

District of Columbia  
State Early Childhood Development Coordinating Council (SECDCC) Meeting  
November 30, 2017

**Members Present:** Hanseul Kang, Dr. Tanya Royster, Elizabeth Groginsky, Anne Gunsteens, Erin Kupferberg, Dr. Tehani Collazo, Brenda Harris, Jessica Giles, Linda Moore, Cecelia Alvarado, Colleen Sonosky, Dana M. Jones, Judy Berman, LaToya Smith, Patricia Stonesifer, Sean Compagnucci, and Stacey Collins.

**Others Present:** Shereece Savy Simpkins of First Home Care Foundations, Robert Gundling of DCAEYC, Susan Werner of Susan Werner Consulting, Meghan Sullivan of DBH, Anjali Talwalkar of DOH, Laura Dallas McSorley of Raise DC, Amelia Whitman of Office of the Deputy Mayor for Health and Human Services, Georjette Saad of Mary's Center, Alana Eicher of National League of Cities, Alexa Verme of Educare DC, Anne (can't read last name) of Foundation, Kandis Driscoll of DHS, Sabine Campbell of CASA, Sharon Hunt of DBH, Imani Walker of Community Connections, Kyle Brock of Community Connections, and James Ballard III of DBH.

**OSSE Staff Present:** Allan Phillips, Erica Dean, Robin Carr, Christina Crayton, Ebonee Rice, Rashida Brown, Eva Laguerre, and Carlene Reid.

Call to order: 9:36 a.m.

**I. Welcome and Introductions**

- State Superintendent Hanseul Kang opened the meeting by introducing Dr. Tanya Royster for her first meeting as Co-Chair. Superintendent Kang discussed a recent OSSE announcement to extend the deadline for education credential requirements for childcare providers. She also highlighted other OSSE provider supports, such as the "Help Desk on the Road" and the Wards 7 & 8 College Fair. She then reviewed the objectives and initiated a round of introductions for SECDCC members.

**II. DC Social Emotional and Early Development (DC SEED) Program – (PowerPoint)**

- Meghan Sullivan, Psy.D., Project Director of DC SEED at the Department of Behavioral Health provided an overview of DC SEED, reviewed the evidence-based programs implemented through the DC SEED, discussed the Year 1 accomplishments, and presented the next steps for DC Seed.
- In FY17, the Department of Behavioral Health (DBH) was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) grant for \$1 million per year for 4 years. The grant supports the expansion and implementation of early childhood-specific evidence-based and promising practices. The focus of the grant is to address the unmet behavioral health needs of young children, birth to 6 years old who are at risk for or diagnosed with serious emotional disturbance (SED) and their families.
- Grant activities include: increasing the number of providers serving young children, enhancing existing services, early childhood (EC) training, centralizing intake, ensuring 100% of child development centers in DC have access to EC mental health consultation by 2020, and partnering with Georgetown University for the program's evaluation.
- Questions included:
  - 1. Question: what are the lessons learned and challenges?
    - a. Meghan's Answer: there are some barriers around trying to do EC work in a system that is structured on an older model (e.g. paperwork and billing).

Staff has experienced some challenges in trying to work in an EC framework and mindset in a system that doesn't always align with practice changes.

2. Question: is there an intense focus on people who are doing family home visiting?
  - a. Meghan's Answer: Not yet but there are plans to.
3. Question: Is there an effort to get pediatricians more engaged?
  - a. Meghan's Answer: the interest is there. Children's Hospital is implementing Parent-Child Interaction Therapy (PCIT). DC currently has a resource for pediatricians - DC Map.
4. Question: is the phone consultation model specifically for providers? Who will be answering the calls?
  - a. Meghan's Answer: the phone consultation is not only available for providers, but for anyone seeking consultation or assistance. Phone consultations are provided by a DBH EC clinician.
  - b. Dr. Royster's Answer: as the program grows, DBH will determine how to meet the growing demand, with one option being contracting with sister agencies or private entities. The evaluation includes looking at the utilization rates so we will have data on this aspect.
5. Question: how are you thinking about working with DCPS?
  - a. Meghan's Answer: DBH staff have met with DCPS staff (Ditra and Orin Howard) to explore ways to connect and partner on this effort. DCPS will be invited to join the project's workgroup.
6. Question: there may be interesting opportunities for EC PD (perhaps ways to document the competencies). How can we articulate it to college credits?
  - a. Dr. Royster's Answer: DBH is focused on meeting the grant requirements and currently is not focused on training specialists. The department's full resources will be tapped to support this effort, but this is something to monitor.
  - b. State Superintendent Kang's Response: there is a hunger to better understand these issues and to learn more about the referrals for children and families going through trauma. As additional trainings are rolled out, OSSE would love to advertise and partner together.
  - c. Erin Kupferberg's Comment: this would work well through OSSE communication platforms so that the charter schools are included.
  - d. DHS Comment: DHS serves children in crisis and the training piece would be beneficial to the agency's staff working directly with families.
7. Question: Are the providers at capacity or looking for additional families?
  - a. Meghan's Answer: no they are not at capacity and are looking for more families. Families can connect with the program without a traumatic experience and don't have to go into a specific treatment model. Mary's Center has bilingual staff for Spanish speaking families.
8. Question: Where do you call?
  - a. Meghan's Answer: the DBH hotline or the centers directly.
9. Question: What is the linkage with Help Me Grow?
  - a. Meghan's Answer: the programs are trying to get centralized and they will feed into each other so each could potentially refer to the clinician in the health development center. There will be cross marketing in both programs.
  - b. Gunsteens's Comment: from a philanthropic standpoint it's the same thing we're doing. How do we share information with you?

- a. Meghan's Answer: the advisory council or the work groups are a good starting point. Also the SECDCC subcommittees are communication vehicles. DBH will follow-up regarding staff interest in joining the council/workgroup.

**III. Development of the FY 2019-2021 Child Care and Development Fund (CCDF) State Plan – (PowerPoint)**

- Assistant Superintendent Groginsky provided an overview of the CCDF and the Office of Child Care's (OCC) priorities, discussed sections of the 2017 Child Care and Development Fund (CCDF) State Plan, highlighted DC's FY16-FY17 accomplishments on CCDF implementation, reviewed the federal process for the CCDF State Plan Pre-Print and solicited input and feedback on OSSE's process and timeline for the development of the CCDF State Plan. Superintendent Kang added details to the description of CCDF and what is required of OSSE.
- The CCDF "provides resources to states to enable low-income parents to work or pursue education and training so that they may better support their families while at the same time promoting the learning and development of their children." The U.S. Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Child Care (OCC) requires each state to submit a detailed state plan that explains how the state will use its CCDF dollars to meet the federal requirements. State plans for FY 2019-2021 are due July 1, 2018.
- Questions and comments included:
  1. Comment: regarding compensation, we should study how the increased reimbursement rates were used to see what amount was used to increase salaries. We should include a requirement to increase salaries. Until we deal directly with compensation, we won't have much impact as professionals will continue to leave the field.
  2. Comment: I agree with looking at measures that tie in compensation because we will be creating better staff for someone else. We need to retain our investment and identify whether or not DC can tie in escalating factors for reimbursement – inflation, COLA, etcetera. I applaud the effort to reduce the parent copay. We're in a high cost environment – particularly with respect to real estate. Licensing grandfathering process protects some providers, but does not fully address what is needed in terms of quality improvements for children. People can't afford to use different spaces. We need a capital improvement process - 10% annually put into a capital development fund. We need to enhance the quality of space for children through the use of community development block grants and authorizing multi-purposed/mix-use of community facilities.
  3. Comment: many of us are in deficit mode. There needs to be a threshold adjustment at certain intervals.
  4. Comment: there is a gap in funding for summer camps and we need to look into how to support programs that experience this issue. Enrollment goes down in the summer because older siblings can watch kids and there could be opportunities to partner with the DC Department of Parks and Recreation.
    - a. Assistant Superintendent Groginsky's Response: We need to make sure that we're covering school aged children. How does summer enrollment impact

the facilities and the care for children? How can we ensure their (children) time is spent in quality environments?

5. Comment: there are subsidies and vouchers but only 5% of those spaces are used in the summer. In Deanwood, there is a high demand for summer activities for that age group.

a. Assistant Superintendent Groginsky's Response: perhaps using OSSE and DPR to improve quality of spaces.

6. Comment: there was a partnership between a shelter and a Head Start facility. We need to look into having that kind of set up in DC. Transportation is a huge barrier for families experiencing homelessness so bringing services closer to these wrap around facilities is critical.

a. Assistant Superintendent Groginsky's Response: we could use My Child Care DC "map feature" and include the addresses for shelters across the city.

b. Dana M. Jones: it has been offered at no cost but nobody would take it. We tried this approach at DC General but we could not get the project up and running.

a. Question from State Superintendent Kang: why didn't it work?

c. Dana M. Jones: management issues - DC General was debating whether to switch management firms, inconsistencies with starting the licensing process but then the process stalled.

d. Assistant Superintendent Groginsky: there may be opportunities with schools. Email us if you have ideas. The last comment on the CCDF State Plan was that OSSE will update the SECDCC when ACF release's the draft.

#### **IV. Committee Reports**

- Each committee chair gave a brief report.
- Program Quality
  1. There are now three subcommittees focusing on three categories of work. To create these three subcommittees, 7-8 people were added to help staff. Each subcommittee first had to define the term for their subcommittee, then outline issues and challenges related to that focus, next conduct research about models and innovative programs that work to enhance that area. Lastly, they create questions and potential next steps.
  2. They've found the availability of professional development is great, but accessing it is a challenge for entry level staff (often due to their inflexible work hours). They've considered segmenting the field in terms of role and seeing how PD is affected there. Compensation came up in all of the groups so thought needs to go into offering PD and aligning with appropriate pay to the field retains professionals.
- Data, Needs Assessment, and Insights
  1. The committee has moved to a quarterly meeting schedule. The committee chair identified the following topics the group will focus on: reinvestment funds, integrated data system, PARCC results, Community Needs Assessment and if time permits, discussion on the "teddy bear" DC's EC System Approach to Child Health, Development, and Well Being. The January meeting will focus on the QIN and the

reinvestment fund, April will focus on the reintegrated data system, the July topic will be the PIR results and October will focus on a community needs assessment. As time permits they will talk about the early childhood systems and how that process is working.

- Early Intervention and Family Support
  1. The committee continues to form initiatives, is also dividing into subcommittees and is committed to creating case studies. Their regular meetings are the second Friday of each month.
- Finance and Policy
  1. The meeting has set a quarterly meeting schedule for 2018 and at the first January meeting, will identify priorities. They are also reviewing case studies to inform other work.
- Health and Well-being
  1. The committee will host quarterly meetings in 2018. One subcommittee provided an update on the Children's Health Insurance Program and Congress's timeline for action.
- Public Private Partnerships
  1. The DC Council Committee on Education unanimously approved the Infant and Toddler Developmental Health Services Act of 2017. The entire bill now moves to the Committee on Health for consideration. Increasing reimbursement rates will not become effective until Oct 2020. They would like this topic to be on the agenda for the January SECDCC meeting.

**V. Public Comment**

- Allan Phillips from OSSE: I'm very excited about the DC SEED grant.

End: 11:04 a.m.