DC Action for Children

Piecing Together:
Completing the Early Childhood System Puzzle in the District

WHITE PAPER

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OVERVIEW

The District's landscape of programs and services for families with young children contains a variety of assets. With a constellation of proven programs, innovative initiatives and evidence-based strategies undergirded by robust investments, the District has many of the key pieces needed to build a coordinated early childhood system. However, stakeholders have long acknowledged that DC has yet to achieve this goal. For years, providers, teachers, advocates and government officials have discussed and debated approaches to reducing siloes and integrating efforts to transform this disparate landscape into a high-functioning system. Given the current attention and legislative efforts focused on early childhood, the city has an opportunity to build a strong, coordinated early childhood system that responds to the needs of families, uses resources wisely, promotes racial equity and adequately prepares young children for the future.[i]

Building an early childhood system within the District is similar to efforts taken to complete an intricate puzzle. Imagine having to assemble a 5000-piece puzzle without access to the box depicting its final image. The puzzle must be constructed without an organizing leader by a group of people who speak different languages. Moreover, a significant number of puzzle pieces necessary for the puzzle's completion are nowhere to be found. While tremendous progress has been made on sections of the puzzle, the challenges listed above must be addressed in order to succeed.

The District has yet to articulate and coordinate a shared, cross-agency vision of what an early childhood system looks like and how it functions. There are six government agencies[1] that oversee or administer programs that serve young children and their families; these agencies use multiple data systems to track information about their programs and the children and families they serve. Many of these data systems are unable to communicate with each other. While there are a multitude of agencies and community-based providers contributing expertise and energy based on their individual missions, there is no single body charged with coordinating the variety of early childhood programming and initiatives in the District.

In order to best position infants, toddlers and preschoolers to succeed, the District must leverage the collective impact of early childhood programs and initiatives as part of a larger, coordinated system. By synthesizing past and ongoing stakeholder discussions on approaches to creating a strong early childhood system in the District, this white paper highlights three essential infrastructure pieces that are needed to fully assembly this puzzle.

- Shared Services

- Centralized Intake and Referral

- Early Childhood Integrated Data System (ECIDS)

These three infrastructure pieces promote quality programs and services; streamline processes, and reduce burdens on providers, families and government agencies. By implementing these pieces, the District will be positioned to complete the system puzzle and build a strong early childhood system capable of supporting the healthy growth and development of all young children in the District through greater interagency coordination, provider support and family engagement.

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[1] Agencies referenced include OSSE, DOH, DHS, DBH, DHCF, CFSA. These agencies deliver early learning, family economic supports, health, mental health, nutrition, early intervention/special needs and child welfare-oriented services.

In total, this white paper highlights the following nine recommendations:

Shared Services:

1) Continue to support the implementation and targeted scaling of QIN throughout the District, particularly in areas of higher need, as a strategy to increase quality in ECE using a shared service framework;

2) Monitor OSSE's implementation of the Shared Services Alliance. Once fully implemented and if shown to be sustainable, commission a study on whether this model would be viable to adapt in additional areas of the early care and education field, such as early childhood home visiting.

Centralized Intake and Referral:

1) Engage State Early Childhood Development Coordinating Council (SECDCC) to inform streamlining of intake and referral systems and processes across the early childhood system to reduce the burden on families and providers;

2) Establish data collection and data sharing agreements to integrate Help Me Grow (HMG) DC data collection with the local Early Childhood Integrated Data System (ECIDS). This effort should be informed by the SECDCC, and led by the Department of Health and the body implementing the ECIDS;

3) Expand the HMG DC model to include referrals to all possible areas of the early childhood system, including child care and early childhood mental health;

4) Develop and implement an effective HMG DC outreach strategy to ensure that families and providers are aware of the system as a resource.

Early Childhood Integrated Data System (ECIDS):

1) Create an ECIDS implementation plan for the District. Empowered as an advisory and governance body, the plan be should be led by the State Early Childhood Development Coordinating Council (SECDCC) and should articulate both a priority issue area that the ECIDS will initially address as well as a clear timeline for implementation;

2) According to the implementation plan established by the SECDCC, secure both immediate and long-term funding for the ECIDS.

Systems Integration:

1) Study, through the SECDCC, varying models of integrated governance employed by other states that serve to effectively coordinate state agencies involved in early childhood. Based on this study, the SECDCC should determine if establishing an alternative governance structure that facilitates greater interagency coordination, reduces silos and promotes a strong early childhood system should be recommended.

High-quality early childhood programs and services are vital for young children. Research[ii,iii] indicates that the positive effects of such programs are robust, yielding gains in academic achievement and laying a foundation to support strong development in behavioral, social and physical health. Though the impact of quality early childhood programs is discernable when children are young, they are perhaps even more pronounced as children enter school. **Research indicates that health and education disparities can emerge in young children as early as nine months of age, and can persist as the child enters school and into adulthood.[iv]** Investing in a strong early childhood system presents an opportunity for stakeholders to narrow the achievement gap, and ensure that young children in the District enter school healthy and ready to learn.

SHARED SERVICES

Shared service approaches are widely used in the corporate sector as well as within institutions of higher education. Early care and education[2] (ECE) professionals have also adopted these approaches. When fully functioning, this infrastructure manages and executes various operational and administrative tasks, which often include human resources, information technology and payroll. Organizations utilize shared services to reduce costs, strengthen management and build capacity by sharing administrative functions with partner organizations. When this work is streamlined into a centralized location, employees can redirect their efforts from time-consuming administrative responsibilities to mission-driven activities.

A growing number of ECE professionals throughout the United States use a shared services structure to support their need for strong fiscal and administrative management of child care centers given their limited financial resources. By consolidating the "backend" work, ECE programs can focus more time on providing age-appropriate curricula to students and offering additional child and family supports.[v] Furthermore, child care providers have been able to preserve the intimacy that is often important to families while still maintaining the capacity to improve financial sustainability and provide high-quality care and education. The advantages of utilizing such a system for ECE programs has been well-documented.[vi]

Opportunities for Families and Providers

Evaluation research on the benefits of shared services in the ECE field reports significant cost savings per provider[vii], enhanced family engagement[viii] and improved equity among low-income families due to the increased affordability of child care. Program quality improves as a result of leveraging the professional management and economic strength of larger organizations, making it easier for small sites to meet quality standards, gather and report data and offer a range of needed supports to children and their families. This focus on quality is especially crucial in caring for children from low-income families. Previously published research suggests that high-quality

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[2] The Early Care and Education (ECE) field aligns early childhood education with other critical areas that support development and promote family well-being.

early education dramatically improves lifetime outcomes for children at-risk for intergenerational poverty.[ix] **Most importantly, shared services centralize administrative management, freeing teachers and professional from time-consuming administrative tasks and, in theory, giving them additional time to engage in professional development opportunities that focus on delivering high-quality education.[x,xi]**

Progress in the District to Date

In the last few years, District government has responded to the need for greater alignment and shared services for ECE programs in two ways. In the fall of 2014, the Quality Improvement Network (QIN), began its first phase of implementation.[xii] The QIN uses a shared services framework and seeks to simultaneously build capacity, increase access and enhance quality for infants and toddlers. Partnering hubs model a shared services framework by providing coaching, professional development, coordination and technical assistance across many independent child care partners to meet Early Head Start (EHS) practices and standards. Additionally, these hubs work with various providers in the QIN to ensure that children and their families receive appropriate health and mental health screenings and referrals. QIN stakeholders hope that, as the QIN begins to grow and expand, this initiative will contribute to creating the systems and infrastructure necessary to build the highest quality learning opportunities for DC's infants and toddlers and their families.

Secondly, District-focused research highlights the struggles that home-based and center-based providers face to manage the business and administrative sides of their work.[xiii] As these tasks are not only mandatory, but also central to their success in providing high-quality ECE, providers face significant challenges in delivering high-quality, cost-effective traditional and non-traditional early care and education services. In response, the Office of the State Superintendent for Education (OSSE) plans to develop a Shared Services

Alliance for child development homes. child development homes. Implementation is slated to begin over the next year.

According to OSSE, the goals of DC's Shared Services Alliance include reducing costs, diminishing the administrative workload associated with managing staff turnover, leveraging technology skills and monitoring waitlists in order to maintain full enrollment within home-based centers. Reducing the burden of administrative work grants providers extra time to participate in professional development, which will free time to dedicate towards continually improving quality.

While the QIN implementation and evaluation is underway and the Shared Services Alliance is in its formative stages, the successes experienced in other areas of the country (e.g., Philadelphia, Central Virginia, New Hampshire) are promising for the District, even beyond the QIN and Shared Services Alliance. The benefits of a shared services model could also be advantageous for other family support programs in the District, such as early childhood home visiting programs.

RECOMMENDATIONS:
1) Continue to support the implementation and targeted scaling of QIN throughout the District, particularly in areas of higher need, as a strategy to increase quality in ECE using a shared service framework;
2) Monitor OSSE's implementation of the Shared Services Alliance. Once fully implemented and if shown to be sustainable, commission a study on whether this model would be viable to adapt in additional areas of the early care and education field, such as early childhood home visiting.

CENTRALIZED INTAKE AND REFERRAL

Centralized intake presents an opportunity to streamline and strengthen the District's early childhood system by addressing challenges coordinating services for families. While DC offers a wide range of services to support families with young children, the task of coordinating access to these services for families continues to challenge the District's early childhood system. In particular, no structured mechanism exists to refer all families to the services they want and need. Centralized referral and intake, or central intake, systems provide families with a single point of access to a range of related programs and services. Central intake systems can take many forms, but generally involve a standardized screening to help central intake staff understand family needs, an identification of the programs that would best meet those needs and referrals to appropriate programs and services. At their best, central intake systems reduce barriers for both families and programs and collect data that can be used to improve the systems that touch the lives of families.[xiv]

Opportunities for Families and Stakeholders

For families, central intake can reduce the stress of searching for appropriate services in a fragmented or siloed system, the time and transportation needs to undergo screenings at multiple service providers, and the frustration of undergoing duplicative screenings at each service provider.[xv,xvi] These benefits can lead to increased retention and family engagement and, ultimately, better outcomes for families.

For programs, central intake systems can help program staff use their time more efficiently and reduce costs by taking on the task of screening families and matching them to programs.[xvii] This can enable programs to allocate more of their resources to providing quality services to families, and fewer on screening families for whom their services may not be appropriate. Central intake systems that include an outreach component can also reduce the need for program staff to conduct outreach for their individual programs and can increase program enrollment.

When they include a data collection element, central intake systems can also help communities reduce inefficient spending on duplicative services and identify gaps in the services that families need and want.[xviii] Policymakers, programs and community leaders can use the information collected to support the growth and development of more efficient and comprehensive systems to ensure that families have access to the supports that can help them achieve the best possible outcomes.

Applications to Early Childhood

Although centralized intake is used in a variety of contexts, including mental health, substance abuse treatment, and homelessness, much recent interest in centralized intake centers on early childhood home visiting.[xix, xx, xxi] The federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, which was authorized to fund home visiting programs nationally since through the Affordable Care Act, also funds development of centralized intake systems as a component of some grantees' scopes of work. This has resulted in development of literature documenting best practices and challenges based on the experiences of implementers. This paper considers the lessons learned in home visiting to be more broadly applicable because of the similarity of the challenges experienced across early childhood programs in DC. However, as literature on central intake in the early childhood

context comes primarily from home visiting research, these findings are summarized below.

Three major considerations may contribute to development of an effective, centralized intake system: data collection, strategic outreach and system coordination. First, centralized intake systems should include data collection and sharing mechanisms, including agreements with the local Early Childhood Integrated Data System (ECIDS), where applicable. Access to data on the characteristics of families and the services they use is essential for the systems improvement that central intake can support. This data access is also key to ensuring that families receive all of the services they need (and no more). Data on family characteristics and needs, and the availability of services, can help early childhood, health, and other relevant stakeholders identify and address gaps in service availability. For example, a centralized intake system could help stakeholders and policymakers better understand the impact of DC's affordable housing shortage on families and children: the centralized intake system could provide data on the number of requests made by families with young children for resources and support accessing affordable housing. Furthermore, access to data on previous referrals could help prevent enrollment of a family in unnecessary or duplicative services. This could ultimately result in more efficient provider and government spending.

Additionally, central intake systems can improve families' access to services through strategic outreach. Because families may try to access services through a variety of avenues, a central intake system facilitates a "no wrong door" strategy to providing families with appropriate services. Families may be drawn into the system through a variety of avenues, including through public service announcements, referrals from providers and personal referrals, among others. Therefore, it is essential that centralized intake systems conduct clear and targeted outreach not only to families, but also to providers throughout the

early childhood and health systems. This outreach should be developed in collaboration with the local early childhood coordinating body to ensure that outreach is appropriately targeted. At minimum, messaging should clearly communicate to both audiences 1) who the central intake system serves, 2) what the system does and 3) how families can benefit from participation. Confusion on the part of families or providers may discourage participation. Importantly, families respond better to programs they trust: if families learn about their local centralized intake system through a trusted provider who is familiar with it, they may be more likely to participate and follow through on referrals.

Finally, a cautionary point: although centralized intake systems can strengthen links to appropriate services for families of young children when implemented correctly, communities may be challenged by identifying and implementing the appropriate method of delivery of centralized intake services that is best for providers and families. There is evidence to suggest that the longer and more arduous the process leading to a referral, the less likely it is that families will enroll and stay enrolled in a program.[xxii] Therefore, in developing processes for screening, determination of fit and referral to services, systems should be cognizant of providing a streamlined experience for families. Specifically, central intake implementers should work across the early childhood system to coordinate inclusion of all appropriate services, including child care and mental health services, to reduce the need for families to use multiple resources to access all of the services they need. Additionally, implementers should work with the SECDCC to ensure that central intake referral processes account for the needs of families and providers and present the fewest possible barriers to all parties involved.

Progress in the District to Date

In response to the challenges families and providers face navigating the District's decentralized early childhood system, the DC
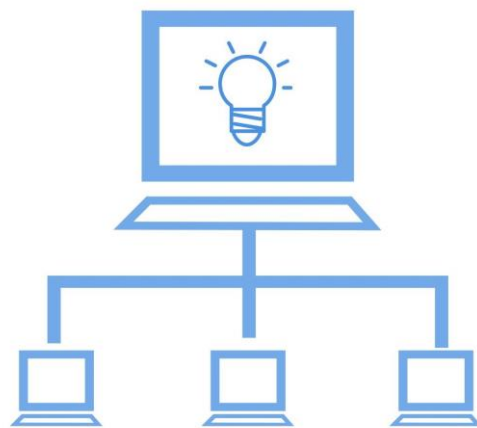
Department of Health, in collaboration with the Department of Health Care Finance, has adopted the Help Me Grow model. DC's Help Me Grow (HMG DC) is intended to provide outreach, screening and assessment, determination of fit for services, and referrals to services for families, all essential components of central intake systems. HMG DC rolled out District-wide on July 1, 2017. The system connects pregnant women and the families of young children to developmental resources to help families achieve positive outcomes. HMG includes a centralized access point for families in search of services; family, community and provider outreach; and a data system that is used to "identify systemic gaps, bolster advocacy efforts, and guide quality improvement".[xxiii] At this early stage of HMG DC's implementation, the impacts of the program are not yet documented. However, this system has the potential to serve as a central intake system for the District and to strengthen DC's early childhood system. For this to occur, best practices outlined in central intake literature must guide implementation, with a focus on coordination across the early childhood system. **Centralized intake can help District families reach the best and most appropriate services for their needs, allow programs to provide more efficient and higher quality services and provide data to strengthen the early childhood system.**

RECOMMENDATIONS:

1) Engage State Early Childhood Development Coordinating Council (SECDCC) to inform streamlining of intake and referral systems and processes across the early childhood system to reduce the burden on families and providers;

2) Establish data collection and data sharing agreements to integrate Help Me Grow (HMG) DC data collection with the local Early Childhood Integrated Data System (ECIDS). This effort should be informed by the SECDCC, and led by

the Department of Health and the body implementing the ECIDS;

3) Expand the HMG DC model to include referrals to all possible areas of the early childhood system, including child care and early childhood mental health;

4) Develop and implement an effective HMG DC outreach strategy to ensure that families and providers are aware of the system as a resource.

EARLY CHILDHOOD INTEGRATED DATA SYSTEM (ECIDS)

In order to actualize the District's collective investments in early childhood programs as a cohesive and impactful system, both those coordinating and those contributing to the system must have a common language. In the world of government, research and public-private partnership, this language is a coordinated and integrated data system. Young children in the District currently receive services from a matrix of local and federal agencies and programs whose internal data systems cannot communicate. The range of siloed data systems used by this matrix of agencies, each bound to specific privacy and data laws, creates additional barriers to data sharing. As such, without the common language of a data system, stakeholders are unable to answer fundamental demographic questions about young children, as

well as questions regarding usage rates and impact of the early childhood programs that serve them.

Because it collects and connects complementary data on young children and the services that they and their families access within a state, a fully functional Early Childhood Integrated Data System (ECIDS) would allow stakeholders to compare District-wide baseline child-level data to data of children receiving specific programs, which in turn empowers stakeholders to answer many of the aforementioned critical questions. **A key strength of an ECIDS lies in its ability to link information that would otherwise remain isolated within a single agency and, in turn, answer questions that cannot be answered with any one isolated data system.** Out of the more complete, longitudinal picture of the early childhood landscape that the comprehensive ECIDS data provides, stakeholders could think and invest more strategically to tackle persistent population-level challenges such as: how to narrow the academic achievement gap and how to ensure that children are receiving developmentally appropriate health, behavioral and development screenings and services.[xxiv] A fully functional ECIDS empowers stakeholders, from teachers in the classroom to District policymakers, to identify:

- Which populations are served by early childhood programs, and which children are left out;

- What percentage of children, birth to age 5, are developmentally prepared to enter school;

- What are the characteristics of a high-quality program that produces positive outcomes;

- What is the status of and gaps within the early childhood workforce;

- What are the short- and long-term outcomes for children who participated in one or more early childhood programs; and,

- What are the returns on investment for specific early childhood programs.

For example, because its ECIDS integrates early childhood data with the existing K-12 statewide data system, Colorado generated a report revealing the strong effects of half-day preschool on 3rd-8th grade academic outcomes. In this instance, Colorado's ECIDS allowed its stakeholders to disaggregate data based on whether the student was at-risk and attended a half-day preschool or not, compared to the state average. The results clearly demonstrated that attending a half-day preschool dramatically increased proficiency in all three subjects, to levels approaching the state average.[xxv]

Approaches Across the Country

States across the country are in various stages of developing and implementing ECIDSs that match their individual capacities and needs. Because such data systems can take a diverse array of forms and integrate different sources of early childhood data, their suitability to answer early childhood systems-level questions also varies. As of 2015, 32 states have linked their K – 12 data to at least some of their early childhood data.[xxvi] Many other states link data across early childhood programs such as Head Start/Early Head Start and early intervention programs and across government registries such as those for birth certificates and immunizations, allowing states to understand the needs of young children and their families, the services that families currently access and the gaps that exist.

While ECIDSs generally evolve to tackle many questions regarding the early childhood system, their initial development and data linkages typically center around addressing a specific problem or gap. For example, in Utah, stakeholders developed their ECIDS to address the lack of integration between health data and early childhood program data; Oregon crafted their ECIDS to examine early childhood education workforce quality and supply; and the

leaders in Rhode Island developed ECIDS with a specific goal of increasing early childhood development screening rates for young children. Furthermore, as an ECIDS requires as much human investment as it does financial, the collaborative process of choosing a set of priority indicators for the ECIDS will also facilitate the development of agency and partner buy-in.

An ECIDS also provides data that supports critical aspects of planning and implementation. We offer several examples. Through a centralized structure and assignment of a unique child identifier, Utah's ECIDS allows stakeholders to link data across over 35 early childhood health, education, and family support services and programs, making it possible to track an individual child's development, educational progress and outcomes from early childhood through high school graduation.[xxvii] Though not centralized in structure, North Carolina's ECIDS links unique child identifiers to established state data warehouses so that stakeholders can understand and make informed decisions about early childhood programs. Selected data from North Carolina is available to the public through a web portal; researchers also have the ability to make more specific data requests.[xxviii] Finally, states such as North Carolina and Pennsylvania[xxix] include IDEA Part C and B data to better understand young children's developmental progress and usage of early intervention services.

Progress in the District to Date

The fact that DC has a rich history of making targeted investments in young children should not be overlooked: the District first offered universal public pre-K in 2008 and funds many diverse support services targeting young children and their families such as home visiting and early intervention programs. Similarly, discussions around the importance and impact of making data-informed decisions in DC are already in motion. The Office of the State Superintendent of Education (OSSE) has already established the Student Longitudinal Data System (SLED) to track student-level education

data, PreK-12, postsecondary data and direct certification data for free and reduced meals. SLED assigns students attending DC public and public charter schools a unique student identifier (USI), allowing the system to track students both over time and in real-time, much as ECIDSs seek to do at the early childhood-level. Further, OSSE's commitment to developing an integrated data system is clear: in its Early Head Start Continuation Grant application, the agency stated the District's intent to implement an early childhood integrated data system by December 2018. To achieve this goal, interagency planning and ECIDS design must begin immediately.

In addition, as mentioned in the previous section, DC's Help Me Grow (HMG DC) includes a data system component tasked with identifying gaps and storing data related to early childhood development. The development of an ECIDS would allow the District to track and store the type of developmental data that HMG DC seeks to incorporate; however, when embedded within a centralized ECIDS, this family-level data would be far more actionable because it could be understood in the context of other important early childhood data points linked within the ECIDS.

Organization and Accountability

Building upon the foundation that SLED sets, an ECIDS is well-positioned in the District. However, further inter- partner and agency dialogue is necessary to determine where the ECIDS should sit in the District. Though the District could leverage OSSE's SLED as the repository for early childhood data, a fully integrated, collaborative and systems-focused ECIDS might be better positioned at a body with a broader vantage point. Regardless of where the ECIDS sits, it should be accountable to both the deputy mayors of health and human services and of education and should be advised by members of the State Early Childhood Development Coordinating Council (SECDCC), an official advisory body to the Mayor of the District of Columbia. Composed of community stakeholders and members from all agencies and

programs contributing data to the ECIDS, the SECDCC should serve as a governance and advisory body that establishes a set of policies and procedures for effectively managing, distributing and monitoring ECIDS data.

Effectively leveraging the longitudinal data that an early childhood data system collects will empower policymakers in the District to:

1) Invest strategically in early childhood;

2) Promote a strong and sustainable early care and education workforce;

3) Identify characteristics of quality programs that yield positive outcomes; and,

4) Ensure that such programs and services reach the children that can benefit from them most.

An ECIDS would propel the work of interagency efforts to coordinate quality and complementary services for DC children, with the goal of narrowing the achievement gap and increasing child health and well-being in the District. That is, an ECIDS would equip stakeholders with the context necessary to develop strategies to increase quality and close gaps in its early childhood system – components critical to improving long-term outcomes for young children as they enter school and beyond. However, it is equally important to note that an ECIDS would also allow policymakers to make data-driven decisions to target funding to early childhood programs. The cost savings to taxpayers that such data-driven decision-making would facilitate cannot be understated.

RECOMMENDATIONS:

1) Create an ECIDS implementation plan for the District. Empowered as an advisory and governance body, the plan be should be led by the State Early Childhood Development Coordinating

Council (SECDCC) and should articulate both a priority issue area that the ECIDS will initially address as well as a clear timeline for implementation;

2) According to the implementation plan established by the SECDCC, secure both immediate and long-term funding for the ECIDS.
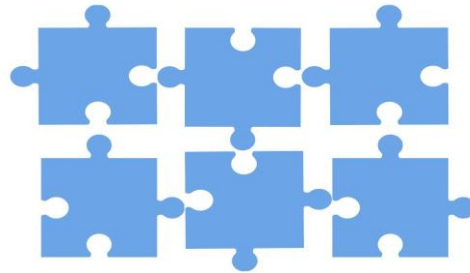
CONCLUSION: EXAMINE SYSTEMS INTEGRATION

The District continues to make significant investments in programs that support the healthy growth and development of children in their earliest years; however, its cross-agency investments in early childhood require coordination. Though the elements of the proposed infrastructure – shared services, centralized intake and referral and an ECIDS – are not meant to remedy every challenge facing the early childhood landscape, collectively they will function to reduce siloes and facilitate systems-building efforts. To operate successfully and yield the greatest impact, the District must facilitate coordination amongst agencies and other partners working in the early childhood space. For this reason, this paper makes one closing recommendation:

1) Study, through the SECDCC, varying models of integrated governance employed by other states that serve to effectively coordinate state agencies involved in early childhood. Based on this study, the SECDCC will determine if establishing an alternative governance structure should be recommended.

Developing a structure of integrated governance in the early childhood system will serve to reduce fragmentation and increase efficiency. This pivotal piece brings cohesion and aligns the work of multiple agencies and providers.[xxx] In order to effectively serve young children, there must be clear pathways of accountability amongst the varying stakeholders. The recommended study provides an opportunity to review and clarify roles and responsibilities within the early childhood system in an effort to ensure that the District's governance structure supports efficiency, sustainability and quality.

This paper outlines tangible steps the District should take to build and solidify a strong early childhood system. Without careful consideration of a governance model that supports high-quality service delivery, the puzzle pieces of the early childhood landscape will remain fragmented and disconnected. The city's investments in programs and initiatives, while beneficial, are not sufficient to accomplish the District's goals. Given the growing population of young children in the District and the critical importance of a child's earliest years on their later growth and development, the District should not waver: the time to address such challenges in building a coordinated early childhood system is now.

DEFINITIONS

Early Care and Education (ECE) – In light of the growing body of brain development research highlighting the importance of early education experiences, the ECE field aligns early learning with health and mental health, early intervention and special needs, and family support programs.

Early Head Start (EHS) - A federal child development program that supports prenatal health and the social, cognitive and emotional development of low-income infants and toddlers and families through early learning experiences, home visitation, health screenings, doctor referrals, parent support and nutritional programs.

Help Me Grow (HMG) – The HMG model provides outreach, screening and assessment, determination of fit for services, and referrals to behavioral and developmental services for families with young children. In DC, HMG also serves pregnant women.

Idea Part B & C - IDEA Part C focuses on early intervention for infants and toddlers, ages 0–3, while IDEA Part B focuses on special education for children ages 3–21. The central purpose of IDEA Part C is to provide financial assistance to states to maintain and implement a coordinated system of early intervention services for infants and toddlers with disabilities and their families.4 The central purpose of IDEA Part B is to ensure that all children with disabilities have available to them a free appropriate public education that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living.[xxxi]

Maternal, Infant, and Early Childhood Home Visiting (MIECHV) – The MIECHV program facilitates collaboration and partnership at the federal, state, and community levels to improve the health of at-risk children through evidence-based home visiting programs.

Office of the State Superintendent of Education (OSSE): A district agency that sets statewide policies, provides resources and support, and exercises accountability for all public education in DC. Their mission is to remove barriers and create pathways for District residents to receive a great education and prepare them for success in college, careers and life.[xxxii]

Quality Improvement Network (QIN) - An initiative seeking to integrate Early Head Start and community child care programs in the District of Columbia. The QIN simultaneously focuses on building capacity, increasing access and enhancing the quality of early care and education for infants and toddlers in the District. The QIN is the first step toward a multi-year effort to build a neighborhood-based system that connects center- and home-based child care providers to state agencies while also ensuring high-quality education and care.[xxxiii]

State Early Childhood Development Coordinating Council (SECDCC) – An advisory body to the Mayor of DC, the SECDCC was legislatively created in March 2011 pursuant to the Pre-K Enhancement and Expansion Act of 2008 to improve collaboration and coordination among entities carrying out federally funded and District- funded Pre-K and other early childhood programs. Its mission is to improve collaboration and coordination among agencies and community partners in DC to ensure that all children and families are set up to thrive.

Statewide Longitudinal Education Data (SLED) – Created by OSSE, SLED is a single repository of student and education-related data enabling the sharing of critical information spanning a student's public education experience in the District of Columbia, pre-K-12. [xxxiv]

ENDNOTES

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