.

Early childhood developmental programs provide a critical link between academic success, health, and general well-being. The determinants of a child's healthy development are predominantly found in the interaction of biology and their family, social, and community environment. These elements exert a powerful influence on a child's readiness to learn and succeed in school, both antecedents to health outcomes in later life. Over the past three years the ECCS initiative has been guided by two basic goals:

- 1) To develop within the District cross service systems integration partnerships to enhance children's ability to enter school healthy and ready to learn; and
- 2) To begin building an early childhood service system in the District that addresses the following priority areas: access to health and medical homes; mental health and social-emotional development; early care and education/child care; parent education; and family support.

The process for addressing and achieving these goals has been overseen by an ECCS Steering Committee comprised of a diverse array of District stakeholders collectively representing the experience and contributions of every major facet and component of early childhood systems. Their input and guidance, together with feedback from over 100 additional program officers and administrators, has been instrumental to the development of this plan. In addition, the planning activities conducted under the banner of the ECCS Initiative have been informed and influenced by the work of many organizations and collaborative activities across the District.

Over the next sixteen months of implementation and in the years to follow, it is expected that the hard work to pull together the fragments of the system of early childhood will yield systemic changes and the empowerment of system planners, service providers, and children and families. Through an environmental scan, a system mapping and resource mapping effort, and the adoption of guiding principles and practices, the ECCS Initiative has developed three core recommendations designed to precipitate improved outcomes for children and families across the District:

- ❖ Create multiple points of access for early childhood services through the use of early childhood consultants;
- ❖ Create a technological infrastructure of resource information for parents and families; and
- ❖ Establish an early childhood brand for the District and initiate public awareness campaigns.

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# PROFILE OF THE DC DEPARTMENT OF HEALTH, MATERNAL AND PRIMARY CARE ADMINISTRATION (MPCA)

### Mission

The mission of the Maternal and Primary Care Administration is to improve health outcomes for targeted populations by promoting coordination within the health care system, by enhancing access to prevention, medical care and support services, and by fostering public participation in the design and implementation of programs for District of Columbia women, infants, children (including children with special health care needs) and other family members.

The Administration includes the following bureaus and offices:

- **Perinatal and Infant Health Bureau**

The purpose of the Perinatal and Infant Health Bureau is to improve perinatal outcomes for high-risk pregnant and parenting women, and improve the health and development of their infants into early childhood. Its overarching goal is to reduce infant mortality and perinatal health disparities in the District of Columbia primarily through a home visiting approach.

- **Children with Special Health Care Needs Bureau**

The purpose of the Children with Special Health Care Needs Bureau is to improve the health outcomes for this population group by facilitating access to coordinated primary and specialty health care and other services in partnership with their families and community organizations.

- **Nutrition and Physical Fitness Bureau**

The purpose of the Nutrition and Physical Fitness Bureau is to provide food, health and nutrition assessments and intervention, education and referral services to District families, infants, children, and seniors to affect dietary habits, foster physical activity, decrease overweight and obesity rates and thus improve health outcomes among the population.

- **Child, Adolescent and School Health Bureau**

The purpose of the Child, Adolescent and School Health Bureau is to improve the health and well-being of all District pre-school and school-age children and adolescents. Primarily the group seeks to enhance access to preventive, dental, primary and specialty care services for all pre-school and school-age children, and contribute to the development of a coordinated, culturally competent, family-centered health care delivery system for this population.

- **Communicable Disease Control Bureau**

The Bureau of Communicable Disease Control is charged with the task of controlling and preventing the spread of communicable diseases in the District of Columbia. This is accomplished through both active and passive surveillance, timely case and outbreak investigations and providing interventions such as preventive medications and vaccines. The Bureau also provides recommendations and consultations to other District agencies and private healthcare providers. The Bureau consists of five (5) major areas: 1) Immunization Program, 2) Tuberculosis Control Program, 3) Refugee Health Program, 4) Sexually Transmitted Disease Control Program and 5) Communicable Disease Surveillance and Investigation Program.

**PROFILE OF THE DC DEPARTMENT OF HEALTH, MATERNAL AND  
PRIMARY CARE ADMINISTRATION (MPCA) CONTINUED**

- **Cancer and Chronic Disease Prevention Bureau**

The purpose of the Bureau of Cancer and Chronic Disease Prevention is the integration and coordination of various chronic disease programs activities such that they are focused and targeted. The Bureau of Chronic Disease and Health Promotion comprises the following programs: Asthma Control Program, Breast and Cervical Cancer Early Detection Program (BCCEDP) also called Project WISH (Women Into Staying Healthy); the District of Columbia Cancer Registry; the Comprehensive Cancer Control Program; State Based Cardiovascular Health Program; Diabetes Control and Prevention Program; Prostate Cancer Control Program and the Cancer Prevention / Tobacco Control Program.

- **Pharmaceutical Services Bureau**

The purpose of the Pharmaceutical Services activity is to provide medication acquisition and drug information support services to District residents and eligible pharmacies so they can have timely access to life saving medications. The services that comprise the activity include: medication acquisition services, medication distribution services, formulary management services, drug information support services, medication storage services and emergency preparedness support.

**The following bureaus and offices are presently being formed:**

- Lead and Environmental Hazards Bureau
- Office of Health Care Access and Clinical Services
- Office of Program Support Services
- Office of Grants Monitoring and Program Evaluation

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### I. OVERVIEW OF THE ECCS INITIATIVE IN THE DISTRICT

This project was originally intended to “address the needs of all children from birth through five” in the District. However, through discourse of the ECCS Steering Committee and with feedback from other stakeholders in the District, it was decided that the target population for the ECCS grant initiative should be all children from pre-birth through to eight years of age and their families. While ECCS stakeholders deliberately selected an age cohort that applies the process to children through 3<sup>rd</sup> grade, thereby further engaging the school system, the overall focus of the initiative remains “to create a more unified and comprehensive child development system that helps children in all of the District’s eight Wards—regardless of race, ethnicity, socioeconomic status, and development and behavioral needs—to be healthy and ready to learn when they enter kindergarten.”

Over the past several decades, the District of Columbia has focused more resources on infants and young children. Before receiving the ECCS Planning Grant, the foundation for the early childhood system in Washington had benefited from several historic changes. First, Mayor Marion Barry had made child development a major educational and health priority of his administration. This was apparent in the establishment of the Mayor’s Advisory Committee on Early Childhood Development (MACECD) in 1979 and its revamping in 1988. Second, Mayor Anthony Williams also affirmed commitment to the District’s children reflected in the focus on maternal, infant, and child health in the District’s *Healthy People 2010 Plan: a Strategy for Better Health* (2000) and its *Healthy People 2010: Annual Implementation Plan* (2002). And third, several District agencies have become vocal and effective advocates for more comprehensive services on behalf of young children, particularly the DC Department of Health and the DC Department of Human Services. Most recently, the induction of a new Mayor, Adrian Fenty, in January 2007 has again reinforced the District’s attention to the needs of its most vulnerable population – infants and children. In fact, in the Mayor’s release of his 100 Day Plan and his administration’s accomplishments to date, many references have been made to improving access to quality services, developing effective ways to share child data amongst collaborating agencies, and supporting the Mayor’s Advisory Committee on Early Childhood Development (MACECD) to be the vehicle to bring forth systems recommendations; all of which can have positive impact on the outcomes for children and families in DC.

Over time, the DC DOH Maternal and Primary Care Administration and the DC Department of Human Services, Early Care and Education Administration have developed public/private partnerships and public/nonprofit partnerships to provide children with access to needed health care services and early childhood education. When grant funds were available, this work had been integrated in part through Healthy Child Care America. Since receiving the ECCS Grant, however, some additional efforts have been brought about that have amplified the gains made previously in each of these quarters and now stands as a truly fundamental shift and systemic change in the planning, management, implementation, effectiveness, efficiency, sustainability and accountability of the efforts within early childhood. A recent change in Mayor, the effectiveness of efforts to secure funding for Pre-K programs, substantial investments in quality improvement for child care providers, a new Early Childhood Mental Health Task Force, and other developments have provided an opportunity for ECCS to support, inform and benefit from enhanced commitment and engagement among stakeholders.

## II. UNDERSTANDING EARLY CHILDHOOD SYSTEMS

The Early Childhood Comprehensive Systems (ECCS) Initiative was inspired, in part, by the landmark Institute of Medicine Report: *From Neurons to Neighborhoods* released in 2000. *Neurons to Neighborhoods* concluded that:

- ❖ A child's brain development can be optimized by high quality experiences very early in life
- ❖ The early years and experiences set the foundation for learning throughout life
- ❖ Too many children are entering school without the competencies and traits needed for success
- ❖ Mental health and social-emotional development in the early years is as important as their cognitive development
- ❖ Current early learning systems in the U.S. are not adequately organized to promote optimal child development and readiness for school

As the findings above suggest and as other research has reinforced, closing the gap between what children and families need and what they currently experience will require significant deliberate investment and effort on the part of many actors, public and private. Partnerships between entities that have responsibility for health, educations and developmental outcomes for young children are one critical piece of the puzzle. A coordinated, efficient and effective system is born of these partnerships because the needs of young children overlap across so many organizations and service sectors.

Fundamental to the systemic bridge-building required for ensuring all children have what they need to be successful in school and in life are core principles that should be shared among all stakeholders in a child's development. Among these principles are:

- ❖ **Families are central to a child's development and health.** Parents, siblings and extended family and community relationships have the greatest influence on children. Epidemiological studies reveal strong correlations between optimal parenting and optimal outcomes for children.
- ❖ **Families with children can benefit from guidance, training and support.** Regardless of racial, ethnic or socioeconomic background, all families have the potential to benefit from external assistance and supports, no matter how formal or informal. With higher risk populations, these supports become ever more important to a child's development. In the end, however, support for families should be accompanied by expectations of shared responsibility and leadership from parents. They are the parties ultimately responsible for their children.
- ❖ **Healthy child development and readiness for school can and should be accessible outcomes for all children.** Research has shown conclusively that all children benefit from high quality supportive learning environments.
- ❖ **A child's developmental outcomes can be viewed as a shared public responsibility.** No child or family is fully alone and a broad multi-sector engagement, from the general public as well as businesses, community organizations, and governmental agencies, is important to ensuring a system that optimizes child outcomes and school readiness.

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- ❖ **Systems should be held accountable for outcomes.** With shared responsibility, whether formally acknowledged and embraced or not, comes accountability. Focusing on the performance of all system components ensures children will have access to the kinds of services and supports at their different developmental stages (from birth and infancy through adolescence and into adulthood).
- ❖ **A complex and diverse society requires culturally appropriate and diverse approaches to early childhood systems.** The imbedded role of culture and socio-economic background necessitate child-rearing practices that accommodate a variety of cultural preferences and norms within individual families and across groups of constituencies. Since parents and families are at the core of a child's development, addressing parent concerns and needs in ways sensitive to their background and disposition is essential to successfully engaging them as their child's first teacher and the larger role they will play in their family and community life.

The components of an early childhood system are many and reflect the complex and diverse array of institutions and informal entities that impact children, youth and families. The ECCS initiative is designed to address each of these components (see list to the right in the figure below) as a way of ensuring that each of the services and supports a child's needs are reflected by and commensurate with the response to those needs.

An Early Childhood System Model (Figure 1)

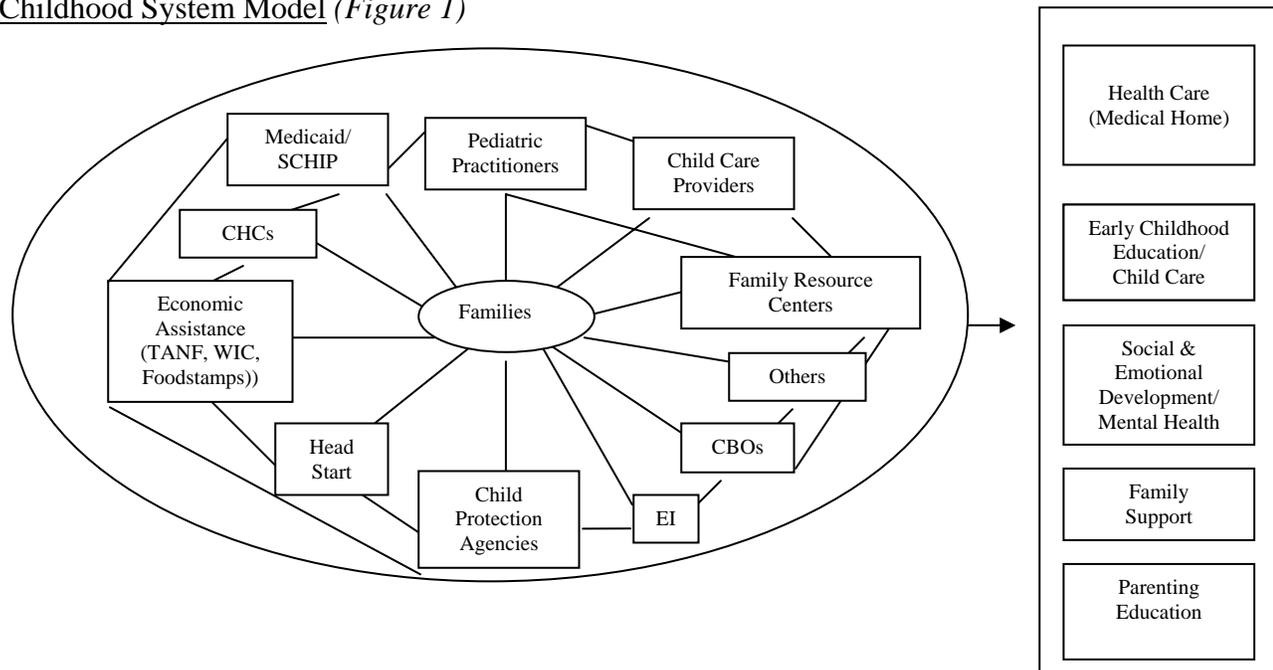


Figure 1 above provides a contextual frame of reference for identifying the various programs and entities that can affect a child. Appropriately, the family is at the center, for that is where the majority of child-rearing and development occurs. However, independently of the family, there are numerous public and private services and supports, each operating with varying levels of

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performance, cultural design, financial health, isolation, inter-dependence, political support and investment in child outcomes. The advantages of these systems and individual services can include: accessibility to children and families with straight-forward needs, specialized services and professionals, manageable size and complexity of internal programs, and, in a collective sense, a diverse array of approaches for helping children. Disadvantages of these components and systems can include: service gaps and unmet needs, lack of assignable accountability for child outcomes, confusing and frustrating access to more dynamic services, administrative supplication and inefficiency, competition for scarce resources and funding, legal and jurisdictional issues that create boundaries between providers and agencies, and fragmentation of systemic collaboration and communication for service delivery to children and families.

The most important overarching issue in assessing the contributions a system makes to a child's development is whether, in the end, a child or parent that is in need of a service or support is able to receive such in a manner that advances a child's development and leads to better outcomes for the child and family. The extent that the District of Columbia meets this standard is central to our plan.

### III. PROFILE OF THE DISTRICT OF COLUMBIA

In recent years many major indices of children's well being have improved in the District. After decades of population decreases, the District's population continued to level off in 2004, and the number of children increased slightly. Figures released last year by the U.S. Census Bureau put the District's total population at 553,523 in 2004, a decrease of less than 1 percent since 2003. While the number of adults has declined over the past four years, the number of children increased by less than 1 percent between 2003 and 2004.

Although the share dropped slightly, from 75 to 72 percent of all children, between 2000 and 2004, almost three-fourths of children living in the District in 2004 are African American. The shares of Hispanic, Asian, Native American, and non-Hispanic youth of two or more races did not change appreciably since 2000.

Births increased by 2 percent in 2003, driven mostly by increases in the northwest sections of the District and births to white mothers. In 2003, 7,616 births were recorded for the District, bringing the number of births back to 2001 levels. While the overall number of births has not markedly increased, the distribution of births throughout the city has changed. In the northwest quadrant of the city, births are on the rise, while the areas with historically high levels of births, the east and southern quadrant of the city, saw a decline.

**Extracts from the DC Action for Children  
“KidBits” report released in March 2007**

Only 39%, or 132, of the 339 child development facilities participating in the Child Care Subsidy Program and as a result the *Going for the Gold!* tiered rate reimbursement system are at the high quality, or Gold, level. This means that 61%, or 207, are of lesser quality. It also means that too few children have access to high-quality care which has been demonstrated to have significant short- and long-term effects. But as also indicated by the data, since 1997, the number of programs accredited by the National Association for the Education of Young Children (NAEYC) has dramatically increased, by 250% in fact, from 32 programs to 112.

The data also shows that the District’s EPSDT screening has fluctuated from a low of 60% in FY 2002 to the recent high of 84% in FY 2005, above the federal mandate of 80%. This means that the majority of children ages 0-5 are receiving at least one of the required screens in a given year. It also means that some children are receiving more of the required screens than others. The EPSDT/Health Check schedule for infants in their first year of life includes eight visits, toddlers (13 - 24 months) three visits in one year and from three to five years of age, the schedule calls for one visit per year.

**Poverty**

In 2005, 32% or 35,292 of related children and youth in the District under age 18 were in poverty. *This is the highest rate in the country.* ([www.nccp.org](http://www.nccp.org))

- In 2005, more young children were poor proportionally than older children. Just over 34% of children under 5, or 12,939 of 35,692, were poor in 2005.
- Female-headed family households experienced poverty at five times the rate of married couple families, 30.6% compared to 5.7%, over a one-year period as reported in 2005.
- More than 39% of female-headed households with children under 18 were poor some time in the past 12 months as reported in 2005. The percentage jumps to 48.7% for related children under 5 years of age. (2005 American Community Survey)
- Concentrated poverty more than doubled between the 1990 census and the 2000 census, from 10 to 24 census tracts. The majority of these tracts are where large numbers of children live. (<http://www.brookings.edu/es/urban/publications/jargowskypoverty.pdf>)

**Socioeconomic Data**

The District’s population and economy showed some signs of improvement and resiliency, although not everyone is benefiting from the economic strength of the region. The modest increase in births, particularly in the northwest sections of the city, along with slight increases in the number of children, is good news for the District. Continued job growth also pointed to an improved economic situation. However, the fact that relatively high unemployment for District residents persisted suggests again that positive trends exhibited among higher income residents, located disproportionately in the northwest area, are not always shared by those of lower income, located predominantly in the north- and south-eastern areas of the city.

While the total number of jobs located in the District continued to rise in recent years, a wage gap exists between high- and low-paying jobs. Lower paying jobs have experienced slow growth or even a decrease in wages, while higher paying jobs set a fast pace of growth.

The number of District residents who were employed continued to decline slightly in 2004, suggesting that the decrease in employment means that many new jobs are going to suburban commuters rather than to District residents. The District’s estimated unemployment rate

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increased a full percentage point to 8.2 percent in 2004. The unemployment rate in the District has been gradually rising since 2000 and continued to exceed the national rate of 5.5 percent by a considerable margin. In comparison, the Washington metropolitan region's unemployment rate in 2004 was 3.3 percent, lower than both the national and District rates.

In 2004, the poverty rate for DC children under 21 years of age was 30.6 percent ( $\pm 3.2$  percentage points). This was a decrease of between 1.0 and 10.8 percentage points since 2003, a statistically significant difference. However, the number eligible for Medicaid increased by almost 2 percent in 2004, the fifth consecutive year of increase. The total number of children and youth under age 21 in families enrolled in Medicaid as of June 2005 was 73,314. Thus, the overall number of children and youth participating in the program has risen 15 percent since June 2000, a positive outcome of efforts to increase enrollment and usage.

- ❖ More than two-thirds of DCPS students received free or reduced-price lunches in 2004
- ❖ The number of children served by subsidized childcare rose in 2005.
- ❖ In 2003, 54 percent of all births in DC were to single mothers, marking this as the seventh consecutive year that births to unwed mothers declined.

### **Risk Factor Data: Child Abuse and Neglect**

In December 2006, the Child and Family Services Agency provided a specially requested report to the DC Council to assess child abuse and neglect in the District. Entitled "*The Assessment of District Programs to Prevent Child Abuse and Neglect*," the report soberly and succinctly summarizes the magnitude of child abuse and neglect, the resources for prevention, the gaps in services and recommendations for improving the system. The following is excerpted from this report:

"Families in the District face a myriad of challenges in raising children. Nearly 17% of the District's families live below the poverty level. When compared with the rest of the United States in the 2005 American Community Survey, the District of Columbia had the highest rate of children living below the poverty level (32.2%). This is a 24% increase since 1990. If this trend remains consistent, children will potentially make up the largest share of the District's poor by the next census in 2010.

A November 2006 analysis by the DC Fiscal Policy Institute linked the District's persistently high rate of poverty to social problems such as violent crime rates, poor school performance (as measured by standardized tests), high teen birth rates, and child abuse and neglect<sup>i</sup>. According to the study, nearly half (45.5%) of the District's substantiated child abuse and neglect cases originate from the poorest fifth of DC neighborhoods. Specifically, the analysis found that:

- In FY 2004 and in the first half of FY 2005, there were 980 substantiated reports of child abuse and neglect in the poorest fifth of DC neighborhoods. This represented a rate of 28.1 substantiated reports per 1,000 children.

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- There were 343 substantiated reports of child abuse and neglect in DC's middle-poverty neighborhoods, or 18.4 per 1,000 children.
- In the fifth of District neighborhoods with the lowest poverty rates, there were 62 substantiated reports of child abuse and neglect, or 3.9 per 1,000 children, in FY 2004 and the first half of FY 2005.

Those District families that become involved with CFSA due to allegations of child abuse and neglect face a particularly daunting set of obstacles and barriers to raising strong and safe families. In 2003 and 2005, CFSA completed assessments of the local child welfare system in order to better align services with client needs. The final reports revealed important findings on how many families enter the child welfare system.

Through surveys, focus groups and reviews of existing literature, the *Needs Assessments* identified several factors that place District families at risk of coming into the child welfare system. The *2003 Needs Assessment* identified the following:

- Socioeconomic barriers- including poverty and related issues (e.g., unemployment, lack of adequate housing, and lack of education)
- Family environment- including poor parenting skills and learned helplessness
- Lack of knowledge- including lack of information around child welfare policies, appropriate parenting behaviors, and availability of services and supports
- Lack of support- including family, friends, and community supports
- Size of family units- including more children in the household for whom one parent can reasonably care
- Co-occurring problems- including substance abuse, mental health issues, and domestic violence.

Similar themes emerged from the *2005 Needs Assessment Report*, including socioeconomic barriers, co-occurring issues, and lack of social support. Additional challenges to families were identified, including:

- Lack of community resources - community-based prevention programs
- Lack of access to services for substance abuse and mental health treatment
- Lack of parenting support and/or education - parenting classes, assistance with children's behavioral issues, knowledge of child welfare policies, and education

Additionally, in the *2005 Needs Assessment*, many social workers commented on the lack of community-based prevention services for families. They believe there are limited resources in the District. Both social workers and parents reported a lack of mentoring/tutoring services, and a lack of quality counseling for children. Other examples of challenges identified both by social workers and parents include a lack of community-based General Educational Diploma (GED) programs, job training programs, childcare, after-school services, and on-going activities for children.”

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### Service Utilization Data

Major trends affecting children and families in the District in recent years:

- ❖ The percentage of mothers who received adequate prenatal care dropped very slightly in 2003
- ❖ Low-weight births continue to decline to their lowest level in more than a decade.
- ❖ It had been perceived that infant mortality continued a general downward trend in 2003 but newly released hospital data shows an increase

In the DC government, there are two major agencies with specific programs for pre-school children: The DC Department of Health (DC DOH) and the DC Department of Human Services. The DC Department of Health designs public health systems, diagnoses and investigates health threats, develops public policy, provides education and disease prevention, and administers the Medicaid insurance program and the Health Care Safety Net. Early childhood programs are directed by its Maternal and Primary Care Administration and the Department of Health also maintains a child care regulatory arm through the Health Regulation Administration's Child and Residential Care Facilities Division.

The DC Department of Human Services sets policy and provides social services for rehabilitation and self-sufficiency for DC residents, including childhood development, youth services, public assistance, disability, and rehabilitation programs. Its Early Care and Education Administration focuses on child development and early education services, and houses the Child Day Care Subsidy Program and the DC Early Intervention Program. The Early Care and Education Administration received the Healthy Child Care America grant to enhance the District's early child care and education systems, but it is now lacking funding and needs ECCS to help perpetuate its impact on children and the system of care.

As stated in the 2007 Kids Count Data Book:

***Immunization rates have been steadily rising since 2000, and they continued for a second year in a row to exceed the national average.***

*The federal Centers for Disease Control and Prevention conducts a survey each year to determine rates of immunization for major childhood diseases in all states and the District of Columbia. The U.S. National Immunization Survey tracks the coverage of several vaccinations. The vaccination most commonly given to young children is called "3+DTP" and protects against Diphtheria, Tetanus and Pertussis (whooping cough). It is generally given in three or more doses to children from 19 to 35 months of age.*

*The District's vaccination rate for 3+DTP had historically been a percentage point or more below the national level. In 2000, however, it fell more substantially behind. Each year since, however, the District has made steady gains on the national average. In 2003, the District's rate surpassed the national average by half a percentage point, rising to 98 percent in 2004, 2.1 percentage points above the national average. The District's immunization rates for 3+DTP continued to surpass other central cities in 2004—similar to 2003. In both years, the District's rate was higher than rates in New York, Chicago, and Philadelphia.*

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*Several factors may explain the improvement in immunization rates for children in the District. While D.C. Public Schools have always required that students be vaccinated before starting school, the school system has recently become more vigilant in enforcing this policy. In addition, in June 2004, the Mayor launched a child health assessment and immunization campaign to increase compliance with age-appropriate vaccinations, among other preventive care services. Uninsured families are provided with free immunizations at neighborhood clinics and larger facilities. Furthermore, the D.C. Department of Health also provides express immunization clinics where appointments are not necessary.*

### **From the National Center for Children in Poverty: District of Columbia Early Childhood Profile**

#### **Trends**

The District of Columbia has the highest income eligibility criteria for child care subsidies allowable by federal law (85 percent of the state median income, or 242 percent of the poverty level in D.C.). This is a slight increase in eligibility since 2001. Access to health insurance has remained steady at 200 percent of poverty since 2001, but working parents have a slightly higher income eligibility at 207 percent of poverty. The District offers free pre-kindergarten to all 4-year-olds, although the demand for pre-k currently exceeds the supply.

#### **Recent Developments**

The District of Columbia 2006 budget increased funding for child care subsidies by \$16.5 million to eliminate the waiting list, serve an additional 1,000 children, and raise child care provider reimbursement rates for the first time since 1998. An additional increase of \$5.1 million supported a variety of child care quality initiatives. The 2007 budget increased funding for pre-kindergarten by \$3.1 million.

Sources: The following sources were consulted to write the state summary: Karen and Helen Blank, *Child Care Assistance Policies 2006: Gaps Remains, with New Challenges Ahead*, National Women's Law Center, September 2006.

W. Steven Barnett, Jason Hustedt, Kenneth Robin, and Karen Schulman, *The State of Preschool*, National Institute for Early Education Research, 2005.

Donna Cohen Ross, Lauren Cox and Caryn Marx, *Renewing the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007

<http://www.kff.org/medicaid/7608acfm> (accessed January 30, 2007).

**“In 2005, nearly 5,896 District children enrolled in preschool or pre-kindergarten, helping them to prepare for future schooling.**

The District offers Head Start, pre-school (age 3), and pre-kindergarten (age 4) classes for all children of all income levels to prepare them for kindergarten, which is mandatory for all children age 5. Research shows that children who attend preschool and pre-kindergarten are better prepared for elementary school and consistently perform better as they progress through school.”

*Source: 2006 Kids Count Data Book:*

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**Table 1 Number of Children Enrolled in Preschool and Pre-Kindergarten by Ward, School Year 2005-06, District of Columbia**

Number of Schools			Number of Students Enrolled		
Ward	Preschool	Pre-K	Ward	Preschool	Pre-K
1	12	16	1	229	459
2	5	11	2	96	158
3	1	9	3	9	171
4	9	19	4	259	594
5	10	19	5	260	625
6	12	19	6	194	423
7	13	22	7	314	712
8	16	22	8	514	784
Total	78	139	Total	1,913	3,983

Sources: DCPS, PCSB and BOE

Note: A small number of students could not be matched to a ward because of missing addresses or geocoding problems

**Table 2 Subsidized Child Care Programs in DC 2000-2005**

Program Area	2000	2001	2002	2003*	2004	2005
D.C. Public Schools After Care for All						
<b>Number of children served</b>	<b>7,000</b>	<b>12,350</b>	<b>10,000</b>	<b>7,040</b>	<b>7,145</b>	<b>7,617</b>
Number of school sites	56	100	130	62	61	60
Early Care and Education Administration						
<b>Number of children served</b>	<b>7,653</b>	<b>11,451</b>	<b>11,947</b>	<b>11,396</b>	<b>10,001</b>	<b>14,060</b>
Number of family child care homes	112	124	140	144	124	129
Number of child development centers	216	222	235	231	228	148
Number of in-home providers	15	14	7	9	3	5
Number of relative providers	34	31	33	53	52	53
<b>Total number of children served</b>	<b>14,653</b>	<b>23,801</b>	<b>21,947</b>	<b>18,736</b>	<b>17,146</b>	<b>21,677</b>

Source: Department of Human Services, Early Care and Education Administration

\* December 2003-does not include summer program

### Feedback from ECCS Interviews

The ECCS Mapping and Environmental Scan process led to interviews of over 100 stakeholders throughout the District. In addition to information regarding their programs, participants were asked to comment regarding their perceptions of what:

- 1) the District must do to have an “ideal system for children and families;”
- 2) the areas of greatest challenge and potential for improving the lives of children and families
- 3) the areas they see the District agencies and/or their own program must improve in order for them to manifest their own ideal programmatic impact

A few randomly selected excerpts of their responses follow below to provide a sense of the type of feedback we heard from stakeholders external to the ECCS process:

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Ideal Service System for Children and Families	Areas of Greatest Challenge and Potential Improvement	Areas of improvement for your organization
Need a more centralized (one-stop) service system - it can take an adult 28 stops to visit all the different facilities to receive social services available.	People in general don't know or understand the system. To some, it may look threatening and there is no kindness in the navigation of the system. Could be better communication between the client and public agencies, maybe through a 3rd party facilitator	Training - learning the system and the work in general. Need employees to learn to navigate the social services system. More community outreach by public agencies, strengthen our advocacy.
Continuity of care for 0-21 at the very least, seamless in transition from one system to the next. A system that provides the services they say they are providing and serves all who are eligible	Transitioning from early intervention to regular schools, especially for parents that have children with special education requirements. We need continuity of curriculum and continuity of level of care	Getting people to understand the impact of disabilities and special education on the continuity of care, there is no streamlined system. Funding needed to adequately pay good people.
Should include in addition to a focus on enrichment activities that improve the conditions of children - wrap around services that include services for child protection, domestic health family well-being, mental health, etc.	Changing the paradigm from handouts to empowerment. We have a tremendous wealth of services in DC but we need to refocus these services so they are a partnership with parents and not a handout.	<ol style="list-style-type: none"> <li>1. Strengthen the relationship with teachers.</li> <li>2. Parent Leadership - expanding leadership opportunities and desire to demonstrate leadership capabilities outside of the program environment, especially with in the community.</li> </ol>
All District residents should receive/be offered home-based support services	Obtaining sustained funding, particularly consistent District funding. Not receiving money from the D.C. government in a timely fashion makes it difficult to do business.	Continuous advocacy and education to government officials regarding research-based home visitation support and the ideal of prevention strategies for positive outcomes for the District's children.
Early childhood programs that have a strong relationship and collaborations with organizations that can provide a wide-range of services. Need high quality home language service.	Health and Mental Health Services. Services and collaboration around children with special needs - identification and service providing. And that the services be provided in home language.	Continuing to provide services. Our organization does not provide clinical services around the various categories of need. We need to develop relationships with those organizations - affordably.
Dental services for Medicaid eligible, low income, and uninsured children is a funding problem. Many dentists opt out of Medicaid because of low reimbursement.	Mental health services. The system of care is far too fragmented. DMH is starting to improve relationships with stakeholders, but DMH hasn't made clear what they do and where children need to go for services.	The system is fragmented. It is not a priority in broad city planning to bring everything together. There isn't a systematic approach for the Mayor's Office and City Council.

### IV. DC-ECCS PLANNING PROCESS

Research shows that children who receive high-quality health care, child care, preschool and parental involvement are better prepared for elementary school and consistently perform better as they progress through school. The ECCS Process began with the goal of being responsive to the needs of families and ensuring the District is effectively preparing our youngest citizens to be successful in school and life. The ECCS Steering Committee, with a great deal of thought, has based this early childhood initiative on a number of principles it believes are critical to a child's journey. The early childhood systems initiative was envisioned as being part of a dynamic process with many stakeholders and avenues for inclusion. In setting our guiding principles, the Steering Committee conveyed that the ECCS process should:

- ❖ Address the status of ALL children and families in the District, not just those at risk or in the public systems;
- ❖ Be used for management decisions that cut across agencies and organizations;
- ❖ Identify the status of well-being of children and families;
- ❖ Support accountability;
- ❖ Have relevance to each individual Ward in the District;
- ❖ Be easily understood and made accessible to the community and our collaborative partners;
- ❖ Inform the development of the early childhood learning system;
- ❖ Identify gaps and strengths of the systems and communities;
- ❖ Assets and protective factors play a critical role to the achievement of our goal;
- ❖ Support the collection of sector-specific information and perspectives;
- ❖ Facilitate the collection of information regarding the District's resources; and
- ❖ Develop an efficient and effective system of supports for ALL children and families in the District.

As a central task for accomplishing the objectives above, the ECCS planning process sponsored a System Mapping initiative to address priority areas within child development systems: access to health care and medical homes; mental health and social-emotional development; system access and quality assurance; community development; early care and education; parent education and family support. In order to understand and therefore *manage* these priority areas, stakeholders wanted to document the existing services and resource delivery across agencies and organizations to capture the experience of the system contributors and end clients (children and families), providing a dynamic but fact-based means for stakeholders to achieve integrated, sustainable, appropriate, effective and efficient service delivery – the ultimate goal of any system. This process involved research, interviews, site visits, and collaborative sessions all geared toward mapping the system of early childhood and its programmatic and institutional resources and challenges.

#### ***Goals for the System Building Initiative***

- ◆ Define the roles, responsibilities and resources of all major providers and partners
- ◆ Identify and align resources in ways that highlight their contributions to the achievement of school readiness outcomes
- ◆ Provide an elegant and comprehensive documentation of the child systems

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- ◆ Develop a clear view of the system that is useful to public and private stakeholders alike

### *Outcomes of the System Building Initiative*

- A clear articulation of the relationship between federal-District-local resources
- Provide stakeholders with a summary of programs and initiatives at work across the District
- Yield greater efficiency and effectiveness of programmatic and financial management
- Empower stakeholders to make informed policy and program changes in order to facilitate systems integration and the alignment of populations, services, accountability and outcomes

This process also sought to establish a common language for stakeholders to use in describing the child development systems – often a challenge when conducting any form of strategic planning or program coordination. Child development covers a broad array of issues and plays host to a diverse variety of stakeholders: administrators, child care providers, social workers, public health professionals, nurses, practitioners in special education, etc. Establishing a common frame of reference, easily understandable and accurately reflective of how child development *works* is a challenging but necessary endeavor for creating lasting and meaningful improvements to the management and sustainability of an effective system. As such, the ECCS process provided an opportunity for both immediate and long-term benefit.

## Governance

This process, overseen by the ECCS Steering Committee but informed by many other groups, was intended to identify and leverage information, partnerships and resources. Four major activities were conducted in order for the project to be a success: meeting facilitation, environmental assessment, system mapping and resource mapping.

**MEETING FACILITATION AND OVERSIGHT:** MPCA staff and consultants worked with the Steering Committee to schedule and facilitate meetings, develop work plans, and otherwise guide and assist in their accomplishing the goals and objectives of the ECCS initiative. Participants captured and shared an operational understanding of the District’s early childhood systems and facilitated the application of that knowledge for the purposes of this plan.

The Maternal and Primary Care Administration supports the citywide strategic priority area of Strengthening Children, Families, and Elders. MPCA’s major programmatic work is to provide health screenings, wellness promotion, nutrition and fitness health education, and information, counseling health screenings, health outreach, interventions, referrals and support services to District of Columbia women, infants, children (including children with special health care needs), adolescents, families, and senior citizen residents and visitors so they can minimize their chances of illness and live healthier lives.

The organizational and managerial structure of this project has been oriented toward actively engaging other partners in the development of a more unified and comprehensive child development system. For example, the District’s Vision Statement, Service Delivery Themes, and accompanying materials on the following pages were developed, edited, modified and

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amended with the active consultation of the following groups: The SPARK DC Leadership Team, Mid-Atlantic Early Education Network, Early Childhood Comprehensive Systems Steering Committee, The Universal School Readiness and Out-of-School Time Stakeholders Meetings, The Mayor’s Advisory Committee for Early Child Development, The Early Learning Opportunities Act Grant Steering Committee, and the DC Education Compact. Select listings of planning groups, a description of the collaboration with ECCS, and highlighted activities during the planning process are included below.

<b><i>Collaborative Group</i></b>	<b><i>Brief Description of Collaboration</i></b>	<b><i>Highlighted Activities During the Planning Process</i></b>
The SPARK DC Leadership Team	ECCS staff have met with, presented, and planned activities with the SPARK team since a joint Retreat was convened in January of 2004. During 2004 and 2005, ECCS was a regular contributor to SPARK’s policy agenda and SPARK was one of the vehicles for securing funding for a \$15 million Pre-K Pilot project in DC. Several SPARK members have served on the ECCS Steering Committee.	<ul style="list-style-type: none"> <li>• Joint planning of school readiness outcomes/activities</li> <li>• Collaboration on External Environmental Mapping of resources/funding</li> <li>• Collaboration on public engagement and education</li> <li>• Helped secure \$15 million for Pre-K Initiative</li> </ul>
DC Education Compact	During 2005 ECCS staff actively participated in the Healthy Kids and Families Workgroup of the Education Compact. The Compact utilized the ECCS Vision Statement and the Five Service Delivery Themes as the headers for its strategic plan related to healthy outcomes.	<ul style="list-style-type: none"> <li>• Joint planning of school readiness outcomes/activities</li> <li>• Assistance with External Environmental Mapping of resources/funding</li> <li>• Collaboration on public engagement and education</li> </ul>
The Universal School Readiness and Out-of-School Time Stakeholders Meetings	In addition to regular participation and presentations, in 2004 ECCS staff conducted a 2 hour session with the USR group including five breakout groups to address the Vision Statement and each Theme – over 50 stakeholders attended. Several USR participants serve on the ECCS Steering Committee.	<ul style="list-style-type: none"> <li>• Joint planning of school readiness outcomes/activities</li> <li>• Collaboration on External Environmental Mapping of resources/funding</li> <li>• Collaboration on public engagement and education</li> </ul>

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<p>The Mayor’s Advisory Committee for Early Child Development</p>	<p>ECCS staff have presented before the Mayor’s Advisory Committee on several occasions, most recently March, 2007. MACECD formally adopted the Vision Statement ECCS had drafted and is an active partner in all ECCS activities. Several MACECD members serve on the ECCS Steering Committee.</p>	<ul style="list-style-type: none"> <li>• Adoption of DC Vision for Children and Families</li> <li>• Assistance with External Environmental Mapping of resource/funding</li> <li>• Collaboration on public engagement and education</li> </ul>
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Through the above collaborative groups, individual meetings and consultations, and it’s own Steering Committee, the ECCS process also involved a strong contingent of the members and leadership of the Early Childhood Mental Health Initiative, National Infant and Toddler Child Care Initiative; the (former) Early Childhood Collaborative of DC; Healthy Kids DC (Healthy Child Care America Grant); Head Start WORKS; the Parent Educational Collaborative; DC Dept. Parks and Recreation; the Deputy Mayor for Children, Youth, Families and Elders; The University of the District of Columbia’s Early Childhood Leadership Institute; The DC Children and Youth Investment Trust; The DOH/MPCA Children with Special Health Care Needs Advisory Board; the Superintendent of Schools (DCPS); the Department of Mental Health; the DC Child and Family Services Agency; the Commission on Mental Health Services; the DC Dept. of Human Services’ Early Care and Education Administration; the National Black Child Development Institute; and other public and private entities with a stake in children.

ENVIRONMENTAL ASSESSMENT: A successfully conducted environmental assessment provides valuable information regarding the strengths, weaknesses, opportunities and threats (SWOT) encountered by the clients of the District’s early childhood system (i.e. the “demand” for services) as well as those institutional resources providing services as part of the system (i.e. the “supply” of programs and services). The first priority of the environmental assessment was to understand and identify the needs, challenges and human resources of the client populations within the District. The process to address this aspect of the environmental assessment included:

- Participation and attendance at over 30 non-ECCS planning group meetings covering early care and education, health care, family support, mental health, access to a medical home, children with special health care needs, system access and quality assurance, and any other area deemed to affect children and families;
- Research on socioeconomic and early childhood issues particular to the District; and
- Interviews with over 100 service providers and stakeholders serving children and their families (information on their programs as well as their perspectives on population needs and challenges).

There are many distinct programs that serve children and families in the District. Each of these programs and services was treated as a source of information for the environmental scan and other system building efforts. As such, we made outreach to these organizations to not only

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secure information on their programs, perspectives on their needs, and feedback on priorities and solutions, but also to ensure their commitment and “buy-in” to the system building process itself. The level of this outreach and the identification of individual organizations with whom this process engaged was pursued primarily through guidance from the ECCS Steering Committee members.

The products developed through the environmental assessment included an executive summary of a full SWOT analysis (**See Appendix D**). This summary articulated the major challenges perceived by the stakeholders involved and was organized into the following subject headings:

- ***Systemic Challenges*** (data sharing, programmatic coordination, client experiences navigating services, etc.)
- ***Financial Challenges*** (public and private funding issues, accounting and financial management, sustainability, dependence on external investment, etc.)
- ***Management Challenges*** (governance, coordination, collaboration, lines of authority and accountability, etc.)
- ***Cultural Challenges*** (to include social attitudes and norms, morale, racial and ethnic issues, languages, etc.)

Highlighted Findings from the Environmental Assessment:

***Systemic Challenges.*** The District of Columbia currently has deep silos and fragmentation of services across the city. This fragmentation is found both within DC agencies and among the group of private sector service providers often contracted by these agencies. The District also has the added challenge of having deep silos of programmatic activity because private sector service providers are often not diversified in their funding sources. Their services are determined by the contractual arrangements they forge with the District’s agencies and, even though these agencies and their providers share populations, contractors often function as individual islands of programmatic implementation, making the experience of common populations of children and families highly varied. These factors are compounded by the relative lack of standards for services and the lack of uniform levels of quality among service providers, adding to the degree of variation. In short, there is no system and even the perception of a “system of systems” yields mixed assessments of their performance and responsiveness to the needs of populations across the District.

***Management Challenges.*** The lack of a unified and easily understandable system of early childhood in the District has been both a cause and an effect; what Peter Drucker referred to as the Three Allocations of Management: Responsibility, Authority and Accountability. In the District, despite significant accomplishments to further consolidate early childhood systems in recent years, there remain unclear lines of responsibility, authority and accountability across the public and private sectors. For the most part, public agencies have the authority and the funds to contract services for children but it is the group of contractors who are responsible for implementing those services in an accessible, appropriate, efficient and effective way. With exceptions such as the DC Department of Mental Health, most public agencies have very little, if any, responsibility for directly providing services to children and families. This falls upon their contractors and sub-grantees. However, even though an agency may not have responsibility for

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implementing services, they are still held accountable for the results, or lack of results, of their contractor's performance.

*Cultural Challenges.* The DC DHS and DOH, within the last few years has experienced numerous changes in leadership. Without exception, there has not been a sense of continuity within the programmatic functioning of public agencies when leadership turns over, and this has had ripple effects across the city in terms of morale, transparency, collegiality, trust and commitment for interagency efforts. As a related problem, many stakeholders suffer from "planning fatigue" because frequent changes in leadership has often resulted in a failure to implement or adopt strategic plans in ways that yield real changes. The ECCS process has not altogether overcome this perception, but it is being addressed head-on by the Steering Committee and the ECCS Team.

*Financial Challenges.* The Environmental Scan and the Resource Mapping effort have gathered information on the status of the funding and financing of early childhood activities in the District. In recent years, many service providers have gone out of business and still others have struggled to remain operational. Part of the challenge this process has uncovered is related not only to the amount of total funding but the speed and efficiency with which it is distributed. The substantial, though yet to be fully quantified, amount of funding that flows through public agencies to their contractors moves too slowly, too late or not at all. Across the District this Environmental Scan found that the problems noted above are not an isolated phenomenon. There are many stories like it – and over time they have indiscriminately claimed victims and created a disincentive to take financial risks or to trust the ability of a governmental agency to deliver on promises. Hence the obstacles to an effective system of early childhood are not solely confined to the system's design, practices, or populations, but relate integrally to systemic issues beyond its purview. The ECCS team is therefore making an effort to deal with such challenges as may be appropriate.

The System Mapping and Resource Mapping processes (described below) provided a lens through which resources, conditions, challenges, and trends were analyzed and assessed. Primarily a "snapshot in time," the Maps provide a framework for managing child development activities in the District for years to come. With the mapping process setting the stage for understanding the basic issues surrounding early childhood systems, additional collaborative work and analysis was secured from ECCS Steering Committee members at a 6-hour retreat on November 28<sup>th</sup>, 2006. In parallel with the activities of the ECCS Steering Committee, a SWOT analysis was conducted driven by feedback gained from members of the ECCS Steering Committee as well as individual stakeholders interviewed as part of the mapping and outreach effort. As such, this process sought to embrace all perspectives and viewpoints, allowing each an opportunity to see the light of day but ultimately handing responsibility for determining the content of the analysis to the ECCS Steering Committee overseeing the process.

The following headers – System Mapping and Resource Mapping– are fluid aspects of the Mapping and Analysis work but provide greater depth to the process.

SYSTEM MAPPING: A System Map provides a high-level overview of the relational pathways in service delivery and function across multiple organizations and programs. It simultaneously

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articulates the “supply and demand” issues pursued as part of the environmental assessment described previously. System maps are defined by the experience of the system contributors and end clients (through review of program eligibility), providing a unifying expression of how partners can coordinate and collaborate to provide seamless service delivery.

Children, youth and family-based services cover an enormous array of issues and programmatic functions. System Mapping helped identify expertise that can be shared across programs and furthered the analysis of community assets as part of the environmental assessment. Since this project addressed several distinct population types and services, the system mapping process sought to be inclusive of all resources and populations. As a result, the System Map product itself provides a “30,000 foot view” of the system and all its most critical elements. This breadth of information is then complemented and detailed through the Resource Mapping process described below. Within the System Map (See **Appendix B**) the following is conveyed in a one-page schematic:

- ***Who is Served?*** (who enters system/what funds follow them/eligibility requirements)
- ***Access Points*** (where and how they access services)
- ***Programs/Services Provided*** (what they receive and from whom)
- ***Funding sources*** (federal, DC, private, fee-for-service, etc.)

**RESOURCE MAPPING:** To the extent possible, the ECCS process set out to identify and analyze the existing resources in child development by program type, population and ages served, program capacity, access points, funding and revenue sources, Ward-specific impact, and other variables. To provide detailed programmatic information was the primary focus of the mapping process. The goal was to obtain detailed program information for use in assessing the net economic impact of early childhood resources, understand the programs and services available to District residents, identify gaps and linkages between the variety of providers (health, early care, education, family support, system support, etc.) and assist stakeholders in the conducting strategic planning activities central to this endeavor. This was one vital component of our larger efforts to create a more *unified and sustainable high-quality child development system* for the District of Columbia.

The ECCS process sought to further three major tasks within the Resource Mapping effort:

### **1. Collaborative Process Structures**

Map the "collaborative processes" across the District to identify the lines of communication and programmatic and management linkages between and among the various planning bodies (See **Appendix C**). The goal was to understand the role and contributions made by the many collaborative processes underway, and what aspects of the ECCS service delivery themes (Health & Safety, Early Care & Education, Family Education & Support, Community Development, and System Access & Quality Assurance) were being addressed through these collaborative processes.

### **2. Resources for Service Delivery**

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ECCS contributed to a process partially conducted through our 211 “Answers Please” phone and internet resource directory as well to expand the information regarding programs and services affecting young children and their families. This process began to document District resources with a particular emphasis on tracking funding streams, access points for receiving direct services, and the programmatic capacity of service providers. Our goal was that the mapping of resources would, by documenting the programmatic capacity of all providers, enable estimates that show the total number in the District that receive that particular type of service or program (e.g. the number of parents participating in parent mentoring or training during 2005). However, we found it difficult to obtain detailed information from all service providers. There was a great degree of variation in their ability to report on their programs. As such, this particular outcome of the mapping process, while useful for revealing larger themes and priorities, is limited as a source of information for any and all services to children.

### **3. Identify expertise that can be shared across programs**

By conducting interviews and site visits while identifying resources and performing system analyses, this effort enhanced the process of building capacity for non-profit organizations and other service providers, setting a course for making “the whole greater than the sum of the parts.” As information about “who does what” continues to become available, we envision the creation or re-alignment of committees and planning groups to facilitate the exchange of knowledge and information beyond the influence of ECCS.

## **THE DISTRICT OF COLUMBIA VISION AND GUIDING PRINCIPLES**

### The District of Columbia’s First *EVER* Vision Statement for Children and Families

According to many stakeholders who possess a great deal of knowledge and experience in the history of child development efforts in Washington, the District had never had a formally adopted Vision Statement for Children and Families that cuts across organizations, the Mayor’s Office, and various collaborative groups. In recognition of the fact that there are many ongoing initiatives and organizational programs at work in Washington that possess their own distinct Mission and/or Vision for the city and its children, the stakeholders steering the ECCS process placed the establishment of ONE UNIFYING VISION for the District as an immediate priority and action step (see statement below). A small workgroup was then formed to draft the Vision Statement and presentations with requests for feedback were made before several collaborative groups, including the Mayor’s Advisory Committee for Early Child Development, the Universal School Readiness Stakeholders Group, the Supporting Partnerships to Assure Ready Kids (SPARK) Leadership Committee, and the Deputy Mayor for Children, Youth, Families and Elders in order to obtain feedback and buy-in to the statement. The statement is as follows:

### The District’s Vision for Children and Families

*All children and families will have access to a continuum of comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passage through the early years.*

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As mentioned, in establishing this agreed upon Vision Statement, several Mission and Vision Statements from the collaborative partners to the ECCS Initiative were utilized. The ECCS Team gathered together these statements and the stakeholders that subscribe to them in order to harness and direct everyone toward a Vision Statement they could all subscribe to without losing the distinct identity of their own visions and missions. This joint vision statement has since been formally adopted by the Mayor's Advisory Committee on Early Childhood Development (MACECD), the Universal School Readiness stakeholder group (USR), and recently included in the Deputy Mayor for Education's Comprehensive Education Plan.

### **EARLY CHILDHOOD SERVICE DELIVERY THEMES: GUIDING PRINCIPLES**

In addition to, and as a component of, the development of the vision statement above, the ECCS process in Washington has also initiated a new and comprehensive conceptualization of the system of early childhood. Stakeholders have identified five key themes of child development in Washington and these are being used to unify the means by which all planning, committees, evaluations, public engagement, mapping, financing, and programmatic service delivery is conducted. The *five critical components for early childhood systems development* identified by HRSA (Access to Health Insurance and Medical Homes; Mental Health and Socio-Emotional Development; Early Care and Education/Child Care; Parent Education; and Family Support) are included within the larger themes for the District so that the entire local system can establish ONE AGREED UPON SET OF ORGANIZING PRINCIPLES FOR EARLY CHILDHOOD.

**Service Delivery and Access Themes:** These are the organizing categories for all services and programs related to child development across the District of Columbia. The five themes enable organizations and agencies to perform a thorough mapping of resources to clarify the role and function each organization plays in their geographic area of impact. This process and product is designed to trigger questions and research about the various contributions organizations make, their funding sources, programmatic capacity, the ages served, and the socioeconomic background of the target population. The first three themes listed; Health and Safety, Early Care and Education, and Family Education and Support are directly relevant to the development of children and the services and opportunities most geared to serve them. The fourth theme, Community Development, is also a direct service category but refers to the broader elements that create the environment that makes healthy and successful families and children possible. The fifth theme, System Access and Quality Assurance, applies to the resources that support, inform and empower those providing services directly to children and families.

Within each theme is a Glossary, a Description and a list of Subtopics. The Glossary is used to define what is meant by the theme and what relevance it carries for the system. The Description is a highly abbreviated means to add additional background to the glossary and to ensure that the information conveyed is appropriate, adequate and sufficient. The Subtopics ensure that stakeholders are able to be as specific as possible in managing components of the system.

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### Service Delivery and Access Theme Headers for Early Childhood

<i>Theme</i>	<i>Glossary, Description and Subtopics</i>
<b>Health and Safety</b>	<p><b><u>Glossary:</u></b> Programs and services that promote health, provide a medical home, ensure access to a continuum of care, and maximize the physical and mental well-being of children and the chances for them to grow up healthy, ready to learn and free from preventable circumstances that compromise their ability to pursue their full potential.</p> <p><b><u>Description:</u></b> Taken in two parts, Health refers to the overall health and development of each child from pre-birth through eight years old. Safety refers to the child’s learning environments (classrooms, child care, playgrounds, communities) and home environment such as domestic abuse, substance abuse, neglect, and other forms of personal abuse.</p> <p><b><u>Subtopics:</u></b> Pregnancy, Nutrition, Health Promotion, Medical Care and Medical Home, Oral Care &amp; Hygiene, Insurance, Child Well-Being, Consumer Safety, Special Health Needs: Mental Health, Violence, Substance Abuse, Neglect, Personal Abuse (in-home and out-of-home).</p>
<b>Early Care and Education</b>	<p><b><u>Glossary:</u></b> Programs and services that are economically responsive, culturally competent, and committed to ensuring that children develop emotionally, socially, physically, cognitively and in other ways ready to succeed.</p> <p><b><u>Description:</u></b> Child care, schools and curriculum and non-curriculum-based early learning programs are at the heart of the child development system. Developmentally appropriate settings and environments are keys to the readiness and success of all children and cut across many Themes (Health &amp; Safety, Family Education &amp; Support, and Quality Assurance).</p> <p><b><u>Subtopics:</u></b> Child Care (center-based, home-based, kith &amp; kin, Head Start), Transition Practices, K-3<sup>rd</sup> Grade Instruction, Home Schooling, Family Involvement, Cultural Competence, Early Intervention, Special Education, and <u>School Readiness</u> across the domains of Social &amp; Emotional Development; Intellectual/Cognitive Development; Language, Literacy &amp; Communication; Physical Development; Schools Ready for Children. (Note: these latter “School Readiness” subtopics are subject to change)</p>
<b>Family Education and Support</b>	<p><b><u>Glossary:</u></b> Programs and services that involve all parents and families (traditional, non-traditional, at-risk families) in the development of their children, often providing counseling, training, mentoring, nurturing and bonding, leadership opportunities, information, resources and/or materials for successful parenting.</p> <p><b><u>Description:</u></b> Several programs include family involvement and skill development (such as family literacy and parental empowerment) as a central aspect of their approach. These issues are part of the condition for establishing and nurturing a healthy learning environment for children and often serve to infuse values, ethics and morals.</p> <p><b><u>Subtopics:</u></b> Parental Education &amp; Training, Family Literacy, Child support, Family Stability, Foster Care, Adoption, Respite Care, Teen Pregnancy, Faith-based Institutions.</p>
<b>Community Development</b>	<p><b><u>Glossary:</u></b> Children growing up in homes and communities where essential needs are met to ensure positive growth and development through services such as social and emergency support, job training and other means to achieve self-sufficiency. Efforts that ensure the community is safe for and supportive of children and families.</p> <p><b><u>Description:</u></b> Of critical need across the District are financial and social supports to families in low to moderate income categories. The challenges of affordable housing, health care, education needs, transportation, and other factors often undermine a healthy and supportive environment for children.</p> <p><b><u>Subtopics:</u></b> Financial/Emergency Assistance, Economic Development, Housing, Public Safety, Employment and Job Training, Entrepreneurship, Work Readiness, Workforce Development, Adult Education, Reentry and incarceration, Self-Esteem and Positive</p>

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<i>Theme</i>	<i>Glossary, Description and Subtopics</i>
	Development, Mental Health, Counseling, Inter-generational Relations, Transportation.
<p><i>The fifth theme, System Access and Quality Assurance, applies to the resources that support, inform and empower those providing services directly to children and families. This is to be distinguished from the prior four themes due to its special nature in building their capacity and evaluating and advocating for their effectiveness.</i></p>	
<b>System Access and Quality Assurance</b>	<p><b>Glossary:</b> Institutions, services and programs that impact the lives of children and families through system improvement, institutional alignments, and by supporting those who care for and work with children and families directly.</p> <p><b>Description:</b> These are the organizing categories for the stakeholders and programs contributing to the development of partnerships, public education, advocacy efforts, research, evaluation and monitoring, program enhancements, and other means to build capacity, align and integrate systems, and ensure that resources to address the needs of children and families are adequate, appropriate, effective and sustainable.</p> <p><b>Subtopics:</b> Capacity-Building, Supporting Providers and Parents, Public Education, Developing Programmatic Linkages, Strategic Planning and Coordination, Resource and Referral, Research, Advocacy, Professional Development, Evaluation and Monitoring, Outcomes, System Linkages, Communications, Information and Knowledge Management.</p>

### **The Definition of an Early Childhood System**

During a retreat for the ECCS Steering Committee on November 28<sup>th</sup>, 2006 the question was posed to members: “What is a system?” Their responses varied but each conveyed a common message: a system is some combination of services, resources, and agencies that works together and is accessible to children and families. Some also preferred to define their *ideal* system rather than simply what a system is:

*An ideal family education and support system involves a continuum of services and agencies that provides a seamless flow of options and access (to concrete supports) to enhance child development and well-being of children 0-8 years old and their families.*

Taking the definition of a system again, the phrase “works together” is critical to the ideal. Each resource must work together with others to collaborate, share info, solve problems, share resources, provide feedback and act to address needs of the community. Feedback and guidance from numerous sources, most directly but not limited to the ECCS Steering Committee, led to recommendations and strategies for achieving the District’s “ideal system” for children and families.

## V. CORE RECOMMENDATIONS AND STRATEGIES FOR ACHIEVING SYSTEMS INTEGRATION AND COORDINATION

The proposed activities for ECCS implementation are aligned with the District's Vision for Children and Families. The Core Recommendations and their associated activities are listed below and include connections to the ECCS service delivery themes, the ECCS steering committee recommendations, as well as linkages to Mayor Adrian Fenty's "100 Days and Beyond: 2007 Action Plan for the District of Columbia."

### Core Recommendation 1:

**Create an early childhood "brand" for all District stakeholders to rally behind and develop a corresponding marketing and public outreach campaign to promote early childhood programs/services.**

### Core Implementation Activity 1:

**Develop a "brand" for early childhood in DC through the use of public awareness campaigns**

### Core Recommendation 2:

**"Create multiple points of access for services and resource information" through the creation of a "technological infrastructure consisting of a comprehensive database of resources";**

### Core Implementation Activity 2:

**Use the early childhood resources information gathered through ECCS to populate and update the Mayor's citywide social service resource center 211 Answers Please! This function is web-based and accessible via telephone.**

### Core Recommendation 3:

**"Create multiple points of access for early childhood services and resource information"**

### Core Implementation Activity 3:

**Reinstate the use of early childhood consultants to provide multidisciplinary training and on-site supports to early care and education programs and the families they serve; revitalize relevant components of the now defunct Healthy Child Care America Initiative.**

**Sources for Recommendations:** The following compiled list of recommendations are organized according to the ECCS-developed categories for all services and programs related to child development across the District of Columbia. The sources of this information are numerous and include ECCS-lead focus groups, site visits and interviews conducted with stakeholders and service providers across the District. Utilized also were existing reports and studies including the "Road Map to Universal School Readiness in the District of Columbia," "A Vision for DC Youth: The Task Force for Evidence-based Programs," "No Time to Wait: Ensuring a Good Start for Infants and Toddlers in the District of Columbia" report from the MACECD Task Force

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on Strategic Planning for Infant and Toddler Development, reports and briefings from the DC SPARK (Supporting Partnerships to Assure Ready Kids) Initiative, reports from the Universal School Readiness Stakeholders Group, community forums and strategic planning activities of the DC Education Compact process, reports from the DC Child and Family Services Agency, and others.

NOTE: In recognition that all recommendations and good ideas may be beyond the financial capacity or legislative authority of the ECCS Initiative, the selection of the activities for the implementation plan which follows were based on what was most feasible for the ECCS initiative to implement and what would yield the greatest return on investment. However, there are other systems building activities being pursued throughout the District and ECCS will continue to support them. Many of the recommendations below originated with ongoing planning groups collaborating with the ECCS process. Many of these recommendations will be pursued in partnership with, but not under the mandate of, the ECCS Implementation Plan.

### Recommendations for Improving DC’s System of Early Childhood

<i>Theme</i>	<i>Recommendation</i>
<b>Health and Safety</b>	<p><u>Description:</u> Taken in two parts, Health refers to the overall health and development of each child from pre-birth through eight years old. Safety refers to the child’s learning environments (classrooms, child care, playgrounds, communities) and home environment such as domestic abuse, substance abuse, neglect, and other forms of personal abuse.</p> <ul style="list-style-type: none"> <li>❖ Dedicate local funds to provide early intervention services to more infants and toddlers.</li> <li>❖ Assure access to mental health services by increasing the organizational commitment and resources of the Department of Mental Health to early childhood development</li> <li>❖ Opportunities to build community linkages through partnership to ensure that programs are efficient and effective</li> <li>❖ Planned expansion of various job training programs</li> <li>❖ Develop customized training through partnerships with private and public leading entities</li> <li>❖ Expand the recruiting outreach of community-based programs</li> <li>❖ Facilitate partnerships with education providers</li> <li>❖ Conduct periodic <b>asthma</b> screening for black and Latino children as part of annual exams</li> <li>❖ Better reporting mechanisms for the Department of Health to receive information on incidence of new diagnoses of <b>asthma</b></li> <li>❖ <b>Oral health</b> providers should be encouraged to participate in Medicaid through a better Medicaid reimbursement rate</li> <li>❖ DCPS should create an office of Special Health Services that would report directly to the Superintendent</li> <li>❖ Change school health rules to correspond with updated technology. Ex: diabetic school-aged children can self-administer insulin instead of going to the nurse’s office</li> <li>❖ Encourage teachers to understand, diagnose and act upon school-aged student health issues</li> </ul>

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<i>Theme</i>	<i>Recommendation</i>
	<ul style="list-style-type: none"> <li>❖ <u>Access to a Medical Home</u> <ul style="list-style-type: none"> <li>○ Opportunities to build community linkages through partnership to ensure that programs are efficient and effective</li> <li>○ Advocacy for funding and grant opportunities through an infrastructure of strategic partnerships, identification of service gaps and unmet needs</li> <li>○ Minimize the time involved in accessing services by providing customers with detailed up-to-date program information, registration requirements, and other prerequisites</li> <li>○ Even distribution of referrals to accommodate each organization’s capacity</li> <li>○ Facilitation of community planning through comprehensive program information searchable by service category, target population and geographic area</li> </ul> </li>   <li>❖ <u>Mental Health and Socio-emotional Development</u> <ul style="list-style-type: none"> <li>○ One location to access information on community services and mental health training.</li> <li>○ Equip school nurses with greater psychological counseling and assessment training to deal with violence, depression and suicide</li> <li>○ Get child care providers access to mental health resources</li> <li>○ Expand the services at schools to include behavioral, social and emotional development</li> <li>○ Providing incentives to schools to implement proven and appropriate programs and curriculum to prevent violence and substance abuse and promote mental health</li> <li>○ Expanding school based mental health to all DCPS and Charters through mixed funding from schools, local grants and Medicaid</li> <li>○ Involving parents and families as active partners in the selection of and planning for treatment</li> </ul> </li> </ul>
<b>Early Care and Education</b>	<p><u>Description:</u> Child care, schools and curriculum and non-curriculum-based early learning programs are at the heart of the child development system. Developmentally appropriate settings and environments are keys to the readiness and success of all children and cut across many Themes (Health &amp; Safety, Family Education &amp; Support, Quality Assurance).</p> <ul style="list-style-type: none"> <li>❖ Create a network of early childhood development programs and two comprehensive service centers, particularly in neighborhoods with poor performing schools and high concentrations of poverty.</li> <li>❖ Opportunities to build community linkages through partnership to ensure that programs are efficient and effective</li> <li>❖ Increase in the quality and community ownership of child care providers</li> <li>❖ Increase in the funding for capacity building and long-range planning</li> <li>❖ Early identification and better and earlier intervention to prevent the need for Special Education</li> <li>❖ Encourage teachers to understand health issues</li> <li>❖ Use more play activities and encouragement of parent habits and skills to stimulate child cognitive development</li> <li>❖ Aligning curriculum and instruction standards and priorities from Pre-K and Kindergarten, then Kindergarten to 1<sup>st</sup> grade</li> </ul>

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<i>Theme</i>	<i>Recommendation</i>
	<ul style="list-style-type: none"> <li>❖ Cross-training programs for educators would ensure that training doesn't occur in a vacuum</li> </ul>
<b>Family Education and Support</b>	<p><u>Description:</u> Several programs include family involvement and skill development (such as family literacy and parental empowerment) as a central aspect of their approach. These issues are part of the condition for establishing and nurturing a healthy learning environment for children and often serve to infuse values, ethics and morals.</p> <ul style="list-style-type: none"> <li>❖ Expand and better coordinate home visiting services to families.</li> <li>❖ Provide core funding for the Home Visiting Council to coordinate existing home visiting programs, to provide training and evaluation so programs meet high standards of quality, and to ensure families receive appropriate home visiting services.</li> <li>❖ Increase funding for home visiting services. Currently, fewer than 10 percent of at-risk families in the District receive a home visit.</li> <li>❖ Establish a universal screening and referral process for all parents of newborns who are District residents. Universal assessment and referral will ensure that families who receive home visiting programs are those that most need support, that families are referred to the home visiting program that best meets their needs, and that home visiting programs have the public and private partners to provide those families the resources that they need to achieve the best outcomes for themselves and their families.</li> <li>❖ Opportunities to build community linkages through partnership to ensure that programs are efficient and effective</li> <li>❖ Establish one location to access information on parent education and family support programs</li> <li>❖ Greater support and implementation for the five goals for parent education in DC: 1. parents empowered to take better care of children; 2. quality early childhood and education programs; 3. effective parent ed programs; 4. funding for parent ed; 5. parent ed training programs</li> </ul>
<b>System Access and Quality Assurance</b>	<p><u>Description:</u> These are the organizing categories for the stakeholders and programs contributing to the development of partnerships, public education, advocacy efforts, research, evaluation and monitoring, program enhancements, and other means to build capacity, align and integrate systems, and ensure that resources to address the needs of children and families are adequate, appropriate, effective and sustainable.</p> <ul style="list-style-type: none"> <li>❖ Provide parents of newborns and infants and toddlers with parenting information and support.</li> <li>❖ Invest in a continuum of proven practices* (evidence-based) of prevention, early intervention, and treatment programs.</li> <li>❖ Empower a collaborative of City child serving agencies, education leaders (DCPS and Charter Schools), researchers and families to work together to plan a comprehensive system.</li> <li>❖ Divesting in failed practices that have no evidence base and those which are not a best fit; (i.e. paid mentoring, residential treatment and out-of-state placement)</li> <li>❖ Reinvesting in a continuum of proven practices in natural settings--- home, community, and school-based services</li> </ul>

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<i>Theme</i>	<i>Recommendation</i>
	<ul style="list-style-type: none"> <li>❖ Building multi-agency collaboration and high-level accountability structures to City leadership</li> <li>❖ Building quality programs that can be accessed by children and families regardless of point of entry (i.e., No Wrong Door)</li> <li>❖ Support the professional development of infant and toddler child care providers</li> <li>❖ expansion of the following types of service:               <ul style="list-style-type: none"> <li>○ Infant (0-3) Child Care Centers</li> <li>○ Early Care and Education for Children with Special Needs</li> <li>○ 24 Hour Child Care/Non-traditional child care (to accommodate parents that work off-hours or late-night shifts)</li> <li>○ Parent Education and Support</li> <li>○ Respite Care (both drop-off sites and in-home services).</li> </ul> </li> <li>❖ Quality and Accessibility: While childcare is widely available, efforts need to be made to ensure that high quality, affordable and community-based care is available throughout the District.</li> <li>❖ Single Point of Access for Early Childhood Services: The major institutions that are responsible for early child care and education (DHS, DCPS, DPR) should collaborate to establish a single point of access for information about and access to services.</li> <li>❖ Expansion of various training programs for professionals working with children</li> <li>❖ Reduce programmatic silos for categorical programs</li> <li>❖ Increase awareness of the full range of services and opportunities available</li> <li>❖ Create a uniform case management system that ensures effective coordination, smooth transitions, dissemination of information to families and city agencies, and enables efficient budgeting and resources</li> <li>❖ Develop a formalized community-based infrastructure to further integrate services offered to overlapping populations</li> <li>❖ Prevent the need for the more expensive costs associated with challenges in youth and young adult populations.</li> <li>❖ Improve coordination of services across public and private institutions working with children by identifying or creating a central point of accountability for early childhood outcomes</li> <li>❖ The Executive and City Agency Leadership should develop the organizational structure needed for a City-wide shift to a continuum of proven prevention, intervention and treatment practices.               <ul style="list-style-type: none"> <li>Organization structure must:                   <ul style="list-style-type: none"> <li>❖ Be directly accountable to the Mayor and City Administrator</li> <li>❖ Involve researchers, parents, and providers</li> <li>❖ Tie closely to Citi-Stat system</li> <li>❖ Support a results-based culture shift</li> <li>❖ Build on proposed Integrated Services Fund</li> </ul> </li> </ul> </li> </ul>

## District of Columbia ECCS Implementation Plan

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All proposed activities below are aligned with the ECCS vision of “ensuring access to comprehensive, high-quality early childhood programs and services that promote child well-being and school readiness and ensure that all children are healthy, ready to learn and have safe passages through the early years”. Activities, action steps, and justification are listed below and include connections to the ECCS service delivery themes, 2006 ECCS steering committee recommendations, as well as linkages to Mayor Fenty’s “100 Days and Beyond: 2007 Action Plan for the District of Columbia”.

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### **ECCS Core Recommendation 1:**

**Create an early childhood “brand” for all District stakeholders to rally behind and develop a corresponding marketing and public outreach campaign to promote early childhood programs/services.**

### **Core Implementation Activity 1:**

**Develop a “brand” for early childhood in DC through the use of public awareness campaigns**

### **Anticipated Outcomes:**

- A unified message expressing the importance of early child development
- Greater collaboration across different services sectors (health, safety, child care, parent education, etc.) under the banner chosen
- Improved understanding and support on the part of the general public and civic, business and governmental leadership regarding the benefit of investing in children

### **Rationale/ Linkages:**

To develop an effective early childhood system requires community support and understanding of how to use the system – but the District has many systems and feedback suggests the public and many inside government are confused as to the role, function, and vision for early childhood services in the District. This recommendation addresses the need for public engagement efforts to ensure that all constituencies participating in and accessing the early childhood systems understand and are capable of articulating the system in a clear and concise manner. The District has adopted a vision for children and families. Our next step is to create a single brand that crystallizes that vision and provides a vehicle for gaining momentum for improving outcomes for children. Public engagement activities help establish and reinforce the brand and provide the key language that defines the early childhood system and its action plans to mobilize key stakeholders, communication plans to share information and dissemination, and advocacy work to build and sustain the early childhood system

### **Service Delivery Theme:**

This activity addresses the ECCS service delivery areas of parent education and family support, health and safety, community development, access and quality assurance, and early care and education.

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### Mayoral Priority:

None Identified.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Meet with DME to determine if any brand has been developed or is being planned</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>July 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Communication with the Deputy Mayor for Education regarding the status and viability of a early childhood brand</li> </ul>
<ul style="list-style-type: none"> <li>Research pre-developed public awareness campaigns such as those created by the “Born Learning Initiative” at the United Way</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>Some research conducted in 2006</li> <li>Additional efforts by August 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Review at least two major early childhood public education campaigns</li> <li>Determine appropriate usage of pre-existing materials</li> </ul>
<ul style="list-style-type: none"> <li>Develop public/private partnerships to support public awareness efforts—ex, “Fairfax Futures”</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>DME</li> <li>DCPS</li> </ul>	<ul style="list-style-type: none"> <li>November 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Development of at least two partnerships with private organizations to support public education efforts</li> </ul>
<ul style="list-style-type: none"> <li>Strategize ways in which to connect an early childhood brand or public awareness campaign to the <i>Pre-K Now! Initiative</i>, <i>DC Play Blocks</i>, and others</li> <li>Expand efforts of Pre K for All to include Early Childhood (birth-8)</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>Pre-K Now!</li> <li>DC Play Blocks Initiative</li> </ul>	<ul style="list-style-type: none"> <li>January 2008</li> </ul>	<ul style="list-style-type: none"> <li>Conduct meetings and discussions with Pre-K Now! Staff</li> <li>Secure the commitment of Pre-K Now! to support a 0-8 campaign</li> </ul>
<ul style="list-style-type: none"> <li>Invite representatives from North Carolina Smart Start to provide technical assistance regarding their efforts to build the Smart Start “brand”</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>MACECD</li> <li>Deputy Mayor for Education (DME)</li> </ul>	<ul style="list-style-type: none"> <li>ECCS has a standing commitment from Gerry Cobb and Karen Ponder to provide TA</li> <li>March 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Convene representatives from the Mayor’s Office, City Council and early childhood stakeholders to participate in discussions with NC Smart Start</li> </ul>

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<ul style="list-style-type: none"> <li>• Launch DC early childhood brand and public awareness campaign</li> </ul>	<ul style="list-style-type: none"> <li>• ECCS</li> <li>• MACECD</li> <li>• DME</li> <li>• Public and private partners</li> <li>• DC Metro system</li> <li>• Local radio, TV and print media</li> </ul>	<ul style="list-style-type: none"> <li>• September 2008</li> </ul>	<ul style="list-style-type: none"> <li>• The scale and impact of the campaign</li> <li>• Number of public education messages</li> <li>• Radio, TV and print advertisements and opportunities to share message</li> <li>• Public education posters on the DC Metro system</li> <li>• Utilization of brand by DC agencies and organizations (number and variety)</li> <li>• Long-term adoption of the brand by public and private organizations</li> </ul>
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**ECCS Core Recommendation 2:**

**“Create multiple points of access for services and resource information” through the creation of a “technological infrastructure consisting of a comprehensive database of resources”;**

**Core Implementation Activity 2:**

**Use the early childhood resources information gathered through ECCS and DOH’s Health Information Response Team (HIRT) to populate and update the Mayor’s citywide social services resource center, *211 Answers Please!***

**Anticipated Outcomes:**

- An enhanced ability for the District of Columbia to provide accurate, current and appropriate referrals to programs and services affecting children and families
- Improved strategic planning and partnership infrastructures for public and private organizations across the District
- Improve Ward-specific referrals and service coordination

**Rationale/ Linkages:**

Several co-occurring resources in the District are gathering and providing information through databases and other information systems. With the possible exception of child care information and referral, part of the challenge for the District, among early childhood stakeholders and parents alike, has been a shortage of good, accurate and up to date information regarding the programs and

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services available to children and families. While several agencies and organizations maintain their own databases of information on resources, in recent years great progress has been made to establish the Mayor’s *211 Answers Please* line as the leading and universally accessible database of social services resources in the District. The system and resource mapping process conducted through ECCS utilized other databases such as the 211 system in identifying resources relevant to children and families but then expanded upon the information 211 typically maintains. As such, the ECCS information has the potential to add helpful information to the 211 and other referral databases for use by both policy-makers, system stakeholders and the general public.

### Service Delivery Theme:

Addresses the ECCS service delivery areas of parent education and family support, health and safety, community development, access and quality assurance, and early care and education

### Mayoral Priority:

Pg 7 of Mayor Fenty’s “100 Days and Beyond: 2007 Action Plan for the District of Columbia” plan - “accelerate the implementation of a unified student tracking and data sharing system”; and  
Pg 14 – “create a plan for cross public agency data sharing”

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Contact 211 Administrators and technicians at OCTO to discuss in detail the capacity for varying degrees of systems upgrades</li> </ul>	<ul style="list-style-type: none"> <li>DHS</li> <li>ECCS</li> <li>HIRT</li> </ul>	<ul style="list-style-type: none"> <li>Initial conversation conducted February 2007</li> <li>July 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Review with OCTO the capacity and potential for the 211 line</li> </ul>
<ul style="list-style-type: none"> <li>Review information currently available inside “211”</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>Department of Human Services (DHS)</li> </ul>	<ul style="list-style-type: none"> <li>Initial review conducted in fall of 2006.</li> <li>Submit updated information for inclusion into 211’s system by July 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Examine the depth, breadth and accuracy of 211 information on individual programs and services</li> </ul>
<ul style="list-style-type: none"> <li>Review “211”, ECCS for accuracy</li> </ul>	<ul style="list-style-type: none"> <li>DHS</li> </ul>	<ul style="list-style-type: none"> <li>August 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Examine at least 100 program records of 211 information on individual programs and services</li> </ul>

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<ul style="list-style-type: none"> <li>Encourage DMH's access help line, DOH's information command center, and Washington Child Development Center (WCDC) to update "211" with early childhood resource information</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>DMH</li> <li>ECEA</li> <li>WCDC</li> </ul>	<ul style="list-style-type: none"> <li>October 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Broker a more active relationship and collaboration between 211 information management and DMH, MPCA and WCDC</li> </ul>
<ul style="list-style-type: none"> <li>Educate "211", DMH, and DOH resource line staff on the information provided to them (staff and training program)</li> </ul>	<ul style="list-style-type: none"> <li>MPCA</li> <li>DHS/ ECEA/Head Start Collab</li> <li>DMH</li> </ul>	<ul style="list-style-type: none"> <li>February 28, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Provide at least three orientation for frontline staff regarding the substance and status of program information</li> </ul>

### ECCS Core Recommendation 3:

**Improve early identification of children with developmental needs to minimize the likelihood of placement in special education programs.**

### ECCS Core Implementation Activity 3:

**Through participation in the National Academy for State Health Policy's (NASHP) Assuring Better Child Development (ABCD) Screening Academy, explore standardization of developmental screening tools used amongst providers enrolled in DC's Medicaid Managed Care Program.**

### Anticipated Outcomes:

- Improve early identification of children with developmental delays.
- Increased identification of mothers suffering from maternal depression.
- Improved system of tracking and measuring health outcomes amongst vulnerable populations.
- Enhanced quality assurance measures improving appropriate referrals and follow-up care.
- Statewide implementation of a standardized screening tool to identify developmental delays, social emotional needs, and/or maternal depression.

### Service Delivery Theme:

Addresses the service delivery areas of Health & Safety, Early Care and Education, Quality Assurance, and Systems Access.

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### Mayoral Priority:

Pg 7 – “Explore strategies for reducing special education costs by minimizing the need for special education through effective early intervention”.

Pg 14 – “Develop a system of early identification of child and adolescent mental health issues...”.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Jointly apply for participation in the ABCD Screening Academy</li> </ul>	<ul style="list-style-type: none"> <li>DOH/ECCS, DOH/Medicaid, DC AAP</li> </ul>	<ul style="list-style-type: none"> <li>April 20, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Completed application approved for submission</li> <li>Notice of acceptance received from NASHP</li> </ul>
<ul style="list-style-type: none"> <li>Identify potential partners to participate in ABCD</li> <li>Develop core leadership team and advisory stakeholder group</li> </ul>	<ul style="list-style-type: none"> <li>DOH/Medicaid, DOH/ECCS</li> </ul>	<ul style="list-style-type: none"> <li>May 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>List of potential partners</li> <li>Convene meeting to introduce ABDC and partners</li> </ul>
<ul style="list-style-type: none"> <li>Identify an appropriate tool for use in Medicaid managed care settings</li> </ul>	<ul style="list-style-type: none"> <li>Core leadership Team/ Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>July 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations for screening instrument</li> </ul>
<ul style="list-style-type: none"> <li>Identify barriers to statewide standardized screenings and prioritize potential solutions</li> </ul>	<ul style="list-style-type: none"> <li>Core leadership Team/ Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>July 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Conduct at least 2 focus groups of pediatricians, primary care physicians, and mental health providers</li> <li>Recommendations for improving identified barriers</li> </ul>
<ul style="list-style-type: none"> <li>Identify or create a system for tracking referrals and providing feedback to physicians on outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Core leadership Team/ Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>December 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Identification of needs, assessment of available systems, and solutions to fill gaps</li> <li>Established tracking system</li> <li>Testing of a tracking system prior to citywide implementation</li> </ul>

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<ul style="list-style-type: none"> <li>• Test an identified screening tool and optimal referral process at 3 pilot sites</li> </ul>	<ul style="list-style-type: none"> <li>• Core leadership Team/ Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>• February 28, 2007</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a curriculum for screening and referrals</li> <li>• Trainings conducted for physicians at pilot sites</li> </ul>
<ul style="list-style-type: none"> <li>• Assess impact of changes at pilot sites</li> </ul>	<ul style="list-style-type: none"> <li>• Core leadership Team/ Advisory Group</li> </ul>	<ul style="list-style-type: none"> <li>• July 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Measured outcomes including, % increase in identification, referral, treatment, and follow-up</li> </ul>
<ul style="list-style-type: none"> <li>• Implement the use of a standardized tool amongst all providers enrolled in the Medicaid managed care system</li> </ul>	<ul style="list-style-type: none"> <li>• Core leadership Team/ Advisory Group/American Academy of Pediatrics</li> </ul>	<ul style="list-style-type: none"> <li>• December 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Development of implementation schedule</li> <li>• Roll out of implementation plan</li> </ul>

### ECCS Core Recommendation4:

**“Create multiple points of access for early childhood services and resource information”**

### Core Implementation Activity 4:

**Reinstate the use of early childhood consultants to provide multidisciplinary training and on-site supports to early care and education programs and the families they serve; revitalize relevant components of the now defunct Healthy Child Care America Initiative.**

### Anticipated Outcomes:

- At least 75 childcare providers in the District of Columbia will host early childhood consultants by 2009.
- Increase by 15 percent the total number and tracking of referrals to comprehensive early childhood services for children in childcare settings.
- Expand the internal capacity of childcare providers to conduct health and child wellness services through formal and informal training and technical assistance.
- Hire, train, and deploy at least 30 early childhood consultants.
- Expand access to mental and socio-emotional health services by 20 percent for children in childcare.
- Expand by 15 percent the number of children receiving dental, vision, and hearing screens in childcare settings.

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### Rationale/ Linkages:

A cornerstone of District of Columbia’s strategy for children and families is the availability of comprehensive, high quality early care and education services that sufficiently meet the needs of children. Ensuring healthy environments for children in early care and education settings, and ensuring children and families have access to a variety of developmental and health care services are therefore high priorities. From 2001 until 2005 the District was a recipient of grant funds from HRSA to support the recruitment, training, placement and management of child care health consultants – a specially trained group of professionals who visit child care providers and render a comprehensive array of services to children at the facility. As a result, the Transitioning of Healthy Child Care America to a coordinated Early Childhood Comprehensive System via the ECCS grant is a citywide priority. This activity adds value to DC’s ECCS systems improvement process by increasing the capacity for education and training to child care programs, DCPS staff, health professionals, and other community-based and faith-based providers that work with young children.

### Service Delivery Theme:

Addresses the ECCS service delivery areas of parent education and family support, health and safety, community development, access and quality assurance, and early care and education

### Mayoral Priority:

Pg 13 of Mayor Fenty’s “100 Days and Beyond: 2007 Action Plan for the District of Columbia” plan - “explore expanding home visitation and early intervention programs to reduce infant mortality, child abuse and neglect, youth violence, and to support mental health and wellness...”; and

Pg 14 - “develop a system for early identification of child and adolescent mental health issues and for providing needed care locally”.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Create concept paper detailing the rationale for and purposes of this program</li> </ul>	<ul style="list-style-type: none"> <li>Early Childhood Comprehensive Systems Initiative (ECCS)</li> <li>Early Care and Education Administration (ECEA) of the Department of Human Services (DHS)</li> <li>Head Start State Collaborative Office</li> <li>Department of Mental Health (DMH)</li> </ul>	<ul style="list-style-type: none"> <li>July 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Active involvement by ECEA, MPCA, DMH, and the Head Start Collaborative Office in the development of the concept paper.</li> </ul>

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<ul style="list-style-type: none"> <li>Find consultants who have been trained in DC and convene them</li> </ul>	<ul style="list-style-type: none"> <li>Head Start Web Page (Beverly Jackson)</li> <li>MACECD Health Promotion Subcommittee</li> <li>DHS Early Care and Education Administration (ECEA)</li> <li>MPCA</li> <li>Department of Mental Health (DMH)</li> </ul>	<ul style="list-style-type: none"> <li>July 31, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Be able to account for the whereabouts and status of all previously trained and deployed childcare health consultants.</li> <li>Convene meetings and interviews with at least 70 percent of the childcare health consultants still residing in the Washington region.</li> <li>Hire and deploy all available consultants.</li> </ul>
<ul style="list-style-type: none"> <li>Work with a multidisciplinary team (including organizations currently involved in home visiting projects) to draft components of a pilot initiative</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>ECEA</li> <li>Maternal and Primary Care Administration (MPCA) of the DC Department of Health (DOH)</li> <li>Department of Mental Health (DMH)</li> <li>Head Start State Collaborative Office</li> </ul>	<ul style="list-style-type: none"> <li>September 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Development of the concept paper through active involvement of ECEA, MPCA, DMH, and the Head Start Collaborative Office.</li> </ul>
<ul style="list-style-type: none"> <li>Identify the models for early childhood consultants (ECC)</li> <li>Research successful models of health care consultant programs (NC)</li> <li>Research successful models of mental health consultant programs</li> <li>Create a working definition of early childhood mental health</li> <li>Create a working definition of early childhood mental health consultation (lay person and clinicians)</li> <li>Find commonalities amongst models and merge appropriate components to create a usable model for DC</li> </ul>	<ul style="list-style-type: none"> <li>MACECD</li> <li>Head Start State Collaboration Office</li> <li>ECCS</li> <li>DMH</li> <li>DCPS</li> </ul>	<ul style="list-style-type: none"> <li>September 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Build an appropriate and effective strategy for developing and deploying the child care health consultant program</li> <li>Review at least two state model for child care health consultant programs</li> </ul>

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<ul style="list-style-type: none"> <li>Identify means of deploying consultants to accredited child care centers and Head Start Sites</li> </ul>	<ul style="list-style-type: none"> <li>ECEA</li> <li>MPCA</li> <li>Head Start State Collaboration Office</li> <li>DCPS</li> <li>MACECD</li> </ul>	<ul style="list-style-type: none"> <li>January 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Review at least two state model for deployment of child care health consultants – including mental health consultants</li> <li>Formalize a method for deploying consultants complete with timeline goals and outcomes</li> </ul>
<ul style="list-style-type: none"> <li>Define roles/responsibilities of early childhood consultants. Anticipate challenges to meeting public demand for consultants (recruitment, training, salary, placement)</li> </ul>	<ul style="list-style-type: none"> <li>Mayor’s Advisory Committee for Early Child Development (MACECD)</li> <li>Network Support Center (NSC) - TA</li> <li>ECCS</li> <li>DMH</li> <li>DCPS</li> <li>Head Start State Collaboration Office</li> </ul>	<ul style="list-style-type: none"> <li>January 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Draft position descriptions of each type of child care health consultant (child wellness, mental health, oral health, etc.)</li> </ul>
<ul style="list-style-type: none"> <li>Establish an MOU between core agencies to sustain commitment for trainers/consultants</li> </ul>	<ul style="list-style-type: none"> <li>DCPS</li> <li>DOH</li> <li>DHS</li> <li>DMH</li> </ul>	<ul style="list-style-type: none"> <li>January 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Create an MOU between MPCA and ECEA, MPCA and DMH, and MPCA and MAA</li> </ul>
<ul style="list-style-type: none"> <li>Utilize existing funds from ECEA, ECCS, and seek out new funding opportunities from Johnson &amp; Johnson, Inc. to support this activity</li> </ul>	<ul style="list-style-type: none"> <li>ECEA</li> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>February 28, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Secure an additional \$50,000 to support this effort</li> <li>Prepare at least two grant applications to secure funds</li> </ul>
<ul style="list-style-type: none"> <li>Expand number of consultants with an optimal target of 30. Ensure cross-training availability and cross-agency deployment and utilization of consultants to address mental health, oral health, victimization and child abuse/neglect issues, culturally and linguistically appropriate skills, etc.</li> </ul>	<ul style="list-style-type: none"> <li>Head Start Web Page (Beverly Jackson)</li> <li>MACECD Health Promotion Subcommittee,</li> <li>DHS Early Care and Education Administration (ECEA)</li> <li>MPCA</li> <li>Department of Mental Health (DMH)</li> <li>DCPS</li> </ul>	<ul style="list-style-type: none"> <li>September 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Train at least two consultants at Frank Porter Graham at UNC by February 1, 2008</li> <li>Use trained consultants to train and deploy an additional 28 consultants by June 30, 2008</li> <li>Partnerships with training institutes and various DC agencies to provide cross-training opportunities for consultant</li> </ul>

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<ul style="list-style-type: none"> <li>Establish a strategy and infrastructure for the consultants to bill Medicaid for services to eligible children</li> </ul>	<ul style="list-style-type: none"> <li>DOH Medical Assistance Administration (MAA)</li> <li>Maternal and Primary Care Administration (MPCA – formerly the Maternal and Family Health Administration)</li> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>December 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Partnership between MPCA and MAA to develop the infrastructure to bill Medicaid for services to eligible children</li> <li>Partnership with any appropriate external organization to bill for Medicaid services</li> </ul>
<ul style="list-style-type: none"> <li>Identify other funding sources to support early childhood consultants (ECC) and their training for five years (e.g. Robert Wood Johnson)</li> </ul>	<ul style="list-style-type: none"> <li>MACECD</li> </ul>	<ul style="list-style-type: none"> <li>February 30, 2009</li> </ul>	<ul style="list-style-type: none"> <li>Prepare and submit at least two grant applications to secure additional funds</li> </ul>

The following activities are termed “supporting” as they provide opportunities for the ECCS initiative to directly support ongoing and already established functions or activities lead by agencies mostly outside of the Department of Health and the authority of ECCS Implementation funds. They share a clear link to the ECCS vision and ideals, though most are not directly tied to implementation recommendations provided either by the ECCS steering committee or through the Mayor’s 2007 Action Plan. Instead, they are activities in which system building will be achieved through continuing and strengthening existing partnerships.

### **Supporting Implementation Activity 1:**

*Consolidation of early childhood planning groups/ determining ways to more effectively link them to one another*

#### **Anticipated Outcomes:**

- A reduction of the total number of planning and advisory groups in the District that are free-standing entities lacking budgetary, regulatory or programmatic authority over more than one program or early childhood issue
- Enhanced collaboration and integration among and between stakeholder groups
- Identify and confirm the termination or merging of unnecessary, defunct, and/or inactive planning groups

#### **Rationale/ Linkages:**

There are many planning and advisory groups in the District of Columbia and it has been historically difficult for stakeholders to participate in any or all of the groups that may cover interests overlapping with their responsibilities. Furthermore, very few of the planning groups in the District have budgetary or program oversight authority. As such, while they may provide value to their participants as a forum for discussion early childhood issues, sharing often valuable program information and perspectives, and

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framing potential courses of action, these groups often lack the ability to manifest systemic changes. This activity addresses the ECCS service delivery areas of access and quality assurance, health and safety, and early care and education.

**Mayoral Priority:**

Pg 6 of Mayor Fenty’s “100 Days and Beyond: 2007 Action Plan for the District of Columbia” plan – “Reaffirm commitment to using the existing Mayor’s Advisory Committee on Early Childhood Development (MACECD) to drive systemic quality improvement”.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Identify groups and revise the existing ECCS DC Planning Group Map to provide an accurate picture of existing and thriving early childhood planning groups</li> </ul>	<ul style="list-style-type: none"> <li>MACECD</li> <li>Deputy Mayor for Education (DME)</li> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>A revised Map was provided in January, 2007</li> <li>Next revision: December, 2007</li> </ul>	<ul style="list-style-type: none"> <li>A comprehensive, accurate and updated map of collaborative groups in DC</li> <li>Involvement by and support of the Mayor’s Office in the identification of planning groups and their status</li> </ul>
<ul style="list-style-type: none"> <li>Meet with MACECD Chairperson to discuss possible options</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>February 28 , 2008</li> </ul>	<ul style="list-style-type: none"> <li>Successfully schedule a meeting and open conversation with MACECD leadership regarding a potential structure and plan for coordinating collaborative activities</li> </ul>
<ul style="list-style-type: none"> <li>Convene planning group coordinators to discuss the feasibility of merging or more effectively linking with other early childhood related planning groups</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>June 30<sup>th</sup>, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Involvement of key DC stakeholders and collaborative groups in the discussion of the structure and options for modifying the status and integration of collaborative groups</li> <li>Identification of at least three structurally appropriate mergers or realignments of planning groups</li> </ul>

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<ul style="list-style-type: none"> <li>• Link groups to MACECD and its subcommittees</li> </ul>	<ul style="list-style-type: none"> <li>• MACECD</li> <li>• DME</li> <li>• ECCS</li> </ul>	<ul style="list-style-type: none"> <li>• December 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Restructuring and potential consolidation of early childhood planning groups under the potential header of MACECD or a series of other convening bodies</li> <li>• Restructure/realign at least two MACECD subcommittees</li> </ul>
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### Supporting Implementation Activity 2:

*Create health indicators and benchmarks for children aged 0-8 in DC*

### Anticipated Outcomes:

- A single set of early childhood indicators for use by multiple agencies in documenting the status of child and family health, development, and support
- Cross-agency collaboration to track and monitor child outcomes
- An annual report card disseminated to the general public and District leadership highlighting trends in early childhood

### Rationale/ Linkages:

This activity addresses the ECCS service delivery areas of health and safety, early care and education, and access and quality assurance. Indicators will ultimately serve as the measures by which the success of the ECCS initiative will be applied in the long-term.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>• Connect with groups who are currently working to develop citywide child indicators such as the Children’s Advocacy Roundtable Group and the MACECD Health Promotion Subcommittee</li> </ul>	<ul style="list-style-type: none"> <li>• ECCS</li> <li>• MACECD</li> <li>• ECEA</li> <li>• DCPS</li> </ul>	<ul style="list-style-type: none"> <li>• September 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings and collaborative discussions with advisory groups across DC</li> <li>• Number of meetings held to discuss indicators</li> <li>• Number of stakeholders offered an opportunity to contribute to the creation of the indicators</li> </ul>
<ul style="list-style-type: none"> <li>• Rely on guidance from the Healthy People 2010 Initiative in initially developing benchmarks</li> </ul>	<ul style="list-style-type: none"> <li>• ECCS</li> </ul>	<ul style="list-style-type: none"> <li>• January 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Incorporation of Healthy People 2010 in the discussion for developing indicators</li> </ul>

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<ul style="list-style-type: none"> <li>Review indicators used by Safe Passages Report in 2002 and assess feasibility of adaptation to current application</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>DME</li> <li>ECEA</li> <li>MACECD</li> </ul>	<ul style="list-style-type: none"> <li>January 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Review Safe Passages indicators</li> <li>Convene a conversation with the Mayor's office and interested agencies and advisory groups to discuss inclusion of Safe Passages indicators and methods</li> </ul>
<ul style="list-style-type: none"> <li>Unveil indicators and solicit feedback during 2008 Universal School Readiness Conference</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>April 2008</li> </ul>	<ul style="list-style-type: none"> <li>Completion and adoption of a single set of indicators</li> <li>Secure an opportunity to discuss indicators with a broad audience</li> </ul>

### Supporting Implementation Activity 3:

*ECCS to co-sponsor Universal School Readiness (USR) 2007 Annual Conference*

### Anticipated Outcomes:

- Secure opportunities to discuss early childhood issues covered by the ECCS Initiative
- Increased education of early childhood stakeholders (child care providers, agency representatives, child care monitors, etc.) on current issues, updates, and best practices related to the 5 ECCS service delivery areas.

### Rationale/ Linkages:

The overall goal of this conference is to provide education, training, and resource support to teachers, parents, health professionals, child care providers, and others who work with or have impact on children's readiness to learn and succeed upon entering school. This activity addresses the ECCS service delivery areas of health and safety, parent education and family support, early care and education, and systems access.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>ECCS coordinator will serve as a member of the planning body for the annual conference</li> </ul>	<ul style="list-style-type: none"> <li>ECCS Coordinator</li> <li>Early Childhood Learning Institute (ECLI)</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing through 05-28-07</li> </ul>	<ul style="list-style-type: none"> <li>Participation in the conference planning group by ECCS representative</li> </ul>

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<ul style="list-style-type: none"> <li>ECCS coordinator will organize the creation of at least 6 child health-related workshops</li> </ul>	<ul style="list-style-type: none"> <li>ECCS Coordinator/ MPCA Staff</li> </ul>	<ul style="list-style-type: none"> <li>Workshops completed - May 2007</li> </ul>	<ul style="list-style-type: none"> <li>At least 5 child/maternal health related workshops sponsored through ECCS/MPCA</li> <li>Number of participants attending workshops</li> <li>Number of continuing education credits awarded through sponsored workshops</li> </ul>
<ul style="list-style-type: none"> <li>ECCS will be a conference sponsorship partner</li> </ul>	<ul style="list-style-type: none"> <li>ECCS Coordinator</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing through 05-28-07</li> </ul>	<ul style="list-style-type: none"> <li>ECCS/MPCA recognition and involvement as a conference sponsor and organizer</li> </ul>

### Supporting Implementation Activity 4:

*Provide input regarding early child care professional development needs, requirements, criteria, and activities for FY 08 and FY09*

### Anticipated Outcomes:

- Greater coordination of stated child care worker professional development needs among DC planning and training organizations
- Improved coordination of training opportunities and professional development standards

### Rationale/ Linkages:

To provide quality services that will have the best outcomes for children and families, it is important that the staff providing the services are knowledgeable about their jobs, early childhood development, and the impact that they can have on positive outcomes for the development of young children. One part of the Recommendation is to reinforce core competencies that allow individuals to move laterally across disciplines as well as up in their own discipline as a way to develop a cross trained and integrated work force and to offer more opportunities for early childhood staff. This activity is aligned with ECCS service delivery areas of community development, access and quality assurance, early care and education.

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Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Members of the ECCS state team will participate in an annual three series planning session sponsored by the Early Care and Education Administration. The areas of interest range from Education, Early Childhood, Health, Mental Health, Systems Design, and Organization Development</li> </ul>	<ul style="list-style-type: none"> <li>ECCS/MPCA</li> <li>ECEA</li> </ul>	<ul style="list-style-type: none"> <li>Y1 Session 1: January 2007</li> <li>Y1 Session 2: March 2007</li> <li>Y1 Session 3: TBA 2007</li> <li>Y2 Session 1-3: January 2008-August 2008</li> </ul>	<ul style="list-style-type: none"> <li>Participation by ECCS State Team in professional development planning sessions</li> <li>Inclusion of ECCS recommendations and findings in the design and planning of professional development efforts</li> </ul>

### Supporting Implementation Activity 5:

*Facilitate conversations that lead to linkages to the newly developed Medicaid health information database*

### Anticipated Outcomes:

- Improve coordination of health care services and outcomes for children eligible for Medicaid
- Enhance the sharing of information between Medicaid (EPSDT) and DCPS, ECEA and MPCA regarding trends in maternal and child health
- Improved data entry and accessibility to ensure Medicaid-eligible children receive high quality services
- Reduced duplication of administrative costs associated with health care services and records for Medicaid-eligible children
- Optimization of Medicaid usage by eligible populations

### Rationale/ Linkages:

The new Medicaid database is based upon information gathered through the EPSDT forms. From 2002-2005 the District developed a Universal Health Screening Form to be used by child care providers, before- and after-school programs, DC Public Schools and others for assuring health and immunization compliance and records for all children and youth. However, the EPSDT form used by Medicaid are not part of the Universal Health Screening Form and these forms are likely to remain separate. Part of the purpose for this implementation activity will be to assess the information tracked by both of the databases associated with each of these forms to ensure that information useful to any and all parties, as permitted by law, can be accessed and available. For those accessing these databases, obtaining information regarding EPSDT and vaccination information is important, but currently only basic or incomplete information is available on most children's medical charts. An outcome of this activity should be improved data entry and accessibility that limits duplication of services to children and families, promotes collaboration between variant service providers, and creates a

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system of monitoring that ensures children and families are receiving high quality services. This activity addresses the ECCS service delivery areas of Health and Safety (Access to a Medical Home); and System Access and Quality Assurance.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>• Include special needs children as part of database development and implementation</li> </ul>	<ul style="list-style-type: none"> <li>• MCPA, CSHCN</li> <li>• HSC, Inc</li> </ul>	<ul style="list-style-type: none"> <li>• May 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Utilization of Medicaid database to assist MPCA's Division of Children with Special Health Care Needs and HSCSN, Inc. to track and monitor services to these children</li> <li>• Enhanced coordination of services to special needs children</li> </ul>
<ul style="list-style-type: none"> <li>• Identify stakeholders to participate in conversation</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• ECCS</li> </ul>	<ul style="list-style-type: none"> <li>• June 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Involvement of departmental leadership from key agencies and organizations</li> <li>• Timeliness of discussions and time to complete planning effort</li> </ul>
<ul style="list-style-type: none"> <li>• Clarify the purpose of the databases, who its users are, how children and families will ultimately benefit from implementation</li> </ul>	<ul style="list-style-type: none"> <li>• ECCS</li> </ul>	<ul style="list-style-type: none"> <li>• September 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Clear lines of responsibility and accountability for data entry, data integrity, confidentiality and services to children</li> <li>• Involvement of Medicaid providers in the discussion of any changes to the inputting of data and the systemic expectations for its quality and use</li> </ul>

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<ul style="list-style-type: none"> <li>Determine the services Medicaid provides and the data available in their system</li> </ul>	<ul style="list-style-type: none"> <li>MPCA</li> <li>MAA</li> <li>ECCS</li> </ul>	<ul style="list-style-type: none"> <li>September 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Identification of major health services provided through EPSDT and their correlation to information gathered through the Universal Health Form and standard practices at the Early Intervention Program and Children with Special Health Care Needs Bureau</li> <li>Assessment and improvement of any difficulties associated with data entry and compliance by Medicaid providers</li> </ul>
<ul style="list-style-type: none"> <li>Determine capacity for linkages with childcare facilities and Head Start sites</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>ECEA/Head Start Collab Office</li> <li>MAA</li> </ul>	<ul style="list-style-type: none"> <li>February 2009</li> </ul>	<ul style="list-style-type: none"> <li>Identification of major health services provided through EPSDT and their correlation to information gathered through the Universal Health Form used by child care and Head Start providers</li> </ul>
<ul style="list-style-type: none"> <li>Provide an orientation to all early childhood stakeholders who might serve Medicaid children and partners for education and solicitation</li> </ul>	<ul style="list-style-type: none"> <li>ECCS</li> <li>ECEA/Head Start Collab Office</li> <li>MAA</li> </ul>	<ul style="list-style-type: none"> <li>March 30, 2009</li> </ul>	<ul style="list-style-type: none"> <li>At least two orientations (one on a weeknight) to child care providers, health care practitioners and others serving Medicaid-eligible children</li> <li>Use MACECD and USR monthly meetings as a vehicle for orientations</li> <li>Participation of at least thirty providers in orientations</li> </ul>

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<ul style="list-style-type: none"> <li>• A minimum of 15 site connections to be launched</li> </ul>	<ul style="list-style-type: none"> <li>• ECCS</li> <li>• ECEA/Head Start Collab Office</li> <li>• MAA</li> </ul>	<ul style="list-style-type: none"> <li>• August 30, 2009</li> </ul>	<ul style="list-style-type: none"> <li>• Include at least 15 child care and Head Start sites in the Medicaid database integration discussion</li> <li>• Assess capability and appropriate access to Medicaid information by a piloted group of providers – and select appropriate providers</li> </ul>
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### Supporting Implementation Activity 6:

*Increase access to appropriate care and education by initiating “Head Start First” - increase access to appropriate and affordable childcare by first requiring enrollment in Head Start before using child care slots delineated by other sources of funding.*

### Anticipated Outcomes:

- Maximization of the Head Start funds and available slots in the District
- Increase the public’s knowledge of Head Start and its utilization
- Increase the percentage of Head Start-eligible children participating in the program
- Non-duplication or redundancy of early care and education services to children 3-4 yrs old who are eligible for Head Start
- Demonstrate effective and efficient programmatic coordination between pre-k providers and Head Start

### Rationale/ Linkages:

Public awareness of the availability of Head Start is mixed and some child care providers do not refer children eligible for Head Start to Head Start. While competition between programs is a barrier/struggle, the District must bring together parties to ensure cooperation, not competition. This activity addresses the ECCS service delivery area of access and quality assurance and early care and education.

### Mayoral Priority:

Pg 19 of Mayor Fenty’s “100 Days and Beyond: 2007 Action Plan for the District of Columbia” plan - “Develop a strategy to transform child care, Head Start, and pre-kindergarten programs into a coordinated system that assures school readiness by age 5”.

## District of Columbia ECCS Implementation Plan

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> <li>Determine barriers to enrollment in Head Start</li> </ul>	<ul style="list-style-type: none"> <li>ECEA</li> <li>DCPS</li> <li>Charter schools</li> <li>DME</li> </ul>	<ul style="list-style-type: none"> <li>July 31<sup>st</sup>, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Convene a group of Head Start and child care providers to discuss and identify barriers to enrollment</li> </ul>
<ul style="list-style-type: none"> <li>Develop a plan to address enrollment barriers (i.e., stigma, dual eligibility, protocols)</li> </ul>	<ul style="list-style-type: none"> <li>UPO</li> <li>Head Start State Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>December 30, 2007</li> </ul>	<ul style="list-style-type: none"> <li>Timely development of a DC-wide strategy and campaign for ensuring enrollment barriers are minimized</li> </ul>
<ul style="list-style-type: none"> <li>Implement/evaluate plan</li> </ul>	<ul style="list-style-type: none"> <li>Head Start</li> <li>UPO</li> </ul>	<ul style="list-style-type: none"> <li>Commence implementation by May 2008</li> <li>Evaluate progress June 2009</li> </ul>	<ul style="list-style-type: none"> <li>Number and penetration of public education and child care provider outreach campaigns to ensure Head Start First</li> <li>0% of child care providers not receiving Head Start funds will provide services to Head Start-eligible children</li> <li>Selection of an external evaluator to assess progress</li> </ul>
<ul style="list-style-type: none"> <li>Educate health care and Social Services providers about Head Start First</li> </ul>	<ul style="list-style-type: none"> <li>UPO</li> <li>DCPS</li> <li>ECEA</li> </ul>	<ul style="list-style-type: none"> <li>May 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Provide a minimum of two presentations to health care and social service providers who serve child care and Head Start facilities</li> <li>Link Head Start First to the Early Childhood Consultant corps</li> </ul>

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<ul style="list-style-type: none"> <li>Develop strategies to educate and encourage parents to enroll their children in Head Start (get statistics)</li> </ul>	<ul style="list-style-type: none"> <li>UPO</li> <li>DCPS</li> </ul>	<ul style="list-style-type: none"> <li>May 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Development of public education campaigns</li> <li>Market penetration of advertisements, public service announcements</li> <li>Dissemination of pamphlets and brochures to families likely to be eligible for Head Start</li> </ul>
<ul style="list-style-type: none"> <li>Educate child care and head start providers to ensure eligible children are in H.S., not C.C.</li> </ul>	<ul style="list-style-type: none"> <li>ECEA</li> <li>Washington Child Development Council (WCDC)</li> <li>DCPS</li> </ul>	<ul style="list-style-type: none"> <li>First round: May 30, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Provide a minimum of three presentations to child care provider stakeholder groups</li> <li>Make presentations and announcements at USR meetings and conferences</li> <li>Involvement of child care subsidy Monitors in the education and monitoring of child care providers to ensure their referral to Head Start for all eligible children</li> </ul>
<ul style="list-style-type: none"> <li>Establish protocol and provide training</li> </ul>	<ul style="list-style-type: none"> <li>Head Start State Collaborative</li> </ul>	<ul style="list-style-type: none"> <li>May 31, 2008</li> </ul>	<ul style="list-style-type: none"> <li>Provide at least three training opportunities to child care providers</li> <li>Equip child care providers with Head Start enrollment forms to pre-screen potentially eligible children</li> </ul>