

# State Early Childhood Development Coordinating Council



March 2016  
Council Meeting

# Meeting Objectives

- Engage SECDCC members in the work of the committees
- Update members on the status of the Enhanced Quality Rating and Improvement System (QRIS)
- Inform members on the Department of Behavioral Health Early Childhood Initiatives
- Apprise members of the Office of the State Superintendent (OSSE) three-year Strategic Plan

# Agenda

- I. Welcome
- II. Introductions
- III. Enhanced Quality Rating and Improvement System (QRIS)
- IV. Early Childhood Mental Health Services and Supports
- V. Committee Reports
- VI. OSSE Strategic Plan
- VII. Public Comment



# **Enhanced Quality Rating and Improvement System**

# PART I

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## Overview

- PART I: Overview
- PART II: Need for Enhancement
- PART III: Enhanced QRIS
- PART IV: Pilot and Next Steps

# Quality Rating and Improvement System

## What is QRIS?

A systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. The five main components are:

- Quality standards for programs and practitioners
- Aligned supports and infrastructure to meet quality standards
- Continuous monitoring of programs to ensure quality
- Incentives linked to meeting quality standards
- Consumer information for public transparency

## QRIS Historical Milestones

- The first statewide QRIS launched in Oklahoma in 1998
- Race to the Top Early Learning Challenge 2011 began funding QRIS
- CCDBG Act of 2014 requires QRIS
- The District of Columbia launched *Going for the Gold* in 2000
- The District's Pre-K Enhancement and Expansion Act of 2008 created universal pre-K

# PART II

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## Need for Enhancement

- PART I: Overview
- PART II: Need for Enhancement
- PART III: Enhanced QRIS
- PART IV: Pilot and Next Steps



States across the country, including the District, are prompted to enhance their QRIS for a variety of reasons.

- Growing body of research
- Changing population
- Changing enrollment
- Changes in federal and local laws, regulations, and policies
- Lack of alignment with current QRIS and other system components
- Unexpected distribution of program ratings
- Unexpected movement (or lack of movement) of programs up or down the ratings





**The District of Columbia  
passed the Pre-K  
Enhancement and  
Expansion Act of 2008,  
creating universal access  
for 3-and 4-year-old  
children.**

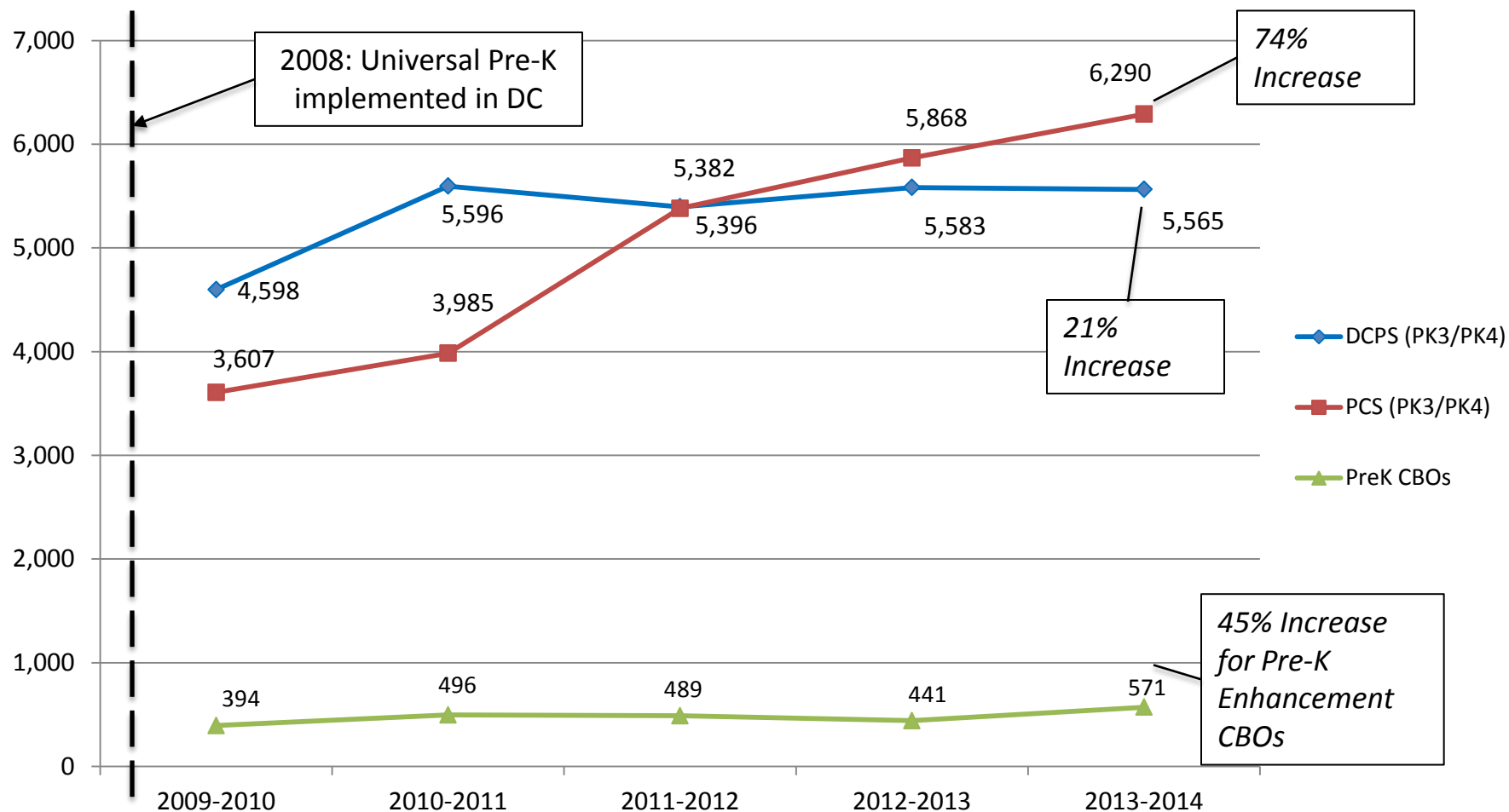
As of SY14-15, the District outranks all states in pre-K access and spending.

	DC	National Average	Context
% of Eligible Children Served	69% 3yr olds	4% 3yr olds	The District surpasses all states in terms of serving eligible 3- and 4-year old students in pre-K programs. Passage of the historic Pre-k Enhancement and Expansion Act of 2008 ("Pre-k Act") has been a major driver behind this effort.
	99% 4yr olds	29% 4yr olds	
Average Per Pupil Spending	\$15,372	\$4,121	The District invests more per pupil in pre-K programs than any other state. Research has found that investment in pre-K programs yield a rate of return of roughly \$8.60 for every dollar invested as a result of improved education, health, and societal outcomes and a reduced need for social spending on special education, incarceration, and public assistance.

Source: School Readiness Consulting (2015). *2014-15 District of Columbia Pre-K Quality Evaluation Report*

# The District has a strong three-sector system to deliver pre-K.

## Pre-K Enrollment by Sector



Source: National Center for Education Statistics. Elementary / Secondary Education System (ELSi)  
<https://nces.ed.gov/ccd/elsi/default.aspx?agree=0>

The CLASS Pre-K tool is used as a measure of pre-K classroom quality in the District.  
The tool is focused on interactions between adults and children.

CLASS is composed of 10 dimensions organized into three domains of classroom experience: Emotional Support, Classroom Organization, and Instructional Support

### Emotional Support

- Positive climate
- Negative climate
- Teacher sensitivity
- Regard for student perspectives

### Classroom Organization

- Behavior management
- Productivity
- Instructional learning formats

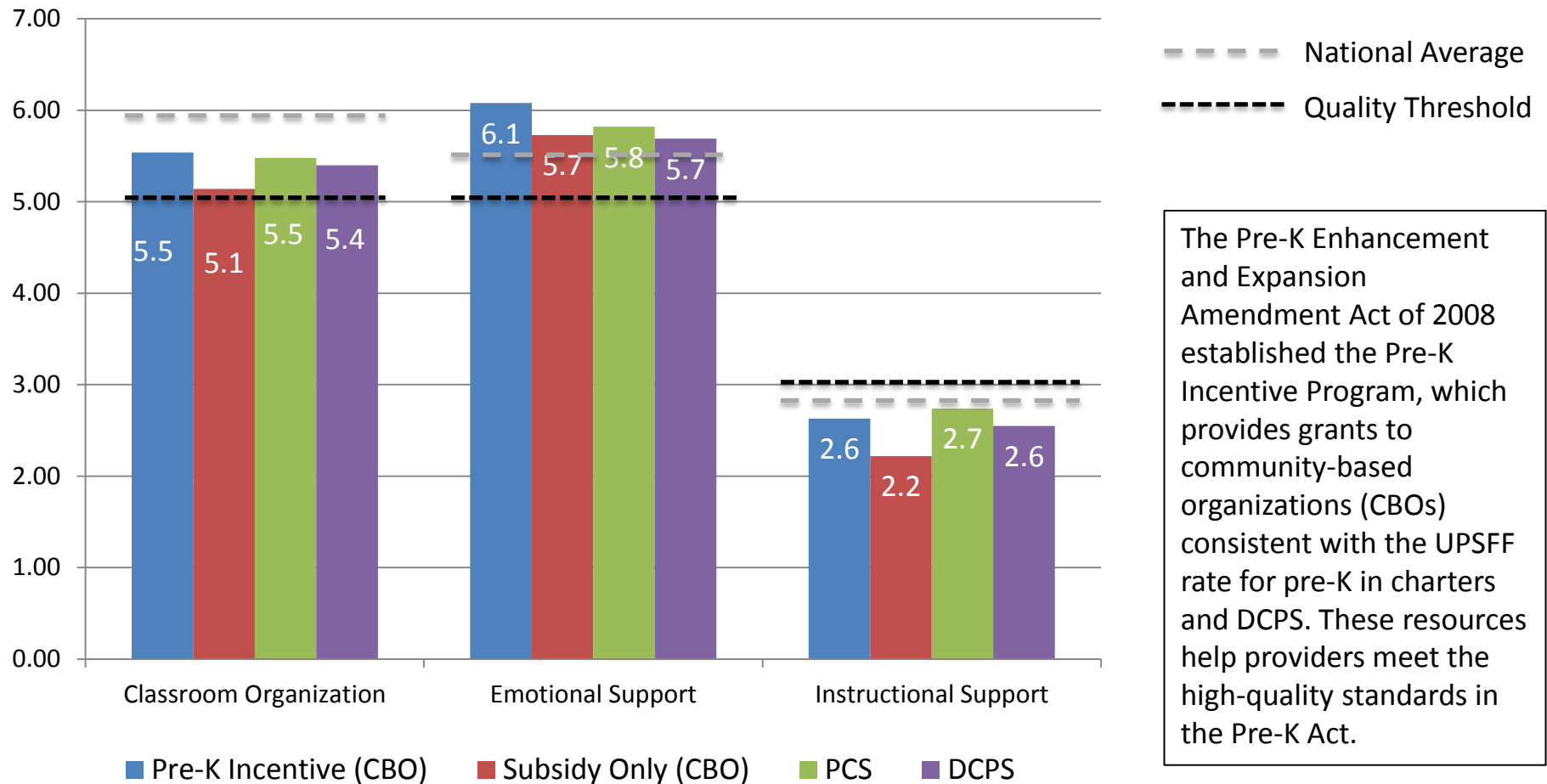
### Instructional Support

- Concept development
- Quality of feedback
- Language modeling

Source: School Readiness Consulting (2015). *2014-15 District of Columbia Pre-K Quality Evaluation Report*

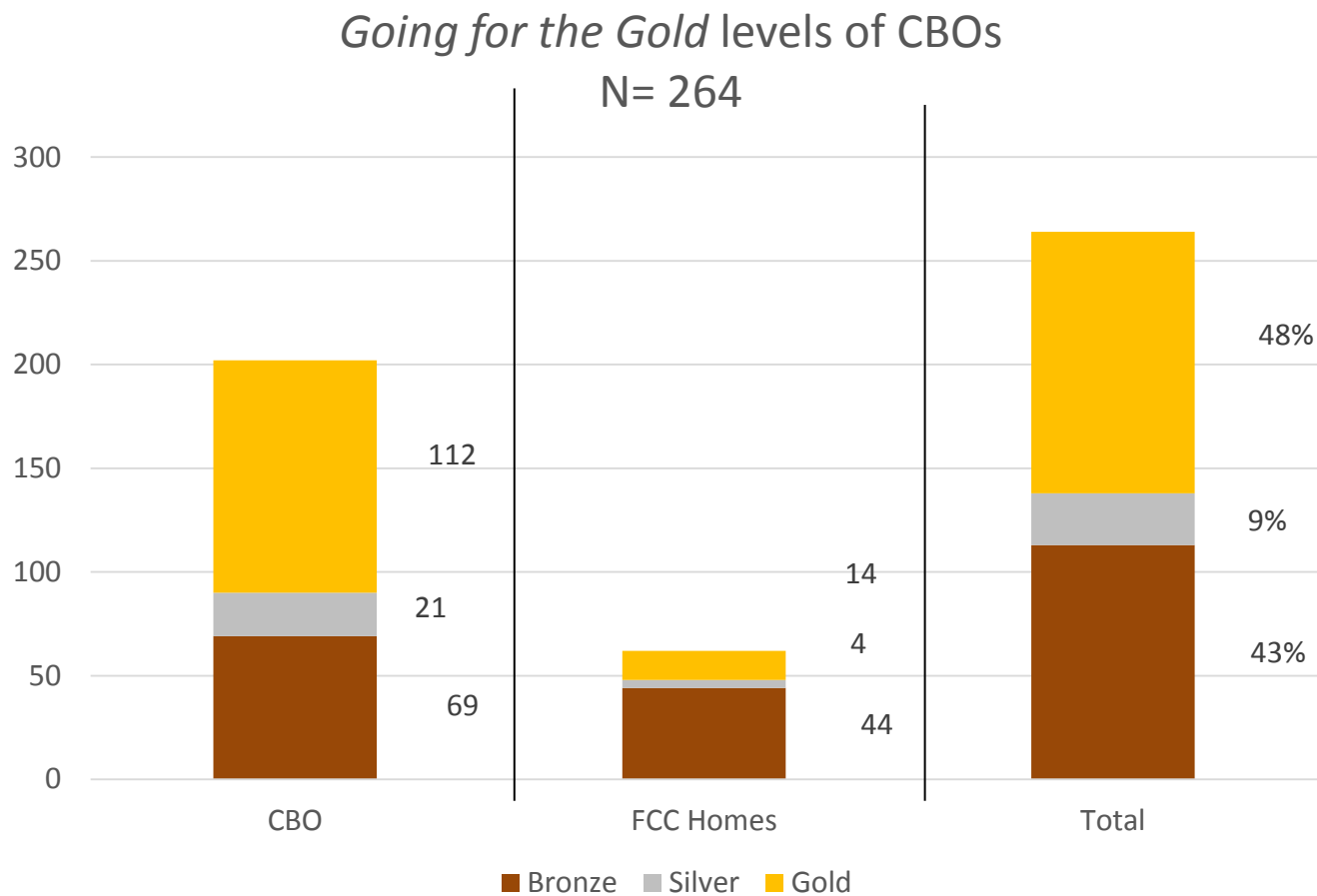
**Overall, DC pre-K programs fall short of national averages.** Programs that receive Pre-K Incentive funding outperform their peers in classroom and emotional support. Charters are leading the Instructional Support domain, but still do not meet the threshold for quality.

**Average CLASS Domain Scores by Sector**



Source: School Readiness Consulting (2015). *2014-15 District of Columbia Pre-K Quality Evaluation Report*

The District has 48% of subsidy child care providers rated at the Gold level of the current *Going for the Gold* QRIS.

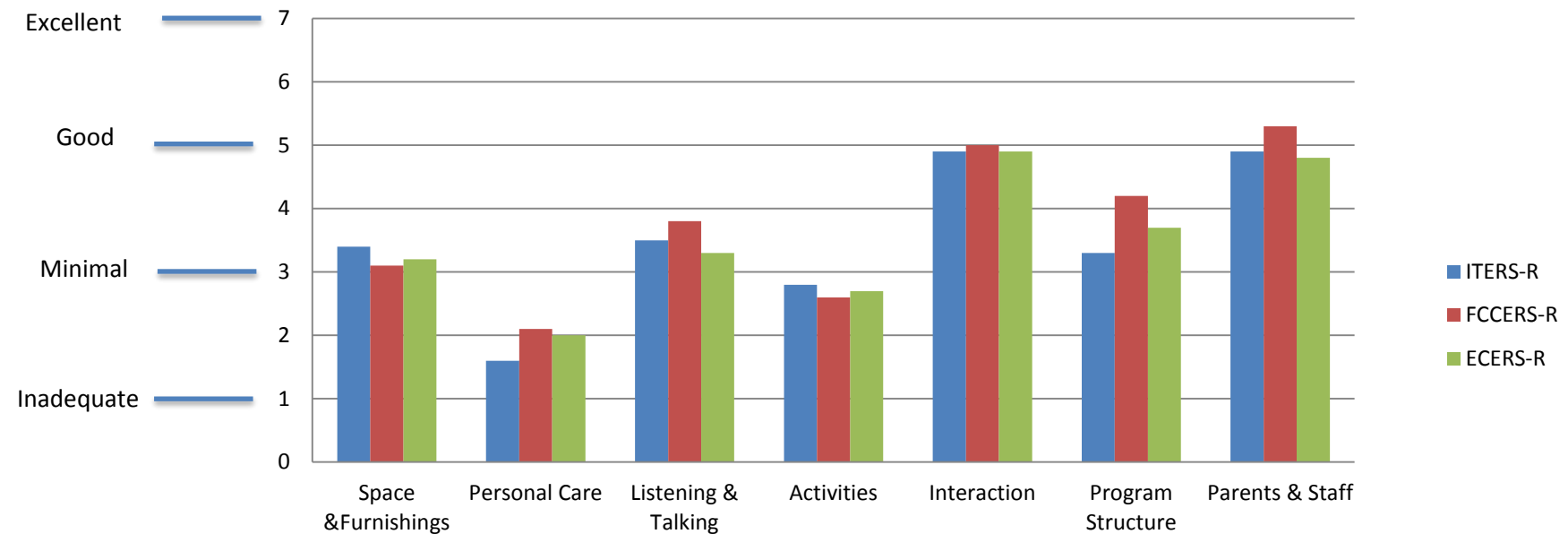


Source: OSSE database (EIMS) as of September 30, 2015



A closer look at the District's structural quality of CBOs reveals that the total average scores of the FCCERS-R, ECERS-R, and ITERS-R was 3.5 in 2014, indicating "minimal quality care."

### 2014 Average Environmental Rating Scale for CBOs and Family Child Care Homes N=50



# PART III

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## Enhanced QRIS

- PART I: Overview
- PART II: Need for Revision
- PART III: Enhanced QRIS
- PART IV: Pilot and Next Steps



# Purpose of Enhanced QRIS



- Align and simplify quality standards across three-sector system
- Align supports to quality standards and target areas of improvement through collaborative partnership between providers, OSSE, and other agencies
- Provide meaningful consumer information

# Going for the Gold to the Enhanced QRIS

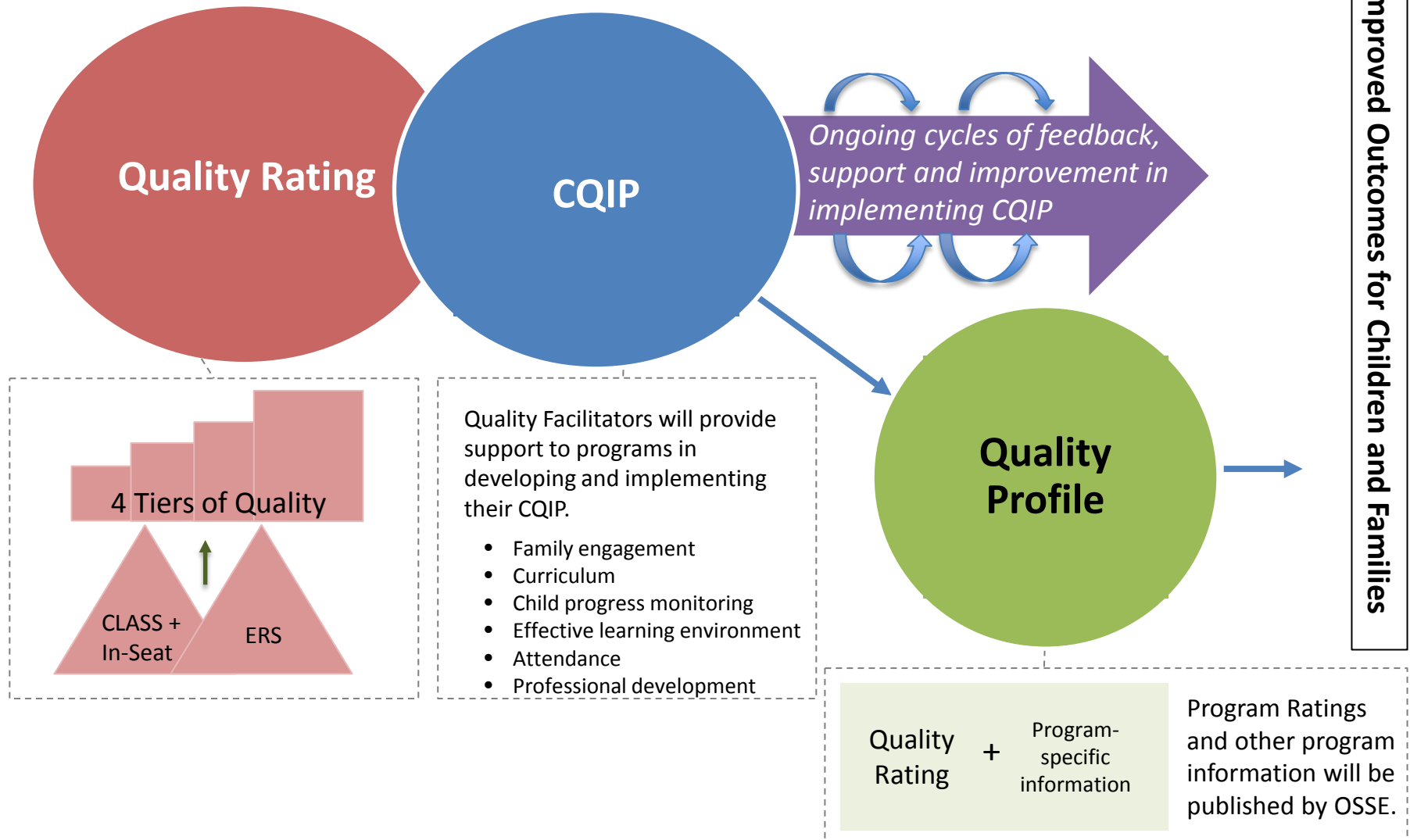
	Going for the Gold	Enhanced QRIS
Participants	Subsidy Programs	All licensed providers, DCPS, and DCPCS
Rating Standards	Accreditation	<ol style="list-style-type: none"> <li>1. Effective Learning Environment measured by CLASS and ERS</li> <li>2. In-Seat Attendance</li> </ol>
Quality Improvement	Monitoring for compliance	<p>Enhanced QRIS is undergirded by the continuous quality improvement plan, which will be guided and monitored by Quality Facilitators. All programs will self-select areas of improvement related to:</p> <ol style="list-style-type: none"> <li>1. Effective Learning Environment</li> <li>2. Attendance</li> <li>3. Curriculum and Child Progress Monitoring</li> <li>4. Professional Development</li> <li>5. Family Engagement</li> <li>6. Optional items related to health and safety</li> </ol>
Rating Levels	Bronze, Silver, Gold	Licensed, Progressing, Quality, High Quality
Incentives and Support	<ol style="list-style-type: none"> <li>1. Tiered reimbursement</li> <li>2. Priority for other specific grants</li> </ol>	<ol style="list-style-type: none"> <li>1. Tiered reimbursement*</li> <li>2. Technical assistance and coaching</li> <li>3. Priority for other specific grants</li> </ol>
Consumer Information	Not applicable	<ol style="list-style-type: none"> <li>1. Profile will include the rating and program information**</li> <li>2. Profile will be posted at the facility</li> <li>3. Profile will be available online</li> </ol>

\*The current reimbursement rates will be used for programs participating in the pilot

\*\* Profiles will not be published in the pilot

The Enhanced QRIS Pilot will support programs as they enhance the quality of their programs through a continuous quality improvement plan.

### QRIS Pilot Components



# PART IV

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## Pilot and Next Steps

- PART I: Overview
- PART II: Need for Revision
- PART III: Enhanced QRIS
- PART IV: Pilot

The pilot will provide the opportunity to test assumptions and refine standards of quality to inform efforts needed for full implementation.

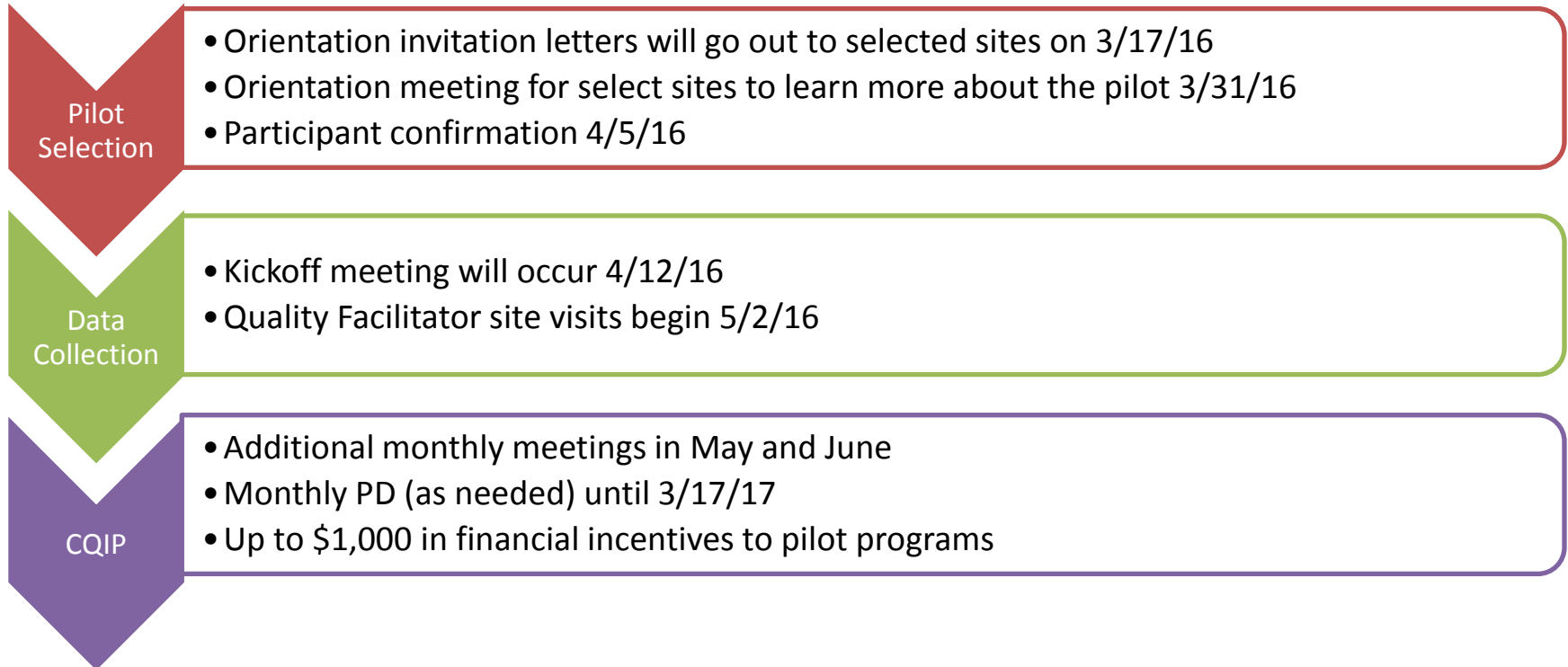
## The pilot will:

- Give pilot sites an insight into the quality standards and provide feedback to OSSE
- Provide programs and OSSE important data on quality
- Allow programs and OSSE the opportunity to analyze the supports, interventions, technical assistance, and professional development required to move up in quality levels

The pilot will launch in April 2016 with a small representative sample of DCPS, CBOs, and family child care homes from across the District.

DCPS	CBO	FCC Homes
Title 1	Inclusion Programs	Subsidized
Non Title 1	Multi-Site Programs	Serves 0-4
Joe's Champs	Faith-based	Accredited
Multiple Classes	Non Faith-Based	Non-accredited
Head Start	Dual-Language	
	Subsidized	
	For-profit	
	Non-profit	
	Serves 0-4	
	Accredited	
	Non-accredited	
	Head Start	
	Early Head Start	

# Pilot timeline and benefits of participation.



Providers who participate in the pilot will be early adopters of the enhanced QRIS, and will receive access to increased technical assistance to improve their level of service for children and families through the continuous quality improvement plan.



# **Early Childhood Initiatives**

## **Department of Behavioral Health**

**Dr. Tanya A. Royster, MD**  
**Director, Department of Behavioral Health**



# Agenda

## ❖ Overview of DBH's Early Childhood Initiatives

### – Community Based

- PIECE
- Early Childhood Evidenced-Based Practices
  - Parent Child Interaction Therapy (PCIT)
  - Child Parent Psychotherapy (CPP)

### – School Based

- School Mental Health
- Primary Project
- Healthy Futures

## ❖ Looking ahead – early childhood behavioral health services in the future

# Our Mission



The Department of Behavioral Health provides prevention, intervention and treatment services and supports for children, youth and adults with mental and/or substance use disorders including emergency psychiatric care and community-based outpatient and residential services.

# Community Based Services

- Parent Infant Early Childhood Enhancement Program (PIECE)
  - mental health services to children ages 3 – 7.6 years old
  - challenging social, emotional and disruptive behaviors that causes impairment in functioning at home, school/daycare and the community.
  - utilizes a number of treatment modalities as well as two evidence-based practices
    - Parent Child Interaction Therapy and Child Parent Psychotherapy (PCIT)
    - Child Parent Psychotherapy (CPP).

# Child Parent Psychotherapy (CPP)



## Treatment

- ❖ 1-1.5 hour weekly sessions
- ❖ average number of 50 sessions

## Goal

- ❖ Returning the child to a normal developmental trajectory.

## CPP

- ❖ children aged 0-6
- ❖ relationship-based treatment for parents and young children
- ❖ helps restore normal developmental functioning in the wake of violence and trauma

# Parent-Child Interaction Therapy (PCIT)



## PCIT

- ❖ children aged 2-6
- ❖ EBP with highly specified, step-by-step, live coached sessions with both the parent/caregiver and the child.
- ❖ Therapist provides the coaching from behind a one-way mirror
- ❖ Emphasis is on changing negative parent/caregiver child patterns

## Treatment

- ❖ 1 hour weekly sessions
- ❖ 14-16 sessions

## Goals

- ❖ An improvement in the quality of the caregiver--child relationship
- ❖ A decrease in child behavior problems
- ❖ Increase in pro-social behaviors
- ❖ Increase in parenting skills, including positive discipline
- ❖ Decrease in parental stress

# School Based Services

- **Primary Prevention:**
  - School-wide interventions, classroom-based interventions, and mental health promotion activities
- **Early Intervention Services:**
  - Targeted services offered at the earliest occurrence of emotional, behavioral, or social concerns (e.g., Primary Project)
- **Treatment Services:**
  - Typically referred to community for individual, family, and group therapy
- **Crisis Services:**
  - Interventions are provided for urgent situations and needs.
  - Crisis intervention, debriefing, grief counseling, and psychiatric referrals
- **Parent/Family Support:**
  - Educational, supportive, and treatment services are provided for families

# School Mental Health Program

- ❖ SMHP services are available in 70 DCPS and DC Public Charters
- ❖ Utilize various Evidence-Based Programs
  - ❖ trauma, behavioral/social/emotional difficulties, depression, anxiety
- ❖ Onsite individual services and referrals to community providers for students who require medication evaluation or more intensive treatment



# What is Primary Project?

- ❖ An evidence-based, early intervention/prevention program for children pre-Kindergarten-4 through 3<sup>rd</sup> grade
- ❖ For children identified as having “mild” problems with social-emotional adjustment in the classroom, i.e., shy and withdrawn, slightly overactive or distractible, etc.
- ❖ Adopted by Department of Behavioral Health in 2008 as part of the “continuum” of school-based mental health services for young children





# Six (6) Components of Primary Project

## Screening

- Screening conducted by teachers for early identification and intervention

## Intervention

- Intervention - one-to-one, non-directive (child-led) play sessions with a trained paraprofessional

## Collaboration

- Collaboration with a mental health professional to implement the “continuum” of mental health service provision, i.e., mental health referral process

## Supervision

- supervision and training

## Evaluation

- Data collection and Program evaluation

## Integration

- Integration into the school community –in-school service



# PRIMARY PROJECT

## SY14-15

- Operates in 45 sites [28 schools & 17 CDCs]
- 4775 students screened
- 441 students received services
- Positive outcomes were realized for the 6<sup>th</sup> year in a row
- To date in SY 15-16, **4407** children have been screened.

# Healthy Futures

- ❖ Center, classroom and child-specific consultations
- ❖ Early childhood mental health clinicians provide on site mental health consultation
  - ✓ building the capacity of CDC's directors and staff at to reduce challenging behaviors
  - ✓ promoting positive social emotional development for children

# Healthy Futures

- ❖ Currently in Year 6 of Program
- ❖ 26 - 27 Child Development Center Sites per year
- ❖ In all Wards except Ward 3
  - ✓ 16 located in Wards 7 and 8
- ❖ 1361 young children served representing 131 classrooms
  - ✓ 54 (46%) – Infants
  - ✓ 53 (42%) – Toddlers
  - ✓ 15 (12%) – Preschool

# Child Specific Referrals

**TABLE 3**

## Most Common Child-Specific Concerns

SPECIFIC CONCERN	PERCENT OF CHILDREN (n = 85)
Difficulty with Peers	35%
Disruptive	32%
Not following directions	29%
Not following routines	26%
Fights	24%
Doesn't verbalize needs	22%
Easily Distracted	20%
Attention	19%
Irritable	17%
Doesn't follow commands	17%

NOTE: children are often identified with more than one presenting concern

# Coming Attractions

- Expanding Healthy Futures and Primary Project program.

Through our Partnership with OSSE on the Quality Improvement Network (QIN) and Pre-K Enhancement and Expansion

Moving from 26 to 71  
Healthy Future Sites

[30 Childhood Development Centers and  
15 Childhood Development Homes]

- Early Childhood Mental Health Consultation (ECMHC)



# Coming Attractions

## NEW! Funding Opportunity Announcement

Submit Application for a SAMHSA System of Care grant

## Population of Focus

Young children with SED and their families

## Network Development:

Expanding of early childhood mental health treatment capacity within our provider network.

## Evidence-Based Practices

Expand the implementation of EBPs proven effective with this population

## Evaluation

Data Collection, Analysis, Fidelity Monitoring and Reporting

# Thank you







# OSSE Strategic Plan

# OSSE Strategic Plan 2015-18

DISTRICT OF COLUMBIA  
OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

## STRATEGIC PLAN 2015-18



# About OSSE

## ABOUT OSSE



The Public Education Reform Amendment Act (PERAA) of 2007 spread responsibility for schools in DC across multiple organizations and established OSSE as the SEA.

Governance for public education in the District of Columbia is more diffuse than in other states

Deputy Mayor for Education (DME)

LEAs, CBOs, and Providers  
(DCPS, public charter LEAs)

Office of the State Superintendent  
of Education (OSSE)

Public Charter School Board (PCSB)

State Board of Education (SBOE)

As the state education agency (SEA) in the District, many of OSSE's responsibilities track those of other SEAs

Oversight of federal and state regulations

Data reporting and analytics

Assessment administration

LEA support and monitoring

Grants management

Early childhood education\*

Unlike most state education agencies, OSSE directly engages with families in many important ways.

### DC-TAG

\$30M to DC students

### Summer Meals

1M meals served to children and youth

### Athletics

13K students from 47 schools

### ReEngagement

600 disengaged youth

### Special Education Transportation

23,000 miles transporting 3,000 students

\*At OSSE, early childhood education encompasses birth to 5 services; in most other states, birth to 3 services are managed by a health and human services agency rather than the SEA

Public schools in DC are on the rise, but we have much more work to do to ensure a quality education for all students



**MORE FAMILIES  
CHOOSING PUBLIC  
SCHOOLS**

Since 2007, enrollment in public schools in the District has increased by more than 13,000 students



**STRONG GAINS ON  
THE NATION'S  
REPORT CARD**

From 2003 to 2015, DC's scores grew faster than the rest of the country in all grades and subjects on the National Assessment of Educational Progress



**STEADY PROGRESS  
ON GRADUATION  
RATES**

Since the 2011-12 school year, DC's graduation rate has increased from 56% to 65%

By 2020, 76% of jobs in the District will require postsecondary education, but we are not currently preparing enough of our students for these opportunities

We believe OSSE can play a unique role in **sustaining, accelerating, and deepening** the progress being made in DC education by successfully carrying out four key priorities



HIGH-QUALITY  
& ACTIONABLE  
**DATA**

OSSE will provide **high-quality data and analysis** that will empower Local Education Agencies (LEAs), Community Based Organizations (CBOs), and providers to meet the needs of all learners and allow education partners to make informed policy decisions



**QUALITY  
& EQUITY  
FOCUS**

OSSE will work with our education partners to set **high expectations for program quality** and align incentives to accelerate achievement for those learners most in need



RESPONSIVE  
& CONSISTENT  
**SERVICE**

OSSE will provide **responsive, consistent, and considerate customer service** to free up LEAs, CBOs, and providers and allow them to focus on instruction and support for students



TOP-NOTCH  
**TALENT**

OSSE will attract, develop, and retain **top-notch talent** to build a highly effective state education agency that makes a meaningful contribution to DC education



HIGH-QUALITY  
& ACTIONABLE  
**DATA**

## STRATEGIES

**1**

### LEAD EFFORTS TO COLLECT AND ANALYZE EDUCATION DATA ACROSS THE DISTRICT

- Convene stakeholders to develop recommendations that address gaps in data collection and analysis, and to discuss new ways to partner on data sharing
- Create and publish privacy, confidentiality, and data sharing policies that protect data while still allowing for collection, analysis, and reporting
- In conjunction with our partners, align and consolidate existing parent and community data portals

**2**

### DEVELOP INFORMATIVE ANALYSES AND REPORTS TO HIGHLIGHT PROMISING PRACTICES

- Work with partners to develop a research agenda that includes evaluations of OSSE-led interventions as well as District-wide education initiatives and projects
- Advance the research and evaluation agenda through strategic partnerships with research institutions and major partners
- Conduct relevant and actionable research and evaluation studies

**3**

### PROVIDE HIGH-QUALITY, RELIABLE, INTEGRATED, AND SECURE DATA SYSTEMS

- Develop a technology plan for creating intuitive, accessible, comprehensive, and dynamic data systems
- Establish a portal linked to all OSSE data systems to provide secured access with a single login
- Align data systems to national standards like CEDS and Ed-Fi to support cross-state exchange of information and tools
- Ensure development and identification of authoritative data sets







## STRATEGIES

4

### ENSURE PRACTITIONERS AND FAMILIES HAVE EASILY ACCESSIBLE AND ACTIONABLE DATA

- Survey stakeholders to determine what data are most useful, identify gaps, and fill them
- Provide data back to LEAs, programs, and partners in an easy-to-use format
- Create a training program and support stakeholder use of OSSE data systems
- Lead smooth transition to PARCC, including family-friendly score reports, professional development for LEAs on interpreting results, and timely transmission of data

5

### IMPROVE DATA LITERACY AND COORDINATION ACROSS OSSE DIVISIONS

- Eliminate redundant data requests across OSSE divisions
- Create an easily accessible warehouse of commonly requested data points
- Publicize business rules to provide transparency into calculations
- Publish clear data protection standards and provide training for internal staff on how to implement them





## IMPACT

### FOR OUR FAMILIES

- User-friendly access to data about their student and school
- Complete and highly relevant data to help families choose the best education option for their student
- Confidence that their student's information remains private and protected

### FOR LEAs, CBOs, AND PROVIDERS

- Clear understanding of the data OSSE collects, timely notice of reporting deadlines, and an understanding of how data collected will be used
- Streamlined systems for submitting and accessing data
- Actionable data to better understand strengths and areas for improvement

### FOR OUR EDUCATION PARTNERS

- Clear understanding of OSSE's role in city-wide data analysis
- Simplified, transparent, and secure access to relevant data
- Improved decision making and coordination as the result of sound data and actionable analysis



## HOW WE'LL MEASURE OUR SUCCESS



DECREASE IN RESPONSE TIME  
TO DATA REQUESTS



INCREASE IN USAGE OF, AND SATISFACTION  
WITH, OSSE DATA SYSTEMS





## STRATEGIES

1

### WORK WITH PARTNERS TO PUT FORTH A VISION FOR PROGRAM QUALITY IN AREAS OF NEED

- For each area of oversight or monitoring, revisit quality and equity expectations and accountability plans
- Work with partners to collectively set quality and equity expectations
- Ensure all expectations are based on evidence and evaluated regularly for effectiveness
- Where standards do not exist, look to other SEAs, partners, or consortia that have a track record in setting high standards and achieving outcomes for all students

2

### OFFER SUPPORT AND COORDINATE SERVICES WITH OTHER CITY AGENCIES

- Identify the technical assistance and professional development support that LEAs, partners, and providers need to meet quality expectations
- Evaluate the impact of professional development or technical assistance provided
- Coordinate supports for schools and providers from other city agencies

3

### ALIGN GRANTS AND INCENTIVES WITH EXPECTATIONS FOR PROGRAM QUALITY

- Review all available incentives for increasing program quality, including discretionary funds and service partnerships with other city agencies
- Implement a risk-based monitoring framework to reduce administrative burden for high performing sub-grantees and target intervention to struggling sub-grantees
- Redesign monitoring activities across programs to focus on quality as well as compliance

4

### IDENTIFY AND PROMOTE PROMISING PRACTICES AMONG LEAs AND PROGRAMS LOCALLY AND NATIONALLY

- Identify LEAs, programs, or providers demonstrating best practices linked to program quality, equity, and learner outcomes
- Bring together networks of LEAs, partners, and providers to facilitate the exchange of proven and promising practices to advance strategic areas of improvement



## IMPACT

### FOR OUR FAMILIES

- Consistent information about program quality across sectors
- Confidence that their child's school or provider is being supported to provide high-quality programming

### FOR LEAs, CBOs, AND PROVIDERS

- A vision for quality that reflects LEA, CBO, and provider input
- Aligned incentives and differentiated supports to better serve students most in need
- Productive communities of practice to collaborate and problem solve with each other
- Public recognition and celebration of programs that are achieving outstanding results for DC learners

### FOR OUR EDUCATION PARTNERS

- A vision for quality that reflects education partner input
- Information about how to better support high-quality programs across the District



## HOW WE'LL MEASURE OUR SUCCESS



**INCREASE** IN KEY ACADEMIC INDICATORS



**INCREASE** IN SATISFACTION WITH OSSE  
SUPPORT IN PRIORITY ACADEMIC AREAS



# STRATEGIES

1

## DEVELOP A COMMON VISION FOR HIGH-QUALITY CUSTOMER SERVICE AND COMMUNICATION

- Create a cross-functional team charged with finding ways to improve customer service agency-wide
- Develop, publicize, and embrace a shared set of values for constituent communications
- Develop core values that capture our collective aspiration for how we will operate as an agency

2

## REDUCE RESPONSE TIME TO REQUESTS, WHILE MAINTAINING HIGH STANDARDS FOR ACCURACY

- Identify current processes that need to be improved upon to achieve quicker response times
- Determine best way to track email, telephone, or social media requests and fulfillment; determine gaps
- Pilot new models for responding to requests beyond individual communication with OSSE staff

3

## SUPPORT OSSE STAFF TO PROVIDE EXCELLENT CUSTOMER SERVICE

- Model exemplary communications through templates, improved processes, trainings, and staff meetings
- Refine the communications review process to ensure consistency of messaging and maximize clarity for LEAs and partners
- Establish cross-divisional working groups to tackle key issues and ensure coordinated approaches

4

## ENSURE DECISION-MAKING IS TRANSPARENT AND INFORMED BY STAKEHOLDER PERSPECTIVES

- Establish written internal guidelines on timeliness of notices sent to LEAs and programs
- Create a public directory of contacts for all divisions and programs and update regularly
- Ensure that major changes are shared within OSSE, so that staff are positioned to support success and help stakeholders with questions



## IMPACT

### FOR ALL OUR STAKEHOLDERS

- Better information on how to navigate OSSE and get help when needed
- Clear communications and greater transparency about decisions
- Accurate and timely responses to all inquiries
- Stronger coordination across city agencies and internal OSSE divisions to reduce burden and provide improved support
- More time for LEAs, CBOs, and providers to devote to instruction



### HOW WE'LL MEASURE OUR SUCCESS



**DECREASE** IN RESPONSE TIME  
TO REQUESTS



**INCREASE** IN SATISFACTION WITH  
OSSE PROVIDED SERVICES



## TOP-NOTCH TALENT

# STRATEGIES

1

### ACCELERATE AND STREAMLINE HUMAN RESOURCES PROCESSES

- Identify and implement ways to speed up the hiring of new employees by streamlining intra-agency processes
- Improve the performance management process and ensure consistent supervision and evaluations of all employees
- Develop a common onboarding process for all employees

2

### IMPROVE INTERNAL WORKPLACE CULTURE SO THAT ALL EMPLOYEES FEEL VALUED AND SUPPORTED

- Regularly conduct an employee satisfaction survey and actively respond to results
- Develop cross-divisional working groups to resolve major workplace issues
- Redesign and streamline internal communications vehicles
- Increase quality and engagement of quarterly “all-hands” meetings
- Meaningfully celebrate the successes of individuals and teams

3

### EMPOWER STAFF THROUGH TRAINING, DEVELOPMENT, AND OPPORTUNITIES FOR GROWTH

- Build internal capacity for employees to make decisions on critical issues without delay or unnecessary escalation
- Invest in more innovative, high-quality, and relevant development for current and aspiring managers
- Charge and support managers throughout the agency with leading the development of their teams

4

### UNDERSTAND THE DIVERSE CONTEXTS, STRENGTHS, AND NEEDS OF THE LEAs, CBOs, AND PROVIDERS WE SERVE

- Recruit staff with expertise working in LEAs, CBOs, and providers
- Set aside time during the school year for staff to learn from, visit, or volunteer in schools
- Provide content-specific development to employees so they can better support our stakeholders



## IMPACT

### FOR OUR STAFF

- Greater knowledge about, and connection to, work happening across divisions of the agency
- Empowerment to make important decisions that serve our partners and students even more effectively
- A consistent performance management process and culture of honest feedback that effectively rewards our top performers and supports and develops others
- An appropriate level of resources and support for the work our staff does, in alignment with our strategic priorities
- Our staff view OSSE as a great place to work

### FOR ALL OUR STAKEHOLDERS

- Smarter, more coordinated interactions that reflect a deep understanding of LEA, CBO, and provider needs and constraints
- Better cross-sector coordination and collaboration to facilitate our collective work on behalf of all students



### HOW WE'LL MEASURE OUR SUCCESS



DECREASE IN VOLUNTARY  
EMPLOYEE TURNOVER



DECREASE IN TIME TO  
HIRE NEW EMPLOYEES



INCREASE IN EMPLOYEE SATISFACTION WITH  
OVERALL WORKPLACE CONDITIONS AND CULTURE



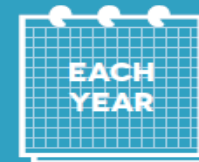
We view this plan as a living document and will hold ourselves accountable to continuous improvement and regular reporting to the DC education community



- Work with the Deputy Mayor for Education to align our efforts in support of District priority goals
- Align priorities of OSSE divisions to the strategic plan
- Introduce the plan to our partners and stakeholders across the District



- Ensure that the Superintendent has visited every LEA in the District to collect ongoing feedback
- Provide a public update on our progress
- Refine and adjust the plan as needed



- Continue to seek public and stakeholder feedback on the plan's effectiveness
- Provide a public update on our progress
- Refine and adjust the plan as needed

The development of this plan would not have been possible without the inspiration and support of our staff, numerous LEAs, CBOs, providers, and education partners



### LEAs, CBOs, AND PROVIDERS

- AppleTree Early Learning Public Charter School
- Bright Beginnings
- District of Columbia Public Schools
- District of Columbia International School
- Kennedy-Krieger Institute
- Lee Montessori Public Charter School
- Next Step Public Charter School
- Sunshine Learning Center
- The Children's Guild
- Numerous individuals at LEAs who responded to our anonymous survey

### OSSE STAFF AND ADVISORY GROUP

- Deborah Alston
- Gilvina Cephas
- Lisa Devlin
- Carmela Edmunds
- Alicia Gadsden
- Jessie Harteis
- Carole Lee
- Tonia Lovelace
- Bonnie O'Keefe
- Tracy Richard
- Richard Rowley
- Andrew Sabatelli
- Amber Schlick
- Brandon Wallace
- Michael Williams
- Individuals who participated in interviews, focus groups, and provided written feedback

### DC EDUCATION PARTNERS

- Beatriz Otero, Former Deputy Mayor, Health and Human Services
- Children's Law Center
- Children's National Medical Center
- College Success Foundation
- Consortium of Universities of the Washington Metropolitan Area
- Deputy Mayor for Education
- Deputy Mayor for Greater Economic Opportunity
- DC College Access Program
- DC Council, Education Committee
- DC Public Libraries
- DC Special Education Cooperative
- District of Columbia Association of Chartered Public Schools
- District of Columbia Association for Special Education
- Executive Office of the Mayor
- FOCUS
- Martha's Table
- Public Charter School Board
- Raise DC
- State Board of Education

### NATIONAL EDUCATION PARTNERS

- Charlotte-Mecklenburg Schools
- Rhode Island Department of Education
- Tennessee Department of Education





# Committee Reports



# Public Comment



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](http://dclibrary.org/booksfrombirth) for more information.