



District of Columbia
State Early Childhood Development Coordinating Council (SECDCC) Meeting
March 21, 2016

Members Present: Margie Yeager, Rachel Joseph, Hanseul Kang, Erin Kupferberg, LaQuandra Nesbitt, Denise Dunbar, LaToya Smith, Patricia Stonesifer, Sean Campagnucci, Elizabeth Groginsky, Michela English, Lee Beers, Judy Berman, Patricia Reeber, Cecelia Alvarado, Jennifer Lockwood-Shabat, Colleen Sonosky

Others Present: Rosalina Burgos, Thelma Wong, Margareth Legaspi, Nicholas Kent, Denise Nedas, Pyper Davis, Anjali Talwalkar, Rosalina Burgos, Anthea Seymour, Robert Gundling, Wendy Goldberg,

Call to order: 2:35 p.m.

I. WELCOME AND INTRODUCTIONS

- Lee provided an overview of the objectives of this meeting followed by a brief round of introductions.

II. ENHANCED QUALITY RATING AND IMPROVEMENT SYSTEM (QRIS) – PowerPoint

- Thelma Wong, Early Learning Policy Fellow at the Division of Early Learning (Bainum Family Foundation), provided an overview of the enhanced QRIS and the steps the Division of Early Learning has taken to launch the pilot in April 2016.
 - QRIS is a systemic approach to assess, improve, and communicate the quality of early care and learning programs across the District of Columbia in DC public schools, public charter schools, and community-based organizations.
 - QRIS is required in the Child Care Development Block Grant Act of 2014.
 - The enhanced QRIS will use research-based tools to rate the quality of programs; the Classroom Assessment Scoring System for preschool and pre-Kindergarten programs combined with in-seat attendance, and the Environmental Rating Scales for infants and toddlers.
 - The enhanced QRIS is undergirded by the continuous quality improvement plan (CQIP), which all programs will develop and implement with the support of a Quality Facilitator provided by OSSE.
 - The Quality Rating and other meaningful indicators of quality will be published in a Quality Profile during full implementation.
 - No ratings or quality profile information will be published during the pilot.
 - Subsidy rates will not change during the pilot.
 - Pilot sites were preselected based on specific criteria. Invitation letters to attend the pilot orientation (March 31) were sent out on March 17 to community-based organizations and on March 22 to DC public schools.
 - OSSE will confirm pilot participants by April 5, and the pilot will launch on April 12.

○ Questions included:

- How will the QRIS affect the tiered rate reimbursement levels?
Elizabeth responded: *The pilot will help us define the right quality levels and tiered rate levels. The subsidy rates will not change during the pilot. The tiered subsidy rates will still be a part of the enhanced QRIS incentives during full implementation.*
- What are the outcome areas that we are looking at?
Hanseul responded: *We will be using the Classroom Assessment Scoring System that was outlined in the presentation for pre-K classrooms and the Environmental Rating Scales for infants and toddlers.*
- Will the subsidy rate be tied to the quality rating improvement system?
Elizabeth responded: *The subsidy rate will continue to be tied to quality. The new tiered rating will also have a tiered rate reimbursement to correspond with quality.*
- When will this roll out?
Elizabeth responded: *We have an extensive work plan. Starting this fall we will plan for full implementation. We will be providing more details as to what full rollout will look like. As we wrap up the pilot in 2017, we will include additional benchmarks and milestones around planning for the rollout. We want to be sensitive to programs who have recently been accredited.*
- For CBOs, business plans have to be predicated around staff development strategies. Programs need to understand the quality measures and build their professional development around the quality standards.
Elizabeth responded: *This is helpful for us to think about as we work to find ways to help all programs identify methods and opportunities to improve towards the standards in the enhanced system as we prepare for full implementation. This year's data will be used as the benchmark and measured against the following year's CLASS scores.*
- Comment on the reliability of CLASS as a measure with dual-language learners.
Hanseul responded: *During the pilot we will need to collect additional data regarding instructional support provided to dual-language learners.*

III. OVERVIEW OF THE DEPARTMENT OF BEHAVIORAL HEALTH'S EARLY CHILDHOOD INITIATIVES – (PowerPoint)

- Dr. Tanya Royster, Director of the Department of Behavioral Health (DBH), provided an overview of the community-based and school-based initiatives of DBH.
 - The Parent Infant Early Childhood Enhancement Program (PIECE) is the community-based mental health service to children between the ages of 3 and 7.6 years who exhibit challenging social, emotional, and disruptive behaviors that cause impairment in functioning at home, school/daycare, and in the community.
 - Child Parent Psychotherapy (CPP) is used with children aged 0-6 and is a relationship-based treatment for parents and children to help restore normal developmental functioning in the wake of violence and trauma.

- Parent-Child Interaction Therapy (PCIT) is used with children aged 2-6 and is an evidence based practice with specified, step-by-step, live coached sessions with both the parent/caregiver and the child with an emphasis on changing negative parent/caregiver child patterns.
- School-based services are available in 70 DCPS and DC public charter schools and include primary prevention (school-wide, classroom-based, and mental health interventions), early intervention services (targeted at the earliest occurrence of a concern), treatment services (referred to the community for individual, family, and group therapy), crisis services (interventions for urgent situations and needs), and parent/family support.
 - Primary Project: operates in 45 sites and has six components that include screening, intervention, collaboration, supervision, evaluation, and integration.
 - Healthy Futures: connects Early childhood mental health clinicians to 26-27 child development center sites a year to provide on-site mental health consultations.
- DBH plans to expand Healthy Futures and the Primary Project through a partnership with OSSE on the Quality Improvement Network and Pre-K Enhancement and Expansion sites.
- Questions included:
 - What is the effect of turnover at centers?
 Dr. Royster responded: *Healthy Futures began six years ago. We have been with the same centers for those six years, and we've seen a high turnover at the teacher and director level. In some instances, our mental health consultants were helping staff transition into their roles at the centers.*
 Robert Gundling responded: *We have had the same mental health consultant for years. The consultant is engaged and involved with staff. We have seen changes at the director level, and our consultant has helped the director transition them. Our consultant provides support to teachers who have their own mental health challenges. There is a high percentage of children with challenging behaviors, and it's helpful to have our consultant in the classrooms to model positive interactions with children. This is something that must be expanded to meet the needs of the District.*
 - Given the limited bandwidth, is there a waitlist? What's the method for requesting the service?
 Dr. Royster responded: *For the last five years, the program numbers have remained flat. We had four consultants assigned to schools. We've had other programs who've expressed interest in the program, but we haven't been able to fulfill those requests. We need to come up with a criteria to expand to an additional 45 sites. We will be supporting the Pre-K Enhancement sites and QIN.*
 - How long is the referral process?
 Dr. Royster responded: *We require a referral to be made within seven days. To see a psychologist (if deemed appropriate) can take 30-45 days. Routine medical health is 28 days.*

IV. COMMITTEE REPORTS

- Program Quality: Cecilia Alvarado and Cynthia Davis
 - Cecilia reported that there is no update at this time.
- Data, Needs Assessment, and Insights: Erin Kupferberg and Dana Jones
 - Erin expressed the need to develop a core project management team comprised of one point person from each agency as an important first step to create an Early Childhood Integrated Data System. This core team will design the mission and vision, and represent the needs of their agencies.
- Finance and Policy: Judy Berman and Stacey Collins
 - Judy was pleased to announce that they will be meeting April 12 at 4:00 with a clear agenda to align policy recommendations with financial investments.
- Early Intervention and Family Support: LaToya Smith and Pam Brown-White
 - LaToya and Pam have come up with a list of invitees to participate on their committee.
- Health and Well-being: Maria Gomez and Colleen Sonosky
 - In concert with some changes from DHCF's side and DOH, the Immunization Task Force will be reconfigured to broaden focus to pediatric primary care. They will add Dr. Talwalkar to the subcommittee on school readiness and pediatric primary care.

V. STRATEGIC PLAN PRESENTATION (PowerPoint)

- Hanseul presented a brief overview of the three-year strategic plan that was finalized in the fall of 2015. Hanseul announced OSSE's plans to roll out the strategic plan with stakeholders this spring.
 - The four key priorities are high-quality and actionable data, a focus on quality and equity, responsive and consistent service, and top-notch talent.
 - Hanseul thanked education partners, community-based organizations, and local education agencies for their engagement in creating the plan.

VI. PUBLIC COMMENTS

- Patty Reeber reported that 8300 children (20% of eligible children) have been enrolled in STAR Books from Birth. 64% of those children are from target wards, 1, 5, 7, 8. Visit dclibrary.org/booksfrombirth for more information.