

Project LAUNCH—Environmental Scan Guidance

January 2009

In response to a growing recognition of the need to promote wellness among children from birth to age eight, the Substance Abuse Mental Health Services Administration (SAMHSA) has created Project LAUNCH—Linking Actions for Unmet Needs in Children’s Health. Through LAUNCH cooperative agreements, a group of states and tribes will develop state, tribal, and local networks for the coordination of key child-serving systems and the enhancement and improvement of practices, programs, and services for young children and their families. Given the importance of careful and thoughtful program planning for successful implementation and meaningful evaluation, LAUNCH grantees will conduct a comprehensive strategic planning process that will result in the creation of tools, including a strategic plan and logic model, to guide their work. To ensure that their strategic plans reflect and build upon the programs, services, and resources that are already in place to serve young children, LAUNCH grantees will conduct an environmental scan to develop a more comprehensive picture of the early childhood-serving environment in their state, tribe, and communities.

Through this document, SAMHSA provides detailed guidance on how Project LAUNCH grantees can approach the environmental scan process. As noted in the Request for Applications, grantees (each state, tribe, and community) must conduct an environmental scan in the first six months of the grant to map out the systems and programs (including those funded through federal and private grants) that serve children from birth to eight years of age and their families. The scan should identify the systems, programs, and services that existed *prior* to Project LAUNCH, not those that LAUNCH will add at the state, tribe, or community level. (Please note that tribes combining the tribal and local levels only need to create one environmental scan.)

In the pages that follow, we offer guiding questions and a template for collecting Project LAUNCH environmental scan information. Grantees are not required to use the questions or the template; rather, this guidance is offered to help grantees in thinking about how to approach the environmental scan, and grantees may take from it what they wish. Furthermore, there is no single required format for the environmental scan. Therefore, there may be variations among the products that grantees create. We offer this guidance to support grantees in conducting thorough, well-conceived scans at both the state/tribal and community levels that will serve the project well as it moves forward.

We encourage grantees to build from existing scans, such as work conducted for Early Childhood Comprehensive Systems (ECCS) grants or similar efforts. SAMHSA and the Project LAUNCH Technical Assistance Team will customize and provide technical assistance regarding the environmental scan and comprehensive strategic plan to each grantee as needed and requested.

In addition to mapping out the systems and programs in place *prior* to Project LAUNCH, the environmental scan also should include a financial map of the funding streams that support programs to address the physical, emotional, social, cognitive, and behavioral health of children birth to age eight. *Spending Smarter: A Funding Guide for Policymakers and Advocates to*

Promote Social and Emotional Health and School Readiness, developed by Project Thrive at the National Center for Children in Poverty, provides a process used by many states and communities to map their financial environment. Tribes should contact their technical assistance specialist to adapt this approach to their tribal systems. The *Spending Smarter* document can be found at http://www.nccp.org/publications/pdf/text_634.pdf and may help with the financial mapping component of the scan. Additionally, grantees may find it helpful to draw from the financial inventory completed with Abt Associates' cross-site evaluation liaisons for completing the financial scan.

SAMHSA recognizes that grantees may not have the opportunity to complete a thorough environmental scan within the first six months of grant award. However, grantees should be prepared to document at six months the steps they have taken to begin the scanning process, including the methods they have chosen for engaging partners in the process and for data collection. In addition, grantees should share a summary of findings to date, and if the scanning process is not complete, grantees should describe what future steps will be taken to complete the scan and provide a timeline for completion.

Further, while no single format for reporting on the environmental scan is required, grantees are encouraged to include the following elements in their environmental scan summary document to be submitted to SAMHSA:

- A description of who participated in the scanning process and how stakeholders were engaged and diverse perspectives ensured
- A description of the methods used for gathering scan data (e.g., extant data, focus groups, surveys, etc.)
- A sample of data that demonstrates the instrument(s) used for capturing data, such as the templates provided in this document
- Reflections on the successes and challenges that arose in the process of conducting the environmental scan (e.g., lessons learned)
- A summary of findings from the scan; that is, not a summary of data but conclusions that could be drawn from the scan that are key to helping the project move to the next phase, to serve as the foundation for the strategic plan (for more description, please see page 16).

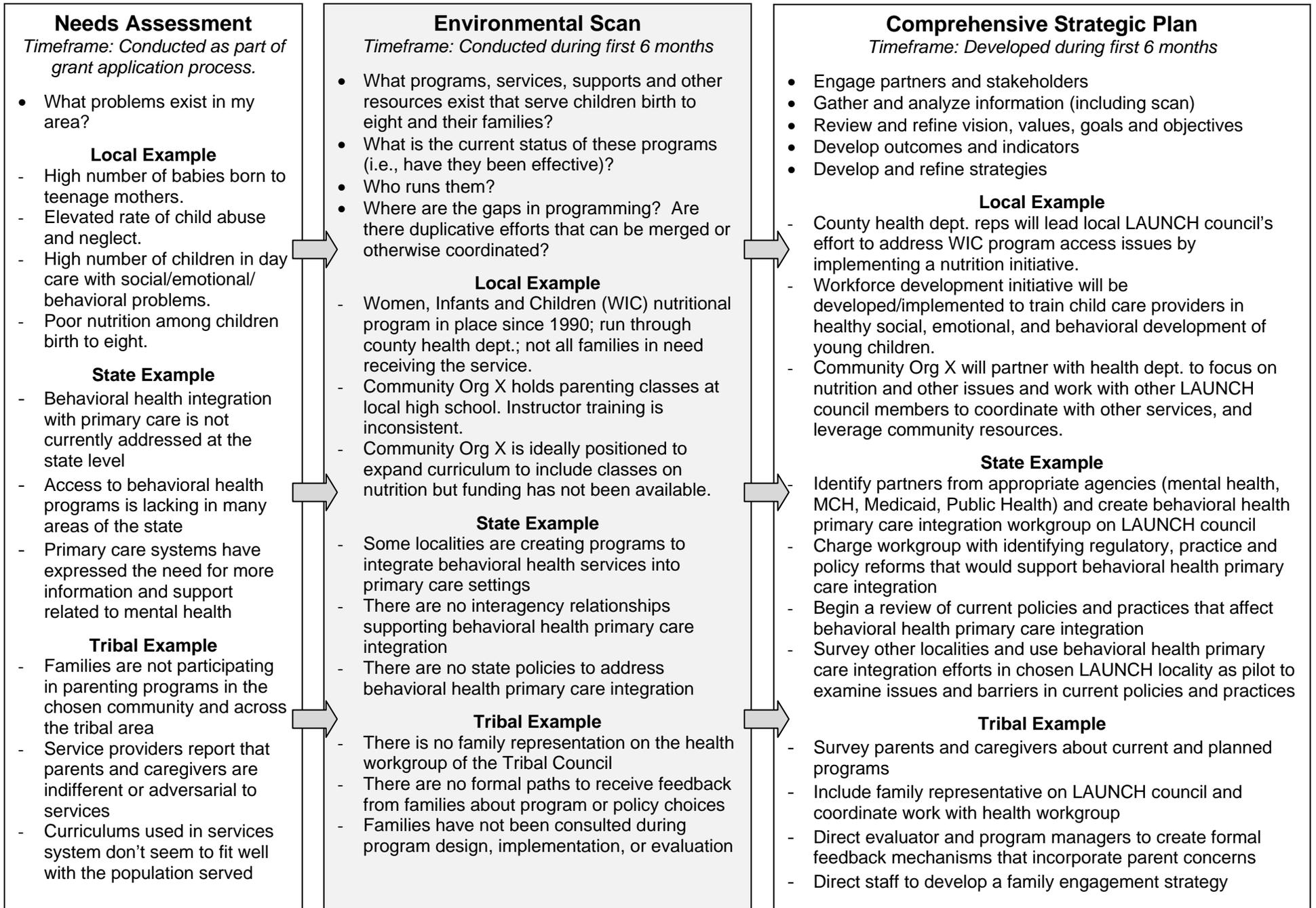
This guidance is organized into four sections:

- **Part 1: Framing the Environmental Scan and Comprehensive Strategic Plan** gives the vision behind these major cornerstones of the Project LAUNCH initiative.
- **Part 2: Documenting the Environmental Scan** offers principles to have in mind as grantees plan and execute the scan.
- **Part 3: Scanning the Environment** lists questions to inform a thorough scan process and offers a chart template to organize information gathered.
- **Part 4: Analyzing the Scan and Drawing Conclusions** provides suggestions on how to sort through the information collected and how best to understand the findings. Also called “strategic analysis,” this section can guide Project LAUNCH grantees in forming an optimal strategic direction for moving forward over the next five years.

Part 1: Framing the Environmental Scan and Comprehensive Strategic Plan

We encourage grantees to develop environmental scans that include but are not limited to an inventory of services available for children and families. While it is critical to have a complete picture of the landscape of systems, programs, and other resources currently available to address challenges facing children, birth to eight years, and their families, the process of scanning should also stimulate thoughtful analysis of gaps in programming, duplication of efforts, and challenges related to access to or quality of services. The scans are “living documents” that may expand in scope over the course of the project to reflect changes in the community, as well as changes in systems and supports that address the well-being of children and families. Both scans (the state/tribal and community) should be updated over the life of the project.

The state/tribal and local-level (community) environmental scans are critical components of the Project LAUNCH comprehensive strategic planning process. Each scan will build on the needs assessment completed as a part of the application process and serve as the foundation for the comprehensive strategic plan. Using a comprehensive strategic plan will build on and improve current services and coordinate between the many systems that serve young children. Developing broad-based environmental scans that map out these systems in sufficient detail to guide thinking and decision-making will be central to the success of grantees’ strategic plans. The diagram below shows the relationship between the needs assessment, the environmental scan, and the strategic plan, and illustrates that relationship with some examples.



Part 2: Documenting the Environmental Scan

The environmental scan process is as much about dialogue and consensus-building as it is about information gathering. Each step in the planning process should be conducted in a collaborative manner involving a range of stakeholders. Grantees should consider actively engaging their Councils on Young Child Wellness in scanning activities, as well as using this process as an opportunity to form alliances with a wide variety of individuals at the state/tribal or community level. Soliciting input from a range of stakeholders, including current and potential program participants, will help ensure that services are responsive to the needs of the community and will build support for the initiative as a whole. Grantees are encouraged to gather community input in a variety of ways (e.g., formal meetings, key informant interviews, focus groups, surveys, etc.). Further, as states/tribes and local communities develop their individual environmental scans, it is important that they communicate with each other about what is being learned. Local communities' findings may help inform policy and decision-making at the state/tribal level, and state/tribal findings may help to inform local communities about ways in which their needs, resources, and practices compare to those in other jurisdictions.

Part 3: Scanning the Environment

We developed Part 3 as a guide and not a list of requirements for grantees to follow. We have divided the section into five general topic areas that grantees will likely include in their environmental scan for Project LAUNCH:

- 1. Family Support and Parenting Education**
- 2. Mental Health and Social and Emotional Wellness**
- 3. Early Care and Education**
- 4. Primary Care**
- 5. Systems Development**

For each topic area, we have provided a series of guiding questions followed by a chart template (including examples) that grantees can use to organize and document the systems, programs, and other resources that currently exist at the state/tribal, and community levels. We offer the questions to trigger thinking about all the possible systems, programs, and other resources that grantees might include in the scan. We have adapted several of these questions from the Health Resources and Services Administration's (HRSA) guidance to ECCS coordinators for the scan process.

Similarly, we provide the tables as a possible template for grantees to use to record the information gathered through the environmental scan. The tables are structured to document information about the service provided, the organization delivering the service, the type of activities offered by the organization (i.e., promotion, prevention, intervention), the population served, the targeted outcomes, the funding amount and source, and how the service interfaces with Project LAUNCH activities.

1. Family Support and Parenting Education

When scanning the early childhood environment related to *family support and parenting education*, consider the following questions:

- What is in place to ensure the use of evidence-based practices in family strengthening to enhance child wellness?
- How are families being connected to culturally relevant parenting education and supports, including traditional spiritual activities?
- What is in place to ensure that all families (inclusive of mothers, fathers, grandparents, and other family members) have access to culturally sensitive and appropriate family-strengthening programs and services to foster child wellness?
- What is being done to help families become effective advocates for their children starting before their birth and through their early years?
- What is being done to ensure that family support and parenting education efforts are culturally-sensitive?
- What is in place to create linkages across family-serving organizations and related groups that enable family involvement?
- What is being done to further support the development of knowledge and skills that families need to be meaningfully involved in policy and program planning, implementation, and quality assurance to support young child wellness?
- What is being done to create parenting education programs that are family-led and family-centered and enable caregivers to know where to go when they need parenting assistance or information?
- Are families supporting each other in parenting and accessing supports and other community-based services? What is being done to support these activities?
- What is being done to ensure that parents have the health-related knowledge to engage professionals around their children’s wellness?
- What is being done to ensure that child-serving providers offer family-centered care?

Use the following table to provide information about *family support and parenting education* programs available in the community. When completing the table at the state/tribal level, be sure to include programs that span the entire state/tribe or large areas of the state/tribe. The first entries, in *italics*, are offered as examples.

Sample Table for Family Support and Parenting Education

Service Provided	Organization Delivering the Service	Activity Type, i.e., Promotion? Prevention? Intervention?	Population Served	Targeted Outcomes	Funding Amount and Source	Involvement in Project LAUNCH
<i>Parenting Wisely: Parent training program</i>	<i>Valley Community Action Program</i>	<i>Promotion and prevention</i>	<i>4 groups of 100 families per year until Dec. 2009 Services targeted at families with multiple risk factors</i>	<i>Decreased use of physical discipline methods</i>	<i>\$250,000/year for 3 years, from United Way</i>	<i>Program coordinator serves on local child wellness council</i>
<i>Use of relational world view to evaluate effectiveness of family talking circles</i>	<i>Tribal council's subcommittee on family involvement</i>	<i>Promotion and prevention</i>	<i>Families with children birth to five</i>	<i>More traditional holistic view of parenting</i>	<i>Grant from tribal college</i>	<i>Project director meets with subcommittee</i>

2. Mental Health and Social and Emotional Wellness

When scanning the early childhood environment related to *mental health and social and emotional wellness*, consider the following questions:

- What types of therapeutic interventions are currently being offered for children aged birth to three? Three to five? Five to eight? And their families?
- How is mental health consultation currently being provided in the state/tribe and community?
- What other services are being offered that promote social and emotional wellness in young children and aim to prevent social and emotional and behavioral issues from developing?
- What is being done to ensure that professionals who conduct screenings of young children and their families have programs and providers available for referral to services?
- What is being done to elevate knowledge and competency around children’s healthy social and emotional development among the professional groups who work with young children and their families?
- What is being done to ensure that agencies that provide services to adults are collaborating with agencies that provide services and supports to young children (i.e., Substance Abuse, Mental Health, Justice, Housing, Labor)?
- What is being done to encourage care coordination among providers who are working to ensure the social and emotional wellness of children?
- What is being done to ensure collaboration among the early intervention system and early care and education providers?
- What is being done to address transitions of all children from birth to three, preschool, and to elementary school, especially for those children who are Individuals with Disabilities Education Act (IDEA) eligible?
- What is being done to ensure access to wellness and health promotion, as well as prevention education and other relevant activities, for young children and their families from pregnancy through the early childhood years?

Use the following table to provide information about activities that promote *mental health and social and emotional* wellness available in the community. When completing the table at the state/tribal level, be sure to include programs that span the entire state/tribe or large areas of the state/tribe. The first entries, in *italics*, are offered as examples.

Sample Table for Mental Health and Social and Emotional Wellness

Service Provided	Organization Delivering the Service	Activity Type, i.e., Promotion? Prevention? Intervention?	Population Served	Targeted Outcomes	Funding Amount and Source	Involvement in Project LAUNCH
<i>Early childhood mental health consultation</i>	<i>Smith County Mental Health Center</i>	<i>Prevention and intervention</i>	<i>All children birth to five in licensed child care and education facilities within county limits</i>	<i>Prevention of expulsion from child care</i>	<i>\$53,000, from state general funds</i>	<i>Expansion of program</i>
<i>Maternal depression screening</i>	<i>Home visitation programs</i>	<i>Prevention</i>	<i>All very low income children birth to three in three neighborhoods</i>	<i>Strong attachments between babies and mothers</i>	<i>\$15,000, from Catholic Charities</i>	<i>Expansion of program</i>
<i>Suicide Prevention; Intervening Early</i>	<i>Tribal wellness counselors and early intervention program-teams</i>	<i>Prevention</i>	<i>Siblings (birth to five) and their families of at-risk teens</i>	<i>Enhanced self-esteem, social skills, attachment to culture</i>	<i>SAMHSA prevention grant for \$50,000</i>	<i>Expansion of program</i>

3. Early Care and Education

When scanning the environment related to *early care and education*, consider the following questions:

- What is being done to ensure access to high-quality early care and education services for children?
- How are child care providers involved in the young child-serving system (e.g. services and governance)?
- How is information shared between early care systems, K–12 systems, and other child-serving systems?
- What is being done to reach out to small and/or informal providers of child care?
- What is being done to build a local workforce with competence in young child social, emotional, and behavioral health?
- What is being done to ensure that early care and education providers are knowledgeable about healthy child development and are able to recognize early warning signs of developmental problems across all domains (physical, social, emotional, etc.)?
- What is being done to develop or strengthen a network of child care health consultants?
- What is being done to make developmental screenings available through early care systems?
- What is being done to ensure that early care and education providers know how and when to make referrals into the early intervention system?
- What is being done to help early care and education providers link families to parenting education resources and programs?
- What is being done to ensure that children with special needs are included in appropriate early care and education settings?
- What is being done to ensure that early care and education settings serve as an access point for health insurance and medical homes?
- What is being done to ensure that early care and education settings are culturally sensitive and appropriate?
- How does the early care and education system collaborate with other agencies or stakeholders related to young child wellness?

Use the following table to provide information about the *early care and education* programs available in the community. When completing the table at the state/tribal level, be sure to include programs that span the entire state/tribe or large areas of the state/tribe. The first entries, in *italics*, are offered as examples.

Sample Table for Early Care and Education

Service Provided	Organization Delivering the Service	Activity Type, i.e., Promotion? Prevention? Intervention?	Population Served	Targeted Outcomes	Funding Amount and Source	Involvement in Project LAUNCH
<i>Training on developmental assessments</i>	<i>Child Development Division, Department of Education</i>	<i>Promotion and prevention</i>	<i>Preschool providers</i>	<ul style="list-style-type: none"> • <i>Trained Early Childhood Education (ECE) workforce</i> • <i>Adoption of assessments in preschool settings</i> 	<i>\$250,000 per year, from State Education Agency (SEA)</i>	<i>Participation of preschool providers that operate in LAUNCH target area in training sessions</i>
<i>Coordinates ECE training and facilitates state and regional networks of providers</i>	<i>Child Development Division, Department of Education, Preschool Instructional Network</i>	<i>Promotion and prevention</i>	<i>Preschool providers</i>	<ul style="list-style-type: none"> • <i>Trained ECE workforce.</i> • <i>Increased collaboration among providers</i> 	<i>\$500,000 per year, from SEA</i>	<i>Representative participating on State Child Wellness Council</i>
<i>Statewide coordination with professional ECE provider associations to plan annual staff trainings regarding social and emotional development and working with young children and their families</i>	<i>Department of Health</i>	<i>Promotion and Prevention</i>	<i>Lead preschool teachers in state-funded programs</i>	<i>Trained ECE workforce in social-emotional development of young children</i>	<i>\$5,000 from ECCS funds</i>	<i>Coordination with LAUNCH training plan; participation of teachers in LAUNCH target areas</i>

4. Primary Care

When scanning the early childhood environment related to *primary care* consider the following questions:

- What is being done to ensure that all children are connected to a medical home?
- What is being done to encourage medical providers to conduct regular comprehensive developmental assessments?
- What is being done to ensure that the state Medicaid system recognizes developmental assessment as a critical component of the well-child visit and reimburses providers for the service?
- What is being done to ensure that medical providers are able to provide appropriate referrals when developmental screenings reveal concerns and to ensure medical providers link to other professionals also serving the children and family?
- What is being done to ensure that the results of the referral are shared and the relevant providers and family members are involved in making follow-up decisions?
- What is being done to ensure that medical providers know how to access the early intervention system?
- What is being done to ensure that medical providers provide information to families about the importance of a safe, high-quality child care environment?
- What is being done to ensure that medical providers explore mental health issues with family members?
- What is being done to ensure that services provided to adult caregivers are coordinated with supports and services provided to the young child (i.e., incarcerated women with children receive supported visits with foster parent and child)?
- What is being done to ensure that other agencies providing services to adults are collaborating with those agencies providing services to young children (i.e., Substance Abuse, Justice, Housing, Labor)?
- What is being done to encourage care coordination and communication between other early childhood providers (e.g., home visitors, early intervention specialists, WIC, child care) and medical providers?
- What is being done to connect families to traditional and spiritual leaders?

Use the following table to provide information about the *primary care* activities available in the community. When completing the table at the state/tribal level, be sure to include programs that span the entire state/tribe or large areas of the state/tribe. The first entries, in *italics*, are offered as examples.

Sample Table for Primary Care

Service Provided	Organization Delivering the Service	Activity Type, i.e., Promotion? Prevention? Intervention?	Population Served	Targeted Outcomes	Funding Amount and Source	Involvement in Project LAUNCH
<i>Community referral source notebook</i>	<i>Local coordinating council within county</i>	<i>All three</i>	<i>Birth to five</i>	<i>Increased likelihood of facilitated referrals</i>	<i>\$25,000, donated by local businesses</i>	<i>Continuation of work</i>
<i>Statewide task force – advising design of higher-education curriculum module regarding behavioral health for pediatrician training programs</i>	<i>Department of Health</i>	<i>Promotion and Prevention</i>	<i>Medical students</i>	<i>Pediatricians are knowledgeable about and trained in behavioral health issues for young children, integration of physical and behavioral health services</i>	<i>\$2,000 from MCHB block grant</i>	<i>Coordination with LAUNCH statewide advisory council, integration with LAUNCH training plans for primary care providers</i>

5. Systems Development

The environmental scan should include information about systems development. We offer the following questions to help grantees identify relevant system-level factors that will inform the environmental scan and ultimately, the grantees' strategic plans. This information may best be captured in narrative form. The questions are not exhaustive and grantees are not required to answer all of them.

Governance and Interagency Coordination and Collaboration

- Is there a coordinating body on the state/tribal level (outside of the Council on Young Child Wellness) that addresses cross-agency, cross-organizational issues?
- Are there coordinating bodies at the local level that address cross-agency or cross-organizational issues?
- Do these coordinating bodies include both the public and private (both for-profit and nonprofit) sectors?
- Are there efforts to ensure that early childhood issues have a high profile on the public policy agenda in the state/tribe and community?
- Are there policies and procedures that address the needs of young children and their families?

Family and Community Involvement

- Are family members encouraged to be active participants in every component of service delivery (i.e., are family members encouraged to advise and participate in the development and monitoring of policies, procedures, and practices)?
- What efforts are under way to ensure that true family and community voice is informing the system?
- Are policies being changed to reflect family-driven practices?
- Are families hired by agencies to ensure that a family voice is included in decision-making and policy development?

Evidence-based Practices

- How are the state/tribe and the local community supporting training, coaching, and effective implementation of evidence-based practices (EBPs)?
- What EBPs are being used at the current time?
- Is there a cross-agency data collection system?
- Are services being evaluated for effectiveness?

Funding

- What is being done to ensure that financing opportunities exist that can encourage the delivery of comprehensive, integrated, family-centered services?
- What financing strategies have been developed or utilized to encourage cross-agency coordination?
- Are all funding streams maximized to cover services for this population?

Effective Workforce

- What efforts are under way to build a workforce that is trained from a public health perspective?
- What efforts are planned or under way to provide interdisciplinary training on understanding healthy child development?
- Describe the current state/tribal and local workforce development plan for staff working with children, birth to eight, and their families.

Cultural and Linguistic Competence

- What efforts are under way at the state/tribal and community level to develop a strategic plan for ensuring cultural and linguistic competence among providers and policy-makers?
- What efforts are being made to reduce disparities among families from different cultural or linguistic backgrounds?
- What policies exist to address linguistic competence (i.e. interpretation and translation of documents)?

Statewide or Broad Tribal Adoption of Local Practice

- What efforts are under way to replicate successful local efforts around promotion and prevention for young children and their families?

Coordination with other Federally-Funded Efforts

- How is the Project LAUNCH effort being coordinated with other federally-funded programs at the state/tribal and community levels?

Legislation and Regulation

- What legislation is currently in place that supports a public health approach?
- Who oversees early childhood activities across the state/tribe and local community? If more than one entity or agency, how well-coordinated are these efforts?

Part 4: Analyzing the Scan and Drawing Conclusions

From the scan of the current service delivery system—that is, the data gathering process as well as the information gathered—grantees are now well positioned for critical, strategic analysis. In that analysis, grantees will want to systematically consider **conclusions that can be drawn** and how those conclusions can inform the project’s plans moving forward. The conclusions will inform and fold into the development of a comprehensive strategic plan that is based on a strong understanding of where the project began. To analyze the data and identify next steps in the development of a comprehensive strategic plan, grantees might consider the following questions:

- What gaps were identified between the needs of the young children and families in the state/tribe and community? What are available programs, supports, and services designed to meet these needs?
- Are there any major problems that are not getting addressed by any service, program or activity?
- Are the individuals and families who should be receiving wellness promotion and prevention programs, services, and supports in fact receiving them? If not, why not?
- Are there duplicative services, programs, and supports attempting to address the same problem? If so, which are more effective and which are less so? Are those who are implementing the separate programs coordinating their efforts in any way?
- Is there blending of funding across these various programs and efforts?

Answering the questions above should help grantees organize the data from their environmental scans. Having a more complete understanding of both the needs and the resources in the state/tribe and community should lead to greater clarity of where the gaps and the most critical unmet needs exist. In addition, this scan might highlight ways in which service delivery, policies, and funding structures can be improved. The strategic plan should be a direct response to the outstanding needs; it presents the project’s vision for how best practices in infrastructure reform and service delivery can most effectively meet these needs.

We will provide additional guidance on the development of the Project LAUNCH comprehensive strategic plan in a separate document. The Project LAUNCH Technical Assistance Team is also available to provide customized support to grantees throughout the environmental scan and strategic planning process.

We are also interested in your feedback on this guidance, and any questions, concerns, or comments you have related to the environmental scanning process. Please share your thoughts with your LAUNCH Federal Project Officer at SAMHSA and/or your TA liaison.

Project LAUNCH Strategic Plan Guidance

March 30, 2009

As noted in the Request for Applications, Project LAUNCH grantees will submit comprehensive state- or territorial- and local-level strategic plans to Substance Abuse and Mental Health Services Administration (SAMHSA) Project Officers in the first year of their grant. Tribal grantees, with combined tribal and local governance structures, will engage in a single, comprehensive strategic planning process that results in a single plan. Grantees will use these deliverables to reflect their engagement, thus far, in simultaneous local and state, territorial, or tribal planning processes to support comprehensive child wellness. Grantees will submit draft strategic plans and updated logic models in May 2009 and will revise them based on feedback from their federal project officers (FPO). Grantees will also periodically review and revise the plans to reflect changes in their state, tribes, territories, and communities. The format of grantees' submissions may vary because no single format is required.

In this document, SAMHSA establishes expectations for the deliverable and provides guidance on how grantees can most effectively move forward in their strategic planning. We offer the guidance to support grantees in developing comprehensive strategic plans that advance the vision and implementation of Project LAUNCH. SAMHSA and the Project LAUNCH Technical Assistance Team are available to provide individualized technical assistance regarding comprehensive strategic plans to each grantee as needed.

This comprehensive strategic plan guidance is organized into three sections:

Part 1: Framing the Comprehensive Strategic Plan provides context for the purpose and critical elements of the strategic plan.

Part 2: Developing the Comprehensive Strategic Plan provides a guide to developing the strategic plan, including how the environmental scan, needs assessment, and grant application process support and inform this process.

Part 3: Documenting the Comprehensive Strategic Plan provides a sample template (suggested but not required) for organizing the key elements of the strategic plan.

Part 1: Framing the Comprehensive Strategic Plan

A strategic plan sets out the broad overall goals and objectives of the grant project and identifies how the grantee intends to achieve them. In addition to programmatic elements, the Project LAUNCH comprehensive strategic plan will address how financing will be structured to promote achieving these goals and objectives during the grant period. The plan should also address how the grantee intends to sustain the system of services that is developed or enhanced through the LAUNCH grant, including services and practices that are directly funded by Project LAUNCH and those that are not.

Grantees should view their strategic plan deliverables as living documents—developed and evolving as part of an ongoing, iterative process. As they meet objectives and identify new needs and strategies, grantees will continue to plan and adjust implementation accordingly.

State, Territorial, or Tribal Plan. The strategic plan should describe the full range of activities that grantees will engage in at the state, territorial, or tribal level, including but not limited to, the work of the state-, territorial or tribal-level council, policy reforms, infrastructure reforms, financing strategies, workforce development activities, and coordination with the local LAUNCH community.

Local Plan. The local strategic plan should describe how the grantee will implement systems reforms and services and practices at the local level to support the development of a comprehensive, family-centered public health approach for children birth to eight and their families. Community-level aspects of LAUNCH include service implementation, workforce development, systems reform and policy change efforts, coordination with the state, financing and sustainability-focused activities, local-level council efforts, evidence-based programs and practices, and public education campaigns.

Grantees that are submitting both state- and local-level plans should also include an account of how the planning processes at each level were coordinated and how, if at all, the plans themselves are linked.

Part 2: Developing the Comprehensive Strategic Plan

This section provides a guide to developing the strategic plan. Although the suggested process below appears linear, SAMHSA recognizes that grantees' LAUNCH planning is likely to be less straightforward and not as simple as the discussion below suggests. Grantees will conduct the planning process in a number of different ways and the following sequence simply represents steps in the process that are important to have covered at some point in the process of LAUNCH strategic planning, or through related, overlapping processes. Grantees should demonstrate in some way how they engaged in the following steps in their final strategic plan documents.

A. Engage Stakeholders

Engaging a range of stakeholders creates opportunities for your LAUNCH partners to contribute resources and take ownership for shared outcomes. In addition to the local, state, territorial, or tribal councils, grantees should consider other stakeholders, including family members and other caregivers, to be involved in strategic planning. Grantees could identify and utilize existing and/or new strategies, such as list serves, discussion boards, and subcommittee meetings, to ensure participation from the full group. Grantees should link the local, state, or territorial councils in some way (e.g., common participants on each council, shared Web site, presentations for/to each other) to ensure collaboration and communication across all stakeholders involved in Project LAUNCH.

B. Gather Existing Information to Inform the Process

Grantees' strategic plans should build on previous efforts focused on resources, services, supports, policies, and programs available to address identified problems. Grantees may submit a plan that expands on a strategic document already in place, such as an Early Childhood Comprehensive Systems Initiative (ECCS) state plan, Early Childhood Advisory Council, tribal talking circles, or other related system reform effort documents. Likewise, previous planning activities that contributed to grantees' Project LAUNCH proposals, needs assessments, project goals, early evaluation data collection efforts (e.g., Abt's cross-site evaluation), logic model, and environmental scan can be valuable information and useful in framing the approach to the strategic planning process. SAMHSA encourage grantees to revisit and reuse such information to inform and extend their thinking at this point in the project. For example, focus groups with families, pediatricians, or home visitors that grantees conducted early in Project LAUNCH grant planning may have yielded important information regarding service delivery challenges and potential solutions. Ideas for specific activities and objectives that emerged from those earlier conversations continue to have an important place at this stage of setting a LAUNCH grantee's strategic direction.

C. Conduct Strategic Analyses of the Environmental Scan

Additional analysis of the ES data should be key in helping grantees to think through their strategic plan. The following questions may help shape strategic analyses of grantees' environmental scan data:

- What policies, programs, services, and resources are already in place to address the identified problems?
- Do these programs, services, etc. have an evidence base?
- Have they been effective for the population receiving them?
- Are the individuals or families who should be receiving the programs, services, and so forth, in fact receiving them?
- Are there duplicative programs, services, or resources in place attempting to address the same problem?
- If so, which are more effective? Less effective?
- Are those who are implementing the separate programs or services talking to each other about their efforts?
- Is there some major problem that is not getting addressed by any program, service, or resource?
- How will Project LAUNCH address (or better address) the needs in communities?
- How will the state, territory, or tribe align, adapt, or develop policies and procedures that best support the community?

As grantees and their stakeholders consider the answers to such questions as those above, they may decide to review and refine their LAUNCH vision, mission, values, goals, and objectives. Grantees should ideally engage in this process in collaboration with their stakeholders, and it is from that collaborative work that the project will most effectively set its strategic direction.

D. Review and Refine Project LAUNCH Vision, Mission, and Project Values Statements, and Goals and Objectives

In their LAUNCH funding application, grantees included proposed mission, goals, and objectives. The strategic analyses of environmental scan data and the related strategic planning process provide an opportunity for stakeholders to revisit these and reflect more deeply on their vision for Project LAUNCH and the values that will guide its implementation. To facilitate this process, stakeholders might wish first to agree on what is meant by various terms, such as *goals* and *objectives*, to ensure the group is operating on a shared understanding of key terms. SAMHSA provides some guidance regarding these terms below.

Mission: Statement that describes the purpose of the project, what the project does, how it does it, and for whom.

Vision: Idealized description that inspires, energizes, and creates an image of the desired outcome.

Goal: Broad statement of what the project hopes to accomplish.

Objective: Specific, measurable condition that must be attained in order to accomplish a particular project goal.

At this stage of the process, state, tribal, territorial, and local coordinators might engage stakeholders in a facilitated discussion, guided by the following questions:

- What is the mission of the state, territorial, tribal, or local project? Consider the aim of Project LAUNCH, who it serves, how it serves, and why it exists.
- What is the vision for Project LAUNCH? What will the LAUNCH state, territory, tribe, or community look like if the project is successful?
- What values will guide the design and implementation of Project LAUNCH?
- Are the goals defined in the LAUNCH application supported by the results of the environmental scan?
- Do the goals reflect both programmatic and policy-level changes?
- How will these changes be achieved? Are they realistic?
- Which goals should be retained? Eliminated? Added or modified?
- Which objectives will serve as interim steps in achieving the broad goals?

Grantees may use Part 3 (tables 1 and 2) of this guidance to document their revised mission, vision, values, goals and objectives, if desired.

E. Refine the Logic Models, including the Outcomes and Indicators

In light of grantees' review of goals and objectives (described above), grantees should revisit the state, territorial, tribal and local-level logic models they included in their funding application. For this deliverable, grantees should provide one logic model for the state, territory or tribe and one for the local-level that demonstrates the linkage between the identified needs, the proposed approach, and expected outcomes. Grantees may submit their revised logic models in a format of their choosing.

State, territorial, and tribal teams should continue to review and update the logic models frequently so that they continue to represent the most current theory of change—or how the project's resources and activities are expected to produce the desired results. Grantees can also articulate their project's strategic direction through the outcomes and indicators they identify and illustrate in the logic model.

Grantees should revisit the outcomes and indicators in their original LAUNCH funding application to ensure they mesh with:

- the newly refined goals and objectives
- outcomes and indicators from the LAUNCH cross-site evaluation or site-specific evaluations

The local evaluator can play a key role in this process and in ensuring that all outcomes and indicators meet the "SMART" test. Outcomes and indicators that are SMART—Specific, Measurable, Action-oriented, Realistic, and Timed—are easier to convey and track.

Outcomes represent the results of program implementation. They can be expressed in terms of changes in knowledge, skills, behavior, attitudes, values, and status or life condition and often begin with words such as *decrease*, *increase*, or *reduce*. Outcomes can be short-term, intermediate, or long-term. Short-term and intermediate outcomes focus on the immediate effect(s) the program has on the children and families served. Long-term results are the systemic

changes the program may influence for children, families, or other organizations over time, including lasting changes in attitudes, behaviors, achievement, policies, or capacity.

Indicators represent outcomes in measurable and observable terms. Outcomes are measured by specific and concrete indicators, which provide evidence that a specific change has occurred. Questions to consider in developing indicators include the following:

- Is the indicator a reasonable and accurate measurement of the outcome?
- Is the program currently collecting data for this indicator?
- Can data collection instruments be adapted or created to collect data on this indicator?
- Will the indicator provide sufficient evidence that a change has occurred or progress has been made?

Outcomes: *Results or consequences of an action or intervention.*

Indicators: *Outcomes stated in measurable and observable terms to help stakeholders assess achievement toward intended outcomes.*

F. Develop or Refine Program and Policy Strategies

Successful LAUNCH projects will both (1) design and deliver programs and services to meet the needs of current children and families in the LAUNCH target community and (2) institute policy, financial, and other infrastructure changes that will promote positive child wellness for future children and families in the target community and the state, territory, or tribe as a whole. Grantees can use Part 3 (table 3) of this guidance to document the program and policy strategies they intend to implement to achieve their goals and objectives.

Programs, Services, and Resources. In their LAUNCH application, grantees proposed a number of program-related goals (e.g., ensure developmental screenings occurs in early childhood settings). For each program goal, they also proposed a set of objectives (e.g., a trained early childhood workforce skilled in administering developmental screenings). During the strategic planning process, stakeholders at the state, territorial, tribal, and local levels will revisit these objectives that include implementing evidence-based practices to determine if they are still appropriate given the information that has emerged through the environmental scan and strategic planning process and will update them as necessary.

Policy Strategies. Based on the scanning and planning conducted to date, grantees should develop (or review and refine) strategies related to:

- updating policies to create a more integrated and streamlined child-serving system for promoting the wellness of young children and their families,
- developing a cross-agency fiscal strategy to promote sustainability of the state, territorial, tribal, and local infrastructures developed through the grant, reduce program redundancy, and support the incorporation of evidence-based programs and practices

- aligning indicators and measures of young children’s wellness across service systems, including health, mental health, child welfare, substance abuse prevention, early childhood education, and primary education as part of the evaluation process.

When identifying policy strategies, grantees might consider whether there are specific policies, legislation, regulations, and Memoranda of Understanding (MOUs) that would help them achieve their goals. Identifying the resources, supports, and stakeholders needed to support policy reform is another important step in developing an effective approach to systems-change initiatives through Project LAUNCH.

G. Plan Financing and Sustainability

Developing a vision and a plan for sustainability should begin in the first year of the LAUNCH grant. Sustaining a program requires action and creativity in multiple domains including leadership, strategic planning, partnership and collaboration, capacity building, communications and marketing, public policy, evaluation, and financing. Embracing this more complex and comprehensive view toward sustainability can help grantees sustain program elements and outcomes whether or not they receive additional funding.

A systemic approach to financing and sustaining the services, supports, and infrastructures developed through the Project LAUNCH initiative involves the identification, understanding, and utilization of *all* existing financial resources. Given that so many different agencies and entities at the state, territorial, tribal, and local level provide and fund services and supports for young children and their families, collaboration among involved agencies, providers, families, and community members is essential to a sustainability plan.

The framework for a financing and sustainability plan first identifies the services and supports the community desires to implement as part of Project LAUNCH and then lists all available federal, state, territorial, tribal, local governmental, and nongovernmental sources of funding that might support those services and supports. By matching the desired services with available resources (and their eligibility requirements, restrictions, etc.) the gaps and duplications will become readily apparent. Grantees should have done much of this work as part of the environmental scanning and financial processes mapping.

The financing and sustainability plan should reflect the project’s overarching vision, priorities to pursue, statements of need and strategy, and conclusions drawn from analyzing the financial data. There are a number of resources that may be helpful to grantees in this process:

- *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness*, by Kay Johnson and Jane Knitzer
http://www.nccp.org/publications/pdf/text_634.pdf
- *Funding Early Childhood Mental Health Services & Supports*; by Amy Wishmann, Donald Kates, and Roxane Kaufman
http://gucchd.georgetown.edu/files/products_publications/fundingpub.pdf

- “Legacy Wheel,” developed by the National Center for Mental Health Promotion and Youth Violence Prevention
http://www.promoteprevent.org/resources/legacy_wheel/

H. Identify Tasks and Move Forward

To ensure that the strategic planning process leads to thoughtful and timely implementation of Project LAUNCH, it is important to include the steps to be taken and identify those stakeholders who are responsible for carrying out identified tasks. Grantees can use table 4 in Part 3 to document this information. Grantees at the state, territorial, tribal, and local levels should develop a structured mechanism to revisit the plan on a regular basis, and to use it to inform ongoing decision-making, (e.g., placing the review of the plan on the council agenda twice a year). Using the strategic plan to develop a work plan helps to ensure that the work on the ground reflects stakeholders’ strategic direction.

Part 3: Documenting the Comprehensive Strategic Plan

Part 3 offers a template for grantees to use to document key elements of their strategic plan. It is intended as a helpful guide and not a requirement for grantees to follow. Grantees may choose to submit their plan in narrative form or some combination of tables and narrative. The template includes a series of tables aligned with Part 2 of this guidance, as follows:

- Table 1: Sample Mission, Vision, and Project Values Statements
- Table 2: Sample Goals and Objectives
- Table 3: Sample Implementation and Sustainability Strategies

We have included blank tables for grantee use at the end of this document,

Table 1: Sample Mission, Vision, and Project Values Statements

Mission Statement: Grantees may want to use this section to describe the purpose of their state, territorial, tribal, or local project. For example, grantees may want to consider what function the project plays, who it serves, how it serves, and why it exists.

Example: The mission of the XYZ Community Project LAUNCH initiative is to build a communitywide system that supports the overall wellness of all children in our community. Through strategic partnerships, training, and funding, we support families, early education staff, pediatricians, and other professionals who see and care for young children on a regular basis in adopting proven strategies that promote the social, emotional, mental, physical, and cognitive development of our youngest children.

Vision Statement: Grantees may want to use this section to paint a picture of the future the project is seeking to create.

Example: When we are successful, XZY Community will have a seamless early childhood system with an array of family-centered, culturally competent, community-based supports and services that promote health and development, identify risk factors, intervene early, and provide high-quality services to ensure the social, emotional, mental, physical, and cognitive development of our youngest children.

Project Values: Grantees may want to use this section to describe the values that help shape the work of the project.

Example: The XYZ Community Project LAUNCH initiatives are

- *driven by the fundamental value and dignity of every child*
- *child-centered, youth-guided, and family-driven*
- *community-based and locally adapted*
- *culturally and linguistically competent*
- *equitable, providing the resources for all children's health and wellness*

Table 2: Sample Goals and Objectives

Sample Goals and Objectives (Proposed)	Sample Goals and Objectives (Updated)
Goal 1: <i>Ensure Developmental Screening Occurs in Early Childhood Settings</i>	Goal 1: <i>Ensure Developmental Screening Occurs in Pediatric Health Care Settings</i>
Objective 1 <i>A trained early childhood workforce skilled in administering developmental screenings (e.g., at the state, tribal, territorial, or community level)</i>	<i>A trained pediatric primary care workforce skilled in administering developmental screenings (e.g., at the state, tribal, territorial, or community level)</i>
Objective 2 <i>Use of uniform screening measure to be used across all early childhood settings</i>	<i>Use of uniform screening measure to be used across all pediatric health providers</i>
Objective 3	<i>Coordination of screening efforts with local chapter of American Academy of Pediatrics</i>

Table 3: Sample Implementation and Sustainability Strategies

For each goal documented in table 2, grantees should describe how they plan to achieve the goal, including the rationale, objectives, targeted outcomes, indicators, strategies designed to achieve the outcomes, timeframe for the strategies, and the stakeholders or agencies responsible for carrying out the strategies. In addition, grantees should consider larger systems-change issues in regard to each goal, including the following:

- **Policy implications** (e.g., infrastructure development, policy reforms to promote cross-agency collaboration, planning, and data sharing)
- **Workforce issues** (e.g., training and technical assistance needs at the local level, workforce development for cross-training of staff)
- **Coordination and collaboration across agencies and at the state, territorial, tribal, and local level**
- **Sustainability of the project over time**, which may include plans related to financing, as well as leadership, strategic planning, partnership and collaboration, capacity building, communications and marketing, public policy, and evaluation

Goal 1: Ensure Developmental Screening Occurs in Pediatric Health Care Settings	
Rationale	<i>Current lack of mental health screening in primary care.</i>
Objective 1	<i>A trained pediatric primary care workforce skilled in administering developmental screenings (e.g., at the state, tribal, territorial, or community level).</i>
Targeted Outcome	<i>Increased use of standardized screening instruments by primary care professionals (e.g., at the state, tribal, territorial, or community level).</i>
Indicators	<ul style="list-style-type: none"> • State level: Member survey from state chapter of American Academy of Pediatrics (AAP) shows a 50% increase of pediatric professionals who use appropriate instruments by the end of year two. • Tribal level: Provider self-report shows that all community pediatric professionals use culturally and developmentally appropriate measures. • Local level: Provider data shows 50 percent increase in the number of young children in the community who receive screening by the end of year two.
Strategy	<ul style="list-style-type: none"> • State level: Convene cross-disciplinary work group to select common screening instrument. • Tribal level: Consult with primary care physicians, tribal elders, and families to select screening instrument. • Local level: Conduct training on instrument among pediatric health professionals across the community.
Timeframe	<i>Ongoing in years 1 and 2</i>
Stakeholders Responsible	<ul style="list-style-type: none"> • State level: Young Child Wellness Council, AAP Chapter Contacts, Family Organization Project Coordinator. • Tribal level: Young Child Wellness Council, Tribal Elders, family members, Tribal Council. • Local level: Local Young Child Wellness Council, Local Child Wellness Coordinator, pediatric health professionals, family members.
Policy Implications	<ul style="list-style-type: none"> • State, Tribal, Territorial level: Affects periodicity of preventive and developmental services covered by Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits as well as potential cost increases for training of health professionals, and re-allocation of Indian Health Service dollars. • Local level: Coordination of screening efforts across related services including home visitation, early intervention, and primary care practices.,
Coordination and Collaboration	<i>State and Local Young Child Wellness councils coordinate with state and local public health leaders, pediatric health professionals, and family groups to determine most appropriate screening instruments to be used.</i>
Workforce Implications	<i>Coordination of training efforts for early childhood professionals across the sectors, including mental health consultants, home visiting nurses, pediatric health professionals to build developmental screening capacity.</i>
Sustainability Strategies	<i>Funding changes, EPSDT periodicity scheduling, continued coordination across Young Child Wellness Council, development of policies and MOUs to clarify responsibilities and expectations of multiple collaborators.</i>

Blank Tables for Grantee Use

Table 1: Mission, Vision, and Project Values Statements

<p>Mission Statement: Grantees may want to use this section to describe the purpose of their state, territorial, tribal, or local project. For example, grantees may want to consider the function the project plays, who it serves, how it serves, and why it exists.</p>
<p>Vision Statement: Grantees may want to use this section to paint a picture of the future the project is seeking to create.</p>
<p>Project Values: Grantees may want to use this section to describe the values that help shape the work of the project.</p>

Table 2: Goals and Objectives

Goals and Objectives (<i>Proposed</i>)	Goals and Objectives (<i>Updated</i>)
Goal 1:	Goal 1:
Objective 1:	Objective 1:
Objective 2:	Objective 2:
Objective 3:	Objective 3:
Goal 2:	Goal 2:
Objective 1:	Objective 1:
Objective 2:	Objective 2:
Objective 3:	Objective 3:
Goal 3:	Goal 3:
Objective 1:	Objective 1:
Objective 2:	Objective 2:
Objective 3:	Objective 3:

Table 3: Implementation and Sustainability Strategies

GOAL X:	
Rationale	
Objective X	
Targeted Outcome	
Indicators	
Strategy	
Timeframe	
Stakeholders Responsible	
Policy Implications	
Coordination and Collaboration	
Workforce Implications	
Sustainability Strategies	
Objective X	
Targeted Outcome	
Indicators	
Strategy	
Timeframe	
Stakeholders Responsible	
Policy Implications	
Coordination and Collaboration	
Workforce Implications	
Sustainability Strategies	

“THE LIVING WAGE ACT OF 2006”

Title I, D.C. Law No. 16-118, (D.C. Official Code §§ 2-220.01-11)

Effective June 9, 2006, recipients of new contracts or government assistance shall pay affiliated employees and subcontractors who perform services under the contracts no less than the current living wage.

Effective January 1, 2008, the living wage rate is **\$12.10 per hour.**

The requirement to pay a living wage applies to:

- All recipients of contracts in the amount of \$100,000 or more; and, all subcontractors of these recipients receiving \$15,000 or more from the funds received by the recipient from the District of Columbia, and,
- All recipients of government assistance in the amount of \$100,000 or more; and, all subcontractors of these recipients of government assistance receiving \$50,000 or more in funds from government assistance received from the District of Columbia.

“Contract” means a written agreement between a recipient and the District government.

“Government assistance” means a grant, loan or tax increment financing that result in a financial benefit from an agency, commission, instrumentality, or other entity of the District government.

“Affiliated employee” means any individual employed by a recipient who received compensation directly from government assistance or a contract with the District of Columbia government, including any employee of a contractor or subcontractor of a recipient who performs services pursuant to government assistance or contract. The term “affiliated employee” does not include those individuals who perform only intermittent or incidental services with respect to the contract or government assistance or who are otherwise employed by the contractor, recipient or subcontractor.

Certain exceptions may apply where contracts or agreements are subject to wage determinations required by federal law which are higher than the wage required by this Act; contracts for electricity, telephone, water, sewer other services delivered by regulated utility; contracts for services needed immediately to prevent or respond to a disaster or eminent threat to the public health or safety declared by the Mayor; contracts awarded to recipients that provide trainees with additional services provided the trainee does not replace employees; tenants or retail establishments that occupy property constructed or improved by government assistance, provided there is no receipt of direct District government assistance; Medicaid provider agreements for direct care services to Medicaid recipients, provided that the direct care service is not provided through a home care agency, a community residential facility or a group home for mentally retarded persons; and contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

Exemptions are provided for employees under 22 years of age employed during a school vacation period, or enrolled as a full-time student who works less than 25 hours per week, provided that other employees are not replaced, and for employees of nonprofit organizations that employ not more than 50 individuals.

Each recipient and subcontractor of a recipient shall provide this notice to each affiliate employee covered by this notice, and shall also post this notice concerning these requirements in a conspicuous site in the place of business.

All recipients and subcontractors shall retain payroll records created and maintained in the regular course of business under District of Columbia law for a period of at least 3 years.

This is a summary of the “Living Wage Act of 2006”. For the complete text go to:

www.does.dc.gov or www.ocp.dc.gov

To file a complaint contact: Department of Employment Services

Office of Wage-Hour

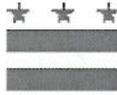
64 New York Avenue, N.E., Room 3105, Washington, D.C. 20002

(202) 671-1880

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Office of the Chief Financial Officer

Office of Tax and Revenue



TAX CERTIFICATION AFFIDAVIT

THIS AFFIDAVIT IS TO BE COMPLETED ONLY BY THOSE WHO ARE REGISTERED TO CONDUCT BUSINESS IN THE DISTRICT OF COLUMBIA.

Date

**Authorized Agent
Name of Organization/Entity
Business Address (include zip code)
Business Phone Number**

**Authorized Agent
Principal Officer Name and Title
Square and Lot Information
Federal Identification Number
Contract Number
Unemployment Insurance Account No.**

I hereby authorize the District of Columbia, Office of the Chief Financial Officer, Office of Tax and Revenue to release my tax information to an authorized representative of the District of Columbia agency with which I am seeking to enter into a contractual relationship. I understand that the information released will be limited to whether or not I am in compliance with the District of Columbia tax laws and regulations solely for the purpose of determining my eligibility to enter into a contractual relationship with a District of Columbia agency. I further authorize that this consent be valid for one year from the date of this authorization.

I hereby certify that I am in compliance with the applicable tax filing and payment requirements of the District of Columbia. The Office of Tax and Revenue is hereby authorized to verify the above information with the appropriate government authorities.

Signature of Authorizing Agent

Title

The penalty for making false statement is a fine not to exceed \$5,000.00, imprisonment for not more than 180 days, or both, as prescribed by D.C. Official Code §47-4106.

PAST PERFORMANCE EVALUATION FORM

(Check appropriate box)

Performance Elements	RATING (See Rating Guidelines on Page 2)					
	5 – Excellent	4 – Good	3 – Acceptable	2 – Minimally Acceptable	1 – Poor	0 – Unacceptable
Quality of Services/Work						
Timeliness of Performance						
Cost Control						
Business Relations						
Customer Satisfaction						

1. Name of Contractor being Evaluated: _____
2. Name & Title of Evaluator: _____
3. Signature of Evaluator: _____
4. Name of Evaluator's Organization: _____
5. Telephone Number of Evaluator: _____
6. Type of service received: _____
7. Contract Number, Amount and period of Performance _____
8. Remarks on Excellent Performance: Provide data supporting this observation. Continue on separate sheet if needed)

9. Remarks on unacceptable performance: Provide data supporting this observation. (Continue on separate sheet if needed)

RATING GUIDELINES

Summarize Contractor performance in each of the rating areas. Assign each area a rating of 0 (Unacceptable), 1 (Poor), 2 (Acceptable), 3 (Good), 4(Excellent), or ++ (Plus). Use the following instructions a guidance in making these evaluations.

	Quality Product/Service	Cost Control	Timeless of Performance	Business Relations
	<ul style="list-style-type: none"> -Compliance with contract requirements -Accuracy of reports -Appropriateness of personnel -Technical excellence 	<ul style="list-style-type: none"> -Within budget (over/ under target costs) -Current, accurate, and complete billings -Relationship of negated costs to actual -Cost efficiencies -Change order issue 	<ul style="list-style-type: none"> -Meet Interim milestones -Reliable -Responsive to technical directions -Completed on time, including wrap-up and contract administration -No liquidated damages assessed 	<ul style="list-style-type: none"> -Effective management -Businesslike correspondence -Responsive to contract requirements -Prompt notification of contract problems -Reasonable/cooperative -Flexible -Pro-active -effective contractor recommended solutions -Effective snail/small disadvantaged business Subcontracting program
0. Unacceptable	Nonconformances are comprises the achievement of contract requirements, despite use of Agency resources	Cost issues are comprising performance of contract requirements.	Delays are comprising the achievement of contract requirements, Despite use of Agency resources.	Response to inquiries, technical/ service/administrative issues is not effective and responsive.
1, Poor	Nonconformances require major Agency resources to ensure achievement of contract requirements.	Cost issues require major Agency resources to ensure achievement of contract requirements.	Delays require major Agency resources to ensure achievement of contract requirements.	response to inquiries, technical/ service/administrative issues is marginally effective and responsive.
2. Minimally Acceptable	Nonconformances require minor Agency resources to ensure achievement of contract requirements.	Costs issues require minor Agency resources to ensure achievement of contract requirements.	Delays require minor Agency resources to ensure achievement of contract requirements.	Responses to inquiries, technical/ service/administrative issues is somewhat effective and responsive.
3. Acceptable	Nonconformances do not impact achievement of contract requirements.	Cost issues do not impact achievement of contract requirements.	Delays do not impact achievement of contract requirements.	Responses to inquires, technical/ service/administrative issues is usually effective and responsive.
4. Good	There are no quality problems.	There are no cost issues.	There are not delays.	Responses to inquiries, technical/ service/administrative issues is effective and responsive,
5. Excellent	The contractor has demonstrated an exceptional performance level in some or all of the above categories.			



“LIVING WAGE ACT OF 2006”

Title I of the Way to Work Amendment Act of 2006, effective June 8, 2006 (D.C. Law 16-118, D.C. Official Code §2-220.01 *et seq.*), as amended, (“Living Wage Act of 2006”) applies to all contracts for services in the amount of \$100,000 or more in a 12-month period.

The Living Wage Act of 2006 requires a contractor to:

1. pay its employees and subcontractors who perform services under the contract no less than the current living wage rate;
2. include in any subcontract for \$15,000 or more a provision requiring the subcontractor to pay its employees who perform services under the contract no less than the current living wage rate;
3. provide a copy of the Living Wage Act Fact Sheet to each employee and subcontractor who performs services under the contract;
4. post the Living Wage Act Notice in a conspicuous place in its place of business;
5. include in any subcontract for \$15,000 or more a provision requiring the subcontractor to post the Living Wage Act Notice in a conspicuous place in its place of business;
6. maintain its payroll records under the contract in the regular course of business for a period of at least three (3) years from the payroll date; and
7. require its subcontractors with subcontracts for \$15,000 or more under the contract to maintain its payroll records under the contract in the regular course of business for a period of at least three (3) years from the payroll date.

EFFECTIVE JANUARY 1, 2008, THE CURRENT LIVING WAGE RATE IS \$12.10.

Starting in 2008, the Department of Employment Services may adjust the living wage annually. The OCP will publish the current living wage rate on its website at www.ocp.dc.gov.

The payment of wages required under the Living Wage Act of 2006 shall be consistent with and subject to the provisions of D.C. Official Code §32-1301 *et seq.*

The requirements of the Living Wage Act of 2006 **do not apply** to:

1. Contracts or other agreements that are subject to higher wage level determinations required by federal law (i.e., if a contract is subject to the Service Contract Act and certain wage rates are lower than the District's current living wage, the contractor must pay the higher of the two rates);
2. Existing and future collective bargaining agreements, provided, that the future collective bargaining agreement results in the employee being paid no less than the established living wage;
3. Contracts for electricity, telephone, water, sewer or other services provided by a regulated utility;
4. Contracts for services needed immediately to prevent or respond to a disaster or eminent threat to public health or safety declared by the Mayor;
5. Contracts or other agreements that provide trainees with additional services including, but not limited to, case management and job readiness services; provided that the trainees do not replace employees subject to the Living Wage Act of 2006;
6. An employee under 22 years of age employed during a school vacation period, or enrolled as a full-time student, as defined by the respective institution, who is in high school or at an accredited institution of higher education and who works less than 25 hours per week; provided that he or she does not replace employees subject to the Living Wage Act of 2006;
7. Tenants or retail establishments that occupy property constructed or improved by receipt of government assistance from the District of Columbia; provided, that the tenant or retail establishment did not receive direct government assistance from the District;
8. Employees of nonprofit organizations that employ not more than 50 individuals and qualify for taxation exemption pursuant to section 501(c)(3) of the Internal Revenue Code of 1954, approved August 16, 1954 (68A Stat. 163; 26 U.S.C. § 501(c)(3));
9. Medicaid provider agreements for direct care services to Medicaid recipients, provided, that the direct care service is not provided through a home care agency, a community residence facility, or a group home for mentally retarded persons as those terms are defined in section 2 of the Health-Care and Community Residence Facility, Hospice, and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code § 44-501); and
- (10) Contracts or other agreements between managed care organizations and the Health Care Safety Net Administration or the Medicaid Assistance Administration to provide health services.

The Mayor may exempt a contractor from the requirements of the Living Wage Act of 2006, subject to the approval of Council, in accordance with the provisions of Section 109 of the Act.

WD 05-2103 (Rev.-8) was first posted on www.wdol.gov on 06/02/2009

REGISTER OF WAGE DETERMINATIONS UNDER	U.S. DEPARTMENT OF LABOR
THE SERVICE CONTRACT ACT	EMPLOYMENT STANDARDS ADMINISTRATION
By direction of the Secretary of Labor	WAGE AND HOUR DIVISION
	WASHINGTON D.C. 20210

Shirley F. Ebbesen	Division of	Wage Determination No.: 2005-2103
Director	Wage Determinations	Revision No.: 8
		Date Of Revision: 05/26/2009

States: District of Columbia, Maryland, Virginia

Area: District of Columbia Statewide
 Maryland Counties of Calvert, Charles, Frederick, Montgomery, Prince George's, St Mary's
 Virginia Counties of Alexandria, Arlington, Fairfax, Falls Church, Fauquier, King George, Loudoun, Prince William, Stafford

Fringe Benefits Required Follow the Occupational Listing

OCCUPATION CODE - TITLE	FOOTNOTE	RATE
01000 - Administrative Support And Clerical Occupations		
01011 - Accounting Clerk I		14.05
01012 - Accounting Clerk II		15.78
01013 - Accounting Clerk III		20.27
01020 - Administrative Assistant		28.55
01040 - Court Reporter		19.95
01051 - Data Entry Operator I		14.38
01052 - Data Entry Operator II		15.69
01060 - Dispatcher, Motor Vehicle		16.94
01070 - Document Preparation Clerk		14.21
01090 - Duplicating Machine Operator		14.21
01111 - General Clerk I		13.92
01112 - General Clerk II		15.32
01113 - General Clerk III		18.74
01120 - Housing Referral Assistant		25.29
01141 - Messenger Courier		12.38
01191 - Order Clerk I		14.85
01192 - Order Clerk II		16.29
01261 - Personnel Assistant (Employment) I		17.31
01262 - Personnel Assistant (Employment) II		19.36
01263 - Personnel Assistant (Employment) III		21.66
01270 - Production Control Clerk		22.03
01280 - Receptionist		14.12
01290 - Rental Clerk		16.55
01300 - Scheduler, Maintenance		17.49
01311 - Secretary I		17.49
01312 - Secretary II		19.70
01313 - Secretary III		25.29
01320 - Service Order Dispatcher		16.10
01410 - Supply Technician		28.55
01420 - Survey Worker		19.46
01531 - Travel Clerk I		12.92
01532 - Travel Clerk II		13.89
01533 - Travel Clerk III		14.92
01611 - Word Processor I		14.21
01612 - Word Processor II		16.65
01613 - Word Processor III		19.95
05000 - Automotive Service Occupations		

05005 - Automobile Body Repairer, Fiberglass	25.26
05010 - Automotive Electrician	23.51
05040 - Automotive Glass Installer	22.15
05070 - Automotive Worker	22.15
05110 - Mobile Equipment Servicer	19.04
05130 - Motor Equipment Metal Mechanic	24.78
05160 - Motor Equipment Metal Worker	22.15
05190 - Motor Vehicle Mechanic	24.78
05220 - Motor Vehicle Mechanic Helper	18.49
05250 - Motor Vehicle Upholstery Worker	21.63
05280 - Motor Vehicle Wrecker	22.15
05310 - Painter, Automotive	23.51
05340 - Radiator Repair Specialist	22.15
05370 - Tire Repairer	14.44
05400 - Transmission Repair Specialist	24.78
07000 - Food Preparation And Service Occupations	
07010 - Baker	13.48
07041 - Cook I	11.97
07042 - Cook II	13.28
07070 - Dishwasher	9.82
07130 - Food Service Worker	10.66
07210 - Meat Cutter	17.04
07260 - Waiter/Waitress	9.70
09000 - Furniture Maintenance And Repair Occupations	
09010 - Electrostatic Spray Painter	18.05
09040 - Furniture Handler	12.78
09080 - Furniture Refinisher	18.39
09090 - Furniture Refinisher Helper	14.11
09110 - Furniture Repairer, Minor	16.31
09130 - Upholsterer	18.05
11000 - General Services And Support Occupations	
11030 - Cleaner, Vehicles	10.50
11060 - Elevator Operator	10.50
11090 - Gardener	16.22
11122 - Housekeeping Aide	11.25
11150 - Janitor	11.25
11210 - Laborer, Grounds Maintenance	12.47
11240 - Maid or Houseman	11.03
11260 - Pruner	11.37
11270 - Tractor Operator	14.66
11330 - Trail Maintenance Worker	12.47
11360 - Window Cleaner	11.68
12000 - Health Occupations	
12010 - Ambulance Driver	19.46
12011 - Breath Alcohol Technician	18.55
12012 - Certified Occupational Therapist Assistant	21.01
12015 - Certified Physical Therapist Assistant	21.01
12020 - Dental Assistant	16.97
12025 - Dental Hygienist	40.68
12030 - EKG Technician	25.95
12035 - Electroneurodiagnostic Technologist	25.95
12040 - Emergency Medical Technician	20.41
12071 - Licensed Practical Nurse I	18.82
12072 - Licensed Practical Nurse II	21.09
12073 - Licensed Practical Nurse III	23.47
12100 - Medical Assistant	14.89
12130 - Medical Laboratory Technician	18.04
12160 - Medical Record Clerk	16.06
12190 - Medical Record Technician	18.27
12195 - Medical Transcriptionist	18.77
12210 - Nuclear Medicine Technologist	34.18

12221 - Nursing Assistant I	10.47
12222 - Nursing Assistant II	11.77
12223 - Nursing Assistant III	13.02
12224 - Nursing Assistant IV	14.62
12235 - Optical Dispenser	20.17
12236 - Optical Technician	14.41
12250 - Pharmacy Technician	16.47
12280 - Phlebotomist	14.62
12305 - Radiologic Technologist	28.28
12311 - Registered Nurse I	26.73
12312 - Registered Nurse II	32.41
12313 - Registered Nurse II, Specialist	32.41
12314 - Registered Nurse III	38.98
12315 - Registered Nurse III, Anesthetist	38.98
12316 - Registered Nurse IV	46.73
12317 - Scheduler (Drug and Alcohol Testing)	19.75
13000 - Information And Arts Occupations	
13011 - Exhibits Specialist I	19.86
13012 - Exhibits Specialist II	24.61
13013 - Exhibits Specialist III	30.09
13041 - Illustrator I	20.48
13042 - Illustrator II	25.38
13043 - Illustrator III	31.03
13047 - Librarian	30.80
13050 - Library Aide/Clerk	14.21
13054 - Library Information Technology Systems Administrator	27.82
13058 - Library Technician	19.89
13061 - Media Specialist I	18.73
13062 - Media Specialist II	20.95
13063 - Media Specialist III	23.36
13071 - Photographer I	16.14
13072 - Photographer II	18.90
13073 - Photographer III	23.67
13074 - Photographer IV	28.65
13075 - Photographer V	30.69
13110 - Video Teleconference Technician	19.35
14000 - Information Technology Occupations	
14041 - Computer Operator I	18.54
14042 - Computer Operator II	20.74
14043 - Computer Operator III	23.12
14044 - Computer Operator IV	25.69
14045 - Computer Operator V	28.45
14071 - Computer Programmer I	(see 1) 25.43
14072 - Computer Programmer II	(see 1)
14073 - Computer Programmer III	(see 1)
14074 - Computer Programmer IV	(see 1)
14101 - Computer Systems Analyst I	(see 1)
14102 - Computer Systems Analyst II	(see 1)
14103 - Computer Systems Analyst III	(see 1)
14150 - Peripheral Equipment Operator	18.54
14160 - Personal Computer Support Technician	25.69
15000 - Instructional Occupations	
15010 - Aircrew Training Devices Instructor (Non-Rated)	35.71
15020 - Aircrew Training Devices Instructor (Rated)	43.84
15030 - Air Crew Training Devices Instructor (Pilot)	52.55
15050 - Computer Based Training Specialist / Instructor	34.39
15060 - Educational Technologist	32.75
15070 - Flight Instructor (Pilot)	52.55
15080 - Graphic Artist	26.80
15090 - Technical Instructor	25.08

15095 - Technical Instructor/Course Developer	30.67
15110 - Test Proctor	20.20
15120 - Tutor	20.20
16000 - Laundry, Dry-Cleaning, Pressing And Related Occupations	
16010 - Assembler	9.44
16030 - Counter Attendant	9.44
16040 - Dry Cleaner	12.21
16070 - Finisher, Flatwork, Machine	9.44
16090 - Presser, Hand	9.44
16110 - Presser, Machine, Drycleaning	9.44
16130 - Presser, Machine, Shirts	9.44
16160 - Presser, Machine, Wearing Apparel, Laundry	9.44
16190 - Sewing Machine Operator	13.07
16220 - Tailor	13.90
16250 - Washer, Machine	10.41
19000 - Machine Tool Operation And Repair Occupations	
19010 - Machine-Tool Operator (Tool Room)	19.22
19040 - Tool And Die Maker	23.38
21000 - Materials Handling And Packing Occupations	
21020 - Forklift Operator	17.90
21030 - Material Coordinator	22.03
21040 - Material Expediter	22.03
21050 - Material Handling Laborer	12.92
21071 - Order Filler	13.87
21080 - Production Line Worker (Food Processing)	17.90
21110 - Shipping Packer	14.46
21130 - Shipping/Receiving Clerk	14.46
21140 - Store Worker I	11.44
21150 - Stock Clerk	16.46
21210 - Tools And Parts Attendant	17.90
21410 - Warehouse Specialist	17.90
23000 - Mechanics And Maintenance And Repair Occupations	
23010 - Aerospace Structural Welder	25.68
23021 - Aircraft Mechanic I	24.46
23022 - Aircraft Mechanic II	25.68
23023 - Aircraft Mechanic III	26.97
23040 - Aircraft Mechanic Helper	16.61
23050 - Aircraft, Painter	23.42
23060 - Aircraft Servicer	18.71
23080 - Aircraft Worker	19.90
23110 - Appliance Mechanic	21.62
23120 - Bicycle Repairer	14.43
23125 - Cable Splicer	25.61
23130 - Carpenter, Maintenance	20.99
23140 - Carpet Layer	19.33
23160 - Electrician, Maintenance	27.43
23181 - Electronics Technician Maintenance I	23.70
23182 - Electronics Technician Maintenance II	25.15
23183 - Electronics Technician Maintenance III	26.50
23260 - Fabric Worker	19.01
23290 - Fire Alarm System Mechanic	22.78
23310 - Fire Extinguisher Repairer	17.52
23311 - Fuel Distribution System Mechanic	22.81
23312 - Fuel Distribution System Operator	19.38
23370 - General Maintenance Worker	21.43
23380 - Ground Support Equipment Mechanic	24.46
23381 - Ground Support Equipment Servicer	18.71
23382 - Ground Support Equipment Worker	19.90
23391 - Gunsmith I	17.52
23392 - Gunsmith II	20.38
23393 - Gunsmith III	22.78

23410 - Heating, Ventilation And Air-Conditioning Mechanic	22.94
23411 - Heating, Ventilation And Air Contditioning Mechanic (Research Facility)	24.37
23430 - Heavy Equipment Mechanic	22.78
23440 - Heavy Equipment Operator	22.78
23460 - Instrument Mechanic	22.59
23465 - Laboratory/Shelter Mechanic	21.62
23470 - Laborer	14.27
23510 - Locksmith	21.11
23530 - Machinery Maintenance Mechanic	22.99
23550 - Machinist, Maintenance	21.78
23580 - Maintenance Trades Helper	16.61
23591 - Metrology Technician I	22.59
23592 - Metrology Technician II	23.80
23593 - Metrology Technician III	24.96
23640 - Millwright	28.19
23710 - Office Appliance Repairer	22.96
23760 - Painter, Maintenance	21.62
23790 - Pipefitter, Maintenance	23.19
23810 - Plumber, Maintenance	20.99
23820 - Pneudraulic Systems Mechanic	22.78
23850 - Rigger	22.78
23870 - Scale Mechanic	20.38
23890 - Sheet-Metal Worker, Maintenance	22.78
23910 - Small Engine Mechanic	20.38
23931 - Telecommunications Mechanic I	27.74
23932 - Telecommunications Mechanic II	29.24
23950 - Telephone Lineman	26.38
23960 - Welder, Combination, Maintenance	22.78
23965 - Well Driller	22.78
23970 - Woodcraft Worker	22.78
23980 - Woodworker	17.52
24000 - Personal Needs Occupations	
24570 - Child Care Attendant	12.79
24580 - Child Care Center Clerk	17.77
24610 - Chore Aide	10.52
24620 - Family Readiness And Support Services Coordinator	15.68
24630 - Homemaker	18.43
25000 - Plant And System Operations Occupations	
25010 - Boiler Tender	27.10
25040 - Sewage Plant Operator	20.73
25070 - Stationary Engineer	27.10
25190 - Ventilation Equipment Tender	19.08
25210 - Water Treatment Plant Operator	20.73
27000 - Protective Service Occupations	
27004 - Alarm Monitor	20.57
27007 - Baggage Inspector	12.66
27008 - Corrections Officer	22.25
27010 - Court Security Officer	23.33
27030 - Detection Dog Handler	20.57
27040 - Detention Officer	22.25
27070 - Firefighter	22.39
27101 - Guard I	12.66
27102 - Guard II	20.57
27131 - Police Officer I	26.14
27132 - Police Officer II	28.99
28000 - Recreation Occupations	
28041 - Carnival Equipment Operator	13.59
28042 - Carnival Equipment Repairer	14.63

28043 - Carnival Equipment Worker	9.24
28210 - Gate Attendant/Gate Tender	13.01
28310 - Lifeguard	11.59
28350 - Park Attendant (Aide)	14.56
28510 - Recreation Aide/Health Facility Attendant	10.62
28515 - Recreation Specialist	18.04
28630 - Sports Official	11.59
28690 - Swimming Pool Operator	18.21
29000 - Stevedoring/Longshoremen Occupational Services	
29010 - Blocker And Bracer	23.13
29020 - Hatch Tender	23.13
29030 - Line Handler	23.13
29041 - Stevedore I	21.31
29042 - Stevedore II	24.24
30000 - Technical Occupations	
30010 - Air Traffic Control Specialist, Center (HFO) (see 2)	38.00
30011 - Air Traffic Control Specialist, Station (HFO) (see 2)	26.21
30012 - Air Traffic Control Specialist, Terminal (HFO) (see 2)	28.86
30021 - Archeological Technician I	18.93
30022 - Archeological Technician II	21.11
30023 - Archeological Technician III	27.56
30030 - Cartographic Technician	27.56
30040 - Civil Engineering Technician	24.01
30061 - Drafter/CAD Operator I	19.89
30062 - Drafter/CAD Operator II	22.25
30063 - Drafter/CAD Operator III	24.80
30064 - Drafter/CAD Operator IV	30.52
30081 - Engineering Technician I	21.63
30082 - Engineering Technician II	24.29
30083 - Engineering Technician III	27.17
30084 - Engineering Technician IV	33.66
30085 - Engineering Technician V	41.16
30086 - Engineering Technician VI	49.81
30090 - Environmental Technician	24.92
30210 - Laboratory Technician	23.38
30240 - Mathematical Technician	28.94
30361 - Paralegal/Legal Assistant I	21.36
30362 - Paralegal/Legal Assistant II	26.47
30363 - Paralegal/Legal Assistant III	32.36
30364 - Paralegal/Legal Assistant IV	39.16
30390 - Photo-Optics Technician	27.56
30461 - Technical Writer I	21.84
30462 - Technical Writer II	26.70
30463 - Technical Writer III	32.31
30491 - Unexploded Ordnance (UXO) Technician I	24.15
30492 - Unexploded Ordnance (UXO) Technician II	29.22
30493 - Unexploded Ordnance (UXO) Technician III	35.03
30494 - Unexploded (UXO) Safety Escort	24.15
30495 - Unexploded (UXO) Sweep Personnel	24.15
30620 - Weather Observer, Combined Upper Air Or Surface Programs	(see 2) 24.80
30621 - Weather Observer, Senior	(see 2) 27.56
31000 - Transportation/Mobile Equipment Operation Occupations	
31020 - Bus Aide	13.02
31030 - Bus Driver	18.95
31043 - Driver Courier	12.71
31260 - Parking and Lot Attendant	10.07
31290 - Shuttle Bus Driver	14.69
31310 - Taxi Driver	13.98
31361 - Truckdriver, Light	14.69
31362 - Truckdriver, Medium	17.18

31363 - Truckdriver, Heavy	18.42
31364 - Truckdriver, Tractor-Trailer	18.42
99000 - Miscellaneous Occupations	
99030 - Cashier	10.03
99050 - Desk Clerk	11.58
99095 - Embalmer	23.05
99251 - Laboratory Animal Caretaker I	11.30
99252 - Laboratory Animal Caretaker II	12.35
99310 - Mortician	31.73
99410 - Pest Controller	16.01
99510 - Photofinishing Worker	12.75
99710 - Recycling Laborer	16.82
99711 - Recycling Specialist	20.65
99730 - Refuse Collector	14.91
99810 - Sales Clerk	12.09
99820 - School Crossing Guard	13.43
99830 - Survey Party Chief	21.94
99831 - Surveying Aide	13.63
99832 - Surveying Technician	20.85
99840 - Vending Machine Attendant	14.43
99841 - Vending Machine Repairer	18.73
99842 - Vending Machine Repairer Helper	14.43

ALL OCCUPATIONS LISTED ABOVE RECEIVE THE FOLLOWING BENEFITS:

HEALTH & WELFARE: \$3.35 per hour or \$134.00 per week or \$580.66 per month

VACATION: 2 weeks paid vacation after 1 year of service with a contractor or successor; 3 weeks after 5 years, and 4 weeks after 15 years. Length of service includes the whole span of continuous service with the present contractor or successor, wherever employed, and with the predecessor contractors in the performance of similar work at the same Federal facility. (Reg. 29 CFR 4.173)

HOLIDAYS: A minimum of ten paid holidays per year, New Year's Day, Martin Luther King Jr's Birthday, Washington's Birthday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans' Day, Thanksgiving Day, and Christmas Day. (A contractor may substitute for any of the named holidays another day off with pay in accordance with a plan communicated to the employees involved.) (See 29 CFR 4174)

THE OCCUPATIONS WHICH HAVE NUMBERED FOOTNOTES IN PARENTHESES RECEIVE THE FOLLOWING:

1) COMPUTER EMPLOYEES: Under the SCA at section 8(b), this wage determination does not apply to any employee who individually qualifies as a bona fide executive, administrative, or professional employee as defined in 29 C.F.R. Part 541. Because most Computer System Analysts and Computer Programmers who are compensated at a rate not less than \$27.63 (or on a salary or fee basis at a rate not less than \$455 per week) an hour would likely qualify as exempt computer professionals, (29 C.F.R. 541.400) wage rates may not be listed on this wage determination for all occupations within those job families. In addition, because this wage determination may not list a wage rate for some or all occupations within those job families if the survey data indicates that the prevailing wage rate for the occupation equals or exceeds \$27.63 per hour conformances may be necessary for certain nonexempt employees. For example, if an individual employee is nonexempt but nevertheless performs duties within the scope of one of the Computer Systems Analyst or Computer Programmer

occupations for which this wage determination does not specify an SCA wage rate, then the wage rate for that employee must be conformed in accordance with the conformance procedures described in the conformance note included on this wage determination.

Additionally, because job titles vary widely and change quickly in the computer industry, job titles are not determinative of the application of the computer professional exemption. Therefore, the exemption applies only to computer employees who satisfy the compensation requirements and whose primary duty consists of:

(1) The application of systems analysis techniques and procedures, including consulting with users, to determine hardware, software or system functional specifications;

(2) The design, development, documentation, analysis, creation, testing or modification of computer systems or programs, including prototypes, based on and related to user or system design specifications;

(3) The design, documentation, testing, creation or modification of computer programs related to machine operating systems; or

(4) A combination of the aforementioned duties, the performance of which requires the same level of skills. (29 C.F.R. 541.400).

2) AIR TRAFFIC CONTROLLERS AND WEATHER OBSERVERS - NIGHT PAY & SUNDAY PAY: If you work at night as part of a regular tour of duty, you will earn a night differential and receive an additional 10% of basic pay for any hours worked between 6pm and 6am.

If you are a full-time employed (40 hours a week) and Sunday is part of your regularly scheduled workweek, you are paid at your rate of basic pay plus a Sunday premium of 25% of your basic rate for each hour of Sunday work which is not overtime (i.e. occasional work on Sunday outside the normal tour of duty is considered overtime work).

HAZARDOUS PAY DIFFERENTIAL: An 8 percent differential is applicable to employees employed in a position that represents a high degree of hazard when working with or in close proximity to ordnance, explosives, and incendiary materials. This includes work such as screening, blending, dyeing, mixing, and pressing of sensitive ordnance, explosives, and pyrotechnic compositions such as lead azide, black powder and photoflash powder. All dry-house activities involving propellants or explosives.

Demilitarization, modification, renovation, demolition, and maintenance operations on sensitive ordnance, explosives and incendiary materials. All operations involving regrading and cleaning of artillery ranges.

A 4 percent differential is applicable to employees employed in a position that represents a low degree of hazard when working with, or in close proximity to ordnance, (or employees possibly adjacent to) explosives and incendiary materials which involves potential injury such as laceration of hands, face, or arms of the employee engaged in the operation, irritation of the skin, minor burns and the like; minimal damage to immediate or adjacent work area or equipment being used. All operations involving, unloading, storage, and hauling of ordnance, explosive, and incendiary ordnance material other than small arms ammunition. These differentials are only applicable to work that has been specifically designated by the agency for ordnance, explosives, and incendiary material differential pay.

**** UNIFORM ALLOWANCE ****

If employees are required to wear uniforms in the performance of this contract (either by the terms of the Government contract, by the employer, by the state or local law, etc.), the cost of furnishing such uniforms and maintaining (by laundering or dry cleaning) such uniforms is an expense that may not be borne by an employee where such cost reduces the hourly rate below that required by the wage determination. The Department of Labor will accept payment in accordance with the following standards as compliance:

The contractor or subcontractor is required to furnish all employees with an adequate number of uniforms without cost or to reimburse employees for the actual cost of the uniforms. In addition, where uniform cleaning and maintenance is made the responsibility of the employee, all contractors and subcontractors subject to this wage determination shall (in the absence of a bona fide collective bargaining agreement providing for a different amount, or the furnishing of contrary affirmative proof as to the actual cost), reimburse all employees for such cleaning and maintenance at a rate of \$3.35 per week (or \$.67 cents per day). However, in those instances where the uniforms furnished are made of "wash and wear" materials, may be routinely washed and dried with other personal garments, and do not require any special treatment such as dry cleaning, daily washing, or commercial laundering in order to meet the cleanliness or appearance standards set by the terms of the Government contract, by the contractor, by law, or by the nature of the work, there is no requirement that employees be reimbursed for uniform maintenance costs.

The duties of employees under job titles listed are those described in the "Service Contract Act Directory of Occupations", Fifth Edition, April 2006, unless otherwise indicated. Copies of the Directory are available on the Internet. A links to the Directory may be found on the WHD home page at <http://www.dol.gov/esa/whd/> or through the Wage Determinations On-Line (WDOL) Web site at <http://wdol.gov/>.

REQUEST FOR AUTHORIZATION OF ADDITIONAL CLASSIFICATION AND WAGE RATE {Standard Form 1444 (SF 1444)}

Conformance Process:

The contracting officer shall require that any class of service employee which is not listed herein and which is to be employed under the contract (i.e., the work to be performed is not performed by any classification listed in the wage determination), be classified by the contractor so as to provide a reasonable relationship (i.e., appropriate level of skill comparison) between such unlisted classifications and the classifications listed in the wage determination. Such conformed classes of employees shall be paid the monetary wages and furnished the fringe benefits as are determined. Such conforming process shall be initiated by the contractor prior to the performance of contract work by such unlisted class(es) of employees. The conformed classification, wage rate, and/or fringe benefits shall be retroactive to the commencement date of the contract. {See Section 4.6 (C)(vi)} When multiple wage determinations are included in a contract, a separate SF 1444 should be prepared for each wage determination to which a class(es) is to be conformed.

The process for preparing a conformance request is as follows:

- 1) When preparing the bid, the contractor identifies the need for a conformed occupation(s) and computes a proposed rate(s).
- 2) After contract award, the contractor prepares a written report listing in order proposed classification title(s), a Federal grade equivalency (FGE) for each proposed classification(s), job description(s), and rationale for proposed wage rate(s), including information regarding the agreement or disagreement of the authorized representative of the employees involved, or where there is no authorized representative, the employees themselves. This report should be submitted to the contracting officer no later than 30 days after such unlisted class(es) of employees performs any contract work.
- 3) The contracting officer reviews the proposed action and promptly submits a report of the action, together with the agency's recommendations and pertinent information including the position of the contractor and the employees, to the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor, for review. (See section 4.6(b)(2) of Regulations 29 CFR Part 4).

4) Within 30 days of receipt, the Wage and Hour Division approves, modifies, or disapproves the action via transmittal to the agency contracting officer, or notifies the contracting officer that additional time will be required to process the request.

5) The contracting officer transmits the Wage and Hour decision to the contractor.

6) The contractor informs the affected employees.

Information required by the Regulations must be submitted on SF 1444 or bond paper.

When preparing a conformance request, the "Service Contract Act Directory of Occupations" (the Directory) should be used to compare job definitions to insure that duties requested are not performed by a classification already listed in the wage determination. Remember, it is not the job title, but the required tasks that determine whether a class is included in an established wage determination. Conformances may not be used to artificially split, combine, or subdivide classifications listed in the wage determination.

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

Organization Name	Programs and Descriptions	Population Served	Ages Served	Capacity	Access Points	Funding
	<i>Programs and services that promote health, provide a medical home, ensure access to a continuum of care and maximize the physical and mental well-being of children and the chances for them to grow up healthy, ready to learn and free from preventable circumstances that compromise their ability to pursue their full potential.</i>	<i>Description of the children and families the program seeks to affect, including eligibility criteria</i>	<i>Ages of children</i>	<i># children eligible/served</i>	<i>Physical doors of entry (On-site and Home Visitation)</i>	<i>Total annual programmatic budget</i>
Children's National Medical Center	Launched in September 1992, the Children's Health Project of D.C. seeks to serve the primary care medical needs of children living in some of Washington, D.C.'s most impoverished communities using mobile medical units. The project's model of finding local solutions to national problems and staying community-directed has allowed the program to be replicated by nonprofit clinics within Washington, D.C. and by academic institutions throughout the nation. The Children's Health Project of DC is organized as a satellite of the Diana L. and Stephen A. Goldber Center for Community Pediatric Health.	The project serves permanently-housed families in the Anacostia region of southeastern Washington, D.C. Serves constituents up to 21 years of age, including neglected, abandoned, physically abused children (30% of kids need a referral to social services f	from birth to age 21.	About 300 patient visits are conducted per month aboard two mobile units and a fixed site clinic. Since Oct 1992, there have been more than 44,000 patient visits. In last year, 3,300 visits to the mobile clinic, and 3,200 to DC General clinic.	40 clinical sites completed paper surveys, 14 had on-site surveys.	\$1,800,000.00

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Department of Health	Maternal and Family Health Administration (MFHA) 's mission is to plan, promote, and coordinate a comprehensive system of care for families, women, children, and adolescents, including children with special health care needs in the District of Columbia. In addition, the Administration is charged with designing a system of care that impacts positively on maternal and child health issues such as infant mortality, teen pregnancy, metabolic disorders, and disabilities, as well as address access barriers to appropriate health services.			14,777 children <1 yr, 3,246 children age 1-4		
Department of Health / Maternal and Family Health Administration	Newborn Initiative: This program enables nurses to refer children to Healthy Start, Healthy Babies, CFSA, collaboratives, and others as appropriate. Services, including home visitation, are available to anyone who requests them, and HEALTHLINE staff members are available for non-English speakers.	Any newborn's parents who request them; substance abuse (a child with trace element is to be visited in home by CFSA. They look at child first time. A DOH nurse does a visit w/ CFSA caseworker. Some children stay in hospital for detox.	Newborns		Home visitation	
Horton's Kids	Horton's Kids provides comprehensive services to the underserved children of Anacostia's Wellington Park housing project, including services to meet fundamental needs, such as health care, food, and clothing.	Children in Anacostia's Wellington Park housing project in Ward 8				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Latin American Youth Center	Latin American Youth Center's Freddie Mac: social service program specifically designed to provide services to young adolescents and adults who are part of the Foster Care Program or who are in danger of becoming homeless or runaway. The programs goals include: Rebuild supportive relationships between youth and their biological families, and seek family reunification when possible. Reduce incidence of prostitution and drug use among homeless and runaway youth by providing shelter and referrals to safe housing alternatives, including family reunification. Reduce clients long-term dependency on social services; build clients self-sufficiency in areas including housing, language skills, etc. Empower clients to develop effective interpersonal skills needed to maintain housing and a job. Provide minors with homes headed by competent caregivers.	All programs described above target at risk youth in danger of becoming or who are homeless or under the care of the DC CFSA. Together, these programs serve a 0 to 21 age cohort.				
Martha's Table, Inc.	Children, Youth & Family Learning provides meals and snacks, interactive learning, health education, recreational activities, day care, after-school and summer camp programs, developmental screening, and parent training and education classes.	Children, teens, and parents who come to Martha's Table; Ward 1	3 mo. - 4 yrs in day care, 5-18 years for other programs		On-Site	
Mary's Center	Mary's Center for Maternal and Child Care established in 1988 with joint funding from the DC Mayor's Office on Latino Affairs and the DC commission of Public Health to address the need for Spanish speaking maternal and pediatric services in the predominantly Latino areas of Ward One. The center now serves a multi-cultural population residing in every ward of the city with a focus on families who work in jobs where health insurance is not available.	All families with children who work, but have no access to health insurance through their employers. 52% of clients are eligible for medicaid;40.3% for DC Health Care Alliance;6.4% for private insurance and 1.3% for no insurance. 91% of the clients are Hispanic.	0-6 year olds; 7-12 year olds;13-18 year olds; 19-22 year olds.	2600	On site and mobile health clinic "The Mama and Baby Bus" at six DC sites in wards 1,2,4,5 in collaboration with March of Dimes. A school-based health center at Brightwood Elementary school.	\$8,000,000.00

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Office of Early Child Development	OECD's Program Development Division implements the Head Start State Collaboration Project, designs and implements child care program expansion and improvement efforts, provides consumer services, and coordinates professional development initiatives for early care and education providers. It also implements the Quality Child Care Initiative (QCCI), Healthy Child Care DC and the Child Care Health Consultant Corps. In 2003 all Healthy Child Care America Projects were asked to include a SIDS training initiative.	All children	Birth to 21		Child care centers	

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DRAFT Resource Map of Programs and Services**

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Office of Early Child Development	The DC Early Intervention Program is part of the Department of Human Services Office of Early Childhood and Development and serves as a single point of entry for the Districts infant/toddler program. The program seeks to identify and serve infants and toddlers with developmental delays. Delays may occur in one or more of the following areas: physical development, cognitive development, language and speech development, social/emotional development, and adaptive/self-help skills. For eligibility, a child must be 50% or more delayed in one of the areas. Services include: assistive technology, hearing evaluations, evaluations and assessments, occupational therapy, physical therapy, service coordination/case management, special instruction, speech-language therapy, transportation and related costs, and vision therapy. DCEIP also actively involves the parents in the child's care through family centered services, and offers transition assistance for when the child reaches three years of age.	All the Districts families with children 0-2 year olds who may have a development delay. 69.5% are Medicaid eligible and TANF eligible	0-2 year olds	1,438 developmental screenings; 600 children served; 450 active cases; 457 children placed for therapeutic services	Direct Services: Children's National Medical Center, Columbia Lighthouse for the Blind, Easter Seals, Edward P. Mazique Parent Child Center, Lt. Joseph P. Kennedy Institute, Mary's Center, Multicultural Rehab Services, Out Came the Sun, Phoenix Therapeutic Services, Rosemount Center, Abilities Network, Metropolitan Area Community Services, Rehab Plus, The River School. Evaluations: Multicultural Rehab, Children's National Medical Center, Georgetown Univ. Child Development Ctr., Little Feet & Hands, Out Came	
Progressive Life Center	DC NIA Therapeutic Foster Care: The provision of therapeutic foster parents, case management, mentoring, and therapy services.	Children ages 2-20 years of age				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Rosemount Center	Rosemount Center's mission is to prepare children and families for their future by providing comprehensive early childhood education and family support programs in a bilingual multicultural setting. All Rosemount Center programs offer and coordinate a range of multilingual comprehensive services including: Bilingual instruction, Individualized Curriculum Education Plans, Quarterly progress reports, Weekly thematic lesson plans, Mental Health services, Immunizations assistance, Medical referrals, Nutritional services, Social Services, Speech and Language Therapy, Physical Therapy, Occupational Therapy, Developmental, hearing, vision and dental screenings, Monthly parent meetings, trainings and family socializations, English-as-a-Second-Language classes, Home visits, Parent/Teacher Conferences	Low-income families living at or below poverty line. Families must enroll their child (pregnant mother - 5 years of age) in our Early/Head Start program.				
The Center for Child Protection and Family Support Inc	The Center for Child Protection and Family Support was co-founded in 1987 and its mission is to ensure that all children particularly inner-city disadvantaged children have an opportunity to grow up within a safe and nurturing family and community structure. Their work consists of direct delivery of services, training and technical assistance and national leadership on cultural competency.	Child victims			On site (at least 2 locations)	

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DRAFT Resource Map of Programs and Services**

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The Georgia Avenue Rock Creek East Family Support Collaborative	The Family Stabilization program provides direct services to families including intensive case management, housing support, financial assistance, information and referral services. Family stabilization services involves the provision of interventions across the service continuum aimed at resolving immediate crisis, identifying and linking to needed resources, and/or providing the support and supervision necessary to achieve permanency goals and family wellbeing. The purpose is to provide neighborhood-based service intervention to families to prevent abuse and/or neglect of children. The objectives of this program are: To update and maintain a resource database or resource manual for use by Collaborative staff, community partners, and families in the target area To provide adequate and appropriate referrals based on the needs of families and children To prevent children from entering the child welfare system. To increase the stability and capacity of families to nurture and maintain their children within their homes and communities. To provide comprehensive case management and services to at-risk families. To support CFSA in their efforts to stabilize and reunify families with open cases in the child welfare system. To ensure children living with their families	For the Family Stabilization Program: Families with minor children 18 and under living in Ward 4, Families referred by CFSA, Youth involved in the foster care system referred by CFSA. For the Capacity Building Program: Parents, Children and Youth				
The National Center for Children and Families	The J.C. Nalle Community School is a full service community school program. Students and their families have access to the following: extended academic enrichment program; after school care; social, creative, and cultural clubs for applied mastery; health care services; mental health services; parental involvement; information and referral to community resources; free summer enrichment programs; and social services and counseling.			150 children, 108 adults, 125 families		
Valley Place Family Transitional Apartment Program	Family Transitional Apartment Program: The Coalition For The Homeless provides 18 fully equipped apartment units to provide Transitional Housing for 18 families who have become homeless. Services include 24 hour residential housing, general social services which include: (food stamps, TANF, child care, etc.) case management, substance abuse counseling, assess medical/mental health needs and make appropriate referrals.					

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DRAFT Resource Map of Programs and Services**

Health and Safety

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Pregnancy						
Department of Health	DC Healthy Start seeks to reduce infant mortality in wards 5, 6, 7, and 8 through outreach and recruitment, case management and coordination, facilitation services such as transportation to medical facilities, and education and training. The program is voluntary, and home visitation plays a central role.	All pregnant women in wards 5, 6, 7, and 8	Prenatal to two years	335 + 125 through Healthy Babies	on site, home visits and nurse visits.	Wards 7 & 8: \$2,350,000 FY03; Wards 5&6: \$1,350,000 FY03
Breastfeeding Center for Greater Washington	Lactation Consults and Breastfeeding Classes provides comprehensive free lactation education and supports program for women, their partners and other significant family members. Hands-on assistance and instruction in use of breastpumps and breastfeeding supplies. Skilled technical management of lactation related problems. Our goal is to increase breastfeeding satisfaction and duration for expectant parents and families.	Expectant and breastfeeding mothers and families in the DC Metro area from VA,MD, and DC.				\$125,000.00
Capitol Hill Pregnancy Center	The Capitol Hill Pregnancy Center provides support and assistance to anyone facing a pregnancy or experiencing post-abortion stress. Services include ongoing pregnancy support, prenatal and parenting classes, maternity and baby clothing and supplies, post abortion peer support and Bible studies, and medical, legal, adoption, and housing referrals. The center also runs an abstinence teen program.				Five members of the Multidisciplinary Team	
Capitol Hill Pregnancy Center	Crisis Pregnancy Help: The CHPC programs offer help and support to women, men, girls and boys who are struggling with a crisis pregnancy. We provide free pregnancy testing, material resources (baby clothes, cribs, strollers, bottles, high chairs and all other items that babies need), free childbirth classes, free parenting classes and one to one mentoring and counseling. Our counselors are trained to look for abuse when meeting with the clients and we encourage conversations that allows the mother and/or father to share their frustrations as parents. We address child abuse in both the childbirth classes and our parenting classes.	Our target is the DC inner-city lower socio-economic population. We work with mostly the mothers and mothers-to-be and encourage them to break the generations of incorrect parenting and etc.				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

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Capitol Hill Pregnancy Center	The Capitol Hill Pregnancy Center provides support and assistance to anyone facing a pregnancy or experiencing post-abortion stress. Services include ongoing pregnancy support, prenatal and parenting classes, maternity and baby clothing and supplies, post abortion peer support and Bible studies, and medical, legal, adoption, and housing referrals. The center also runs an abstinence teen program.	Anyone facing a pregnancy or experiencing post-abortion stress			On-site	
DC Developing Families Center	Healthy Babies Project: This community-based support system for pregnant and parenting women seeks to improve health, education, and parenting outcomes for at-risk mothers, fathers, and infants. Services include pregnancy testing and family planning, risk assessment, case management, home visits, crisis intervention, parent education, smoking cessation, prenatal care, emergency referrals, and mothers' and fathers' support groups.	Parents or expecting parents in wards 5 and 6				
DC Developing Families Center	The DC Birth Center provides preventative health services for women, maternity services at two facilities, family planning, STD screening and treatment, pediatric primary care, and help in applying for health insurance.	Pregnant women and mothers, Wards 5 and 6	prenatal and newborns			
Department of Health	Teen Mothers Take Charge a home visiting support program for pregnant and parenting adolescents. The program helps teen parents prevent a second pregnancy and stay in school, while encouraging parental involvement by the father. Funded with Department of Human Services, Income Maintenance Administration.	Low-income and TANF eligible teens who are pregnant (with no other children) or first-time mothers	13-18 year olds; children until age 2			\$1,195,857 FY04; DHS, Income Maintenance/TANF Administration
Department of Health	Health Promotion - Maternal and Family Health provides outreach, assessment, health education, and referral and support services to District women, children, and families.					Total Health Promotion budget: \$31,367,345

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Healthy Babies Project, Inc.	Teen Parent Empowerment Program: This free program allows pregnant teens and teen parents to partake in programs to lift them out of the cycle of poverty. Programs include health education, counseling, support groups, GED tutoring, and parenting classes.	Mothers or pregnant teenagers, age 12-21		710	Home visitation for every newborn living in DC within 48 hours of hospital discharge at the request of the family.	
Mary's Center	Community Healthy Start is a program that targets pregnant women and their families in wards 1,2,4 to encourage healthy pregnancies and positive birth outcomes and a healthy maternal and child bond.	All pregnant women in wards 1, 2, and 4		173 mothers served	on site, home visits and nurse visits.	
Mary's Center	Teen Mothers Take Charge a home visiting support program for pregnant and parenting adolescents. The program helps teen parents prevent a second pregnancy and stay in school, while encouraging parental involvement by the father.	Pregnant and adolescent parents.	13-18 year olds	160 teen mothers served	on site	
Maternal and Family Health Administration	Abstinence Education campaigns					
Maternal and Family Health Administration	MFHA nursing and social work staff coordinate with city birthing hospitals to provide information important to the health and safety of newborns, family planning and city services to new mothers at discharge. Mothers can also request a home visit by a registered nurse, who will assess the home environment, answer questions about infant care, and help to obtain social and health services. A Newborn Discharge Planner is currently being introduced to birthing hospitals in the District. MFHA works in partnership with Children's Hospital as well as the District's HIV/AIDS Administration to provide HIV/AIDS counseling, testing and in other ways prevent/treat the perinatal transmission of HIV/AIDS. MFHA has also established a Perinatal Association.					

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Office of Early Child Development	The DC Early Intervention Program provides evaluation and assessment services (physical, occupational, speech-language, vision, etc.) as well as Assistive Technologies, special instruction, service coordination and case management, therapy and transportation supports. Delays may occur in one or more of the following areas: physical development, cognitive development, language and speech development, social/emotional development, and adaptive/self-help skills. For eligibility, a child must be 50% or more delayed in one of the areas.	All the Districts families with children 0-2 year olds who may have a development delay. 69.5% are Medicaid eligible and TANF eligible	0-2 year olds	1,438 developmental screenings; 600 children served; 450 active cases; 457 children placed for therapeutic services	14 Direct Services providers, 6 Evaluations providers	\$2.1 million from OECD office
The Northwest Center	The Northwest Pregnancy Center and Maternity Home: For both the maternity home and pregnancy center programs, the mission of the staff is to promote the dignity of women and a respect for all human life. Accomplishes this goal by offering the loving support and comprehensive aid necessary to enable all women to continue their pregnancies, deliver healthy babies, and care for themselves and their children. The Pregnancy Center Program provides pregnancy testing, short and long term motherhood support, health education, resources referrals including; adoptions, prenatal care, medical assistance, educational, employment and housing resources referrals, material assistance (maternity and baby clothing, diapers, formula, carseats, and Safe Start, Cribs for Newborns vouchers. The Center provides Career Connections Workshops, Parenting Classes, Prenatal Yoga, Motherhood Support Groups and Natural Family Planning Seminars. The Maternity Home Program provides transitional housing for pregnant women and women with infants for up to 18 months.	The program serves low income pregnant and parenting women and families in Washington DC. There are no income or residency requirements for our programs				\$1,372,234.00
Department of Health	Health Promotion - Maternal and Family Health provides outreach, assessment, health education, and referral and support services to District women, children, and families.					Total Health Promotion budget: \$31,367,345

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Capitol Hill Pregnancy Center	The Capitol Hill Pregnancy Center provides support and assistance to anyone facing a pregnancy or experiencing post-abortion stress. Services include ongoing pregnancy support, prenatal and parenting classes, maternity and baby clothing and supplies, post abortion peer support and Bible studies, and medical, legal, adoption, and housing referrals. The center also runs an abstinence teen program.	Anyone facing a pregnancy or experiencing post-abortion stress			On-site	
Nutrition						
Bright Beginnings, Inc.	Transition Services: In the classrooms children learn the importance of taking care of their bodies, eating well, and getting enough sleep and exercise. Nutritious meals ensure the children receive well-balanced breakfasts, lunches and snacks. Bright Beginnings also realizes healthy parents raise healthy children, and encourages parents to make a commitment to incorporating a healthy lifestyle. Through workshops, seminars, and cooking demonstrations, families learn realistic ways to improve their health through exercise and nutrition.					
Department of Health	Health Promotion - Nutrition Programs provides health and nutrition assessments, interventions, education, food, and fitness promotion and referral services to District families, infants, children, and seniors.					Total Health Promotion budget: \$31,367,346
Food Research and Action Center/D.C. Hunger Solutions	Breakfast in the Classroom aims to expand the utilization of the School Breakfast Program for eligible low-income children.	Initially, students in 30 City public schools, with the goal creating Universal School Breakfast Programs in all D.C. public schools.			School cafeterias	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Food Stamp Program	The Food Stamp Program provides resources for needy families to buy nutritious food. Benefits are scaled to income and the size of the family.	Eligibility is based on pay rate and family size, and applicants must submit to an interview and verification of financial eligibility. Some immigrants are also eligible. Households without elderly or disabled members must have gross incomes below 130% of the poverty level, and all families' net incomes must be below 100% poverty.	Not age-specific.			Total \$90,113,910 in DC in FY 2003
Martha's Table, Inc.	McKenna's Wagon vans are a mobile soup kitchen, feeding approximately 1,200 homeless and hungry people every day, at nine locations. The program relies heavily on donated foodstuffs.	Hungry and homeless in Ward 1		1,200 per day	Mobile: 9 sites	
Mary's Center	Women Infants and Children Nutrition Program (WIC) services provides enrollment, nutrition counseling and breastfeeding support	Pregnant women, new mothers and infants and children.	0-5 year olds	1500 families seen per month	on site	
Maternal and Family Health Administration	Nutritional Services are run in a partnership with WIC.					
National School Lunch Program and the School Breakfast Program	Free and Reduced Price Eligibility is offered to students at public or non-profit private schools and at all Residential Child Care Institutions. Qualification is based on household income, segmented into <i>categorical eligibility</i> , which is based on food stamp or TANF participation, and <i>income-based eligibility</i> , which is measured against the poverty level. Homeless children are also covered.	<i>Categorical eligibility</i> : any child in public or non-profit private school or in an RCCI, who is receiving Food Stamp or TANF benefits. <i>Income-based eligibility</i> : Free meals if income < 130% poverty, reduced price if <185% poverty.	All students in school: 5-21 year-olds	Approx. 24,700 served 2002-2003	Public schools, non-profit private schools, and Residential Child Care Institutions	
Share Our Strength	Operation Frontline unites chefs, nutritionists, and other community leaders to volunteer to provide educational services to low income families. The project provides parents with the cooking, nutrition, and food budgeting skills they need to make healthy and economical food choices.	Low-income parents				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Summer Food Service Program	The Summer Food Service Program provides meals to children who would otherwise go hungry because school is not in session. Programs can be offered by local governments, school districts, and non-profits. An organization that only serves those children who are enrolled in its program is eligible if 50% of the children qualify for free or reduced price meals.	Low-income children when school is not in session, and people over 18 enrolled in disabilities programs	5-18 low-income children, 5-21 disabled persons	48,432 children in 186 schools, 41,507 below full price	On average, 171 schools participated 2002-2003	
The Child and Adult Care Food Program (CACFP)	CACFP provides reimbursement for meals and snacks served to children and disabled adults. Payments are based on the type of care center and the income level of those receiving the food.	Children in group or family child care, child care centers, Head Start, recreation centers, afterschool programs, and for-profit child care centers using Title XX funding. Also adult day care serving nonresidents and emergency shelters caring for homeless children	Children under 13 at a child care center or in a homeless shelter. Migrant children under 16, and disabled people at any age. Afterschool snacks available to all students through age 18.	FY 2003 average 4,795 children served per day. Total 2,863,230 meals and snacks.	The institution providing care	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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The Child and Adult Care Food Program (CACFP) and the National School Lunch Program (NSLP)	The Afterschool Snack Program provides reimbursement for nutritious snacks served in afterschool hours. Reimbursement is paid in full to low-income neighborhood sources and is scaled to average income in other neighborhoods. <i>School-based</i> programs must be operated under the NSLP. <i>Community-based</i> programs are funded through the CACFP and are located in low-income areas.	After-school programs (homework clubs, tutoring, athletics, etc.) may not be selective in eligibility. Community-based programs are operated in low-income areas, where 50% of students qualify for free or reduced-price meals. Students in other areas under the age of 12 can apply individually.	School-based: up to those who turn 19 during the school year. Community-based: all school children in low-income areas, and up to age 12 in other areas.	Approx. 4,048 children daily in FY 2003	School-based programs need not be provided on school grounds. Community-based programs include non-profit public or private organizations.	\$42611 spent in FY 2003; Funding provided by CACFP and NSLP
US Department of Agriculture Food and Nutrition Service and the State Education Office	The District of Columbia School Breakfast Program serves breakfast to all children and offers reduced costs to those from low-income families.	All children enrolled in participating schools may participate. Reduced price if <185% poverty level, free if <130% poverty.	All students in school: 5-21 year-olds	In 2002-2003, 19,234 daily, 17,414 free or reduced cost	On average, 171 schools participated 2002-2003	\$3,850,292 in FY 2003 (down \$419,543 from 2002)
US Department of Agriculture Food and Nutrition Service and the State Education Office	The National School Lunch Program provides reimbursement for school lunches. About 85% of children served receive free or reduced-price lunches.	All children in a participating school	5-21 year-olds	48,432 children in 186 schools, 41,507 below full price	School cafeterias	Total \$14,620,767 in DC in FY 2003

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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WIC	WIC is a federally funded program that provides healthy foods and nutrition counseling to pregnant women, new moms and infant and children under 5 year olds. In DC Wick offers the following services: Commodity Supplemental Food program; Seniors Farmers Market Nutrition program; Special supplemental Nutrition program for women, infants and children; Food Stamp Nutrition Education Program; WIC Farmers Market Nutrition Program; Loving Support; DC 5-A-Day program Coordination. The program is affiliated with the DC DOH.	Eligible women have demonstrated a medical or nutritional need and meet income guidelines. Families who are enrolled in DC Healthy Families, Medicaid, TANF, and the food stamp program are automatically eligible for the WIC program regardless of income. The WIC population served is 73% black, 23% Hispanic, 3% Asian/Pacific islander.	Pregnant women and new mothers, children ages 0-5	4,187 women, 7706 children and 4479 infants served. Currently serve 55-60% of all eligible participants.	19 clinics ranging from hospitals to an air force base. Vouchers can be redeemed at vendors such as pharmacies and grocery stores. Also offer food stamps at schools. They also have a mobile WIC van offering services	\$1.8 Million from District; \$13-14 million from USDA, two thirds are used for food the rest for services; Rebates from Gerber \$2.4 million from USDA for special project funding for FY2005. "Loving Support Grant" of \$75,000
WIC	The Farmers Market Nutrition Program (FMNP) was established in 2004 and provides reimbursement for fresh produce to women and children enrolled in WIC. The program expands the awareness and use of farmers market to promote the consumption of fresh fruits and vegetables. In the District of Columbia, the FMNP is called "Get Fresh". FMNP operates from May 1 to November 30, annually.	Women and Children who are enrolled in WIC	0-5 year olds		Coupons are received with the WIC payment and can be redeemed at the Farmer's Market	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Health Promotion						
Alliance for Fairness in Reforms to Medicaid (AFFIRM)	Managed Care Quality and Access Project: This project works to improve the access to and quality of health care received by families enrolled in Medicaid, as well as to support ongoing advocacy for children and their parents enrolled in Medicaid. The program also supports an intensive education program about DC's health care system, called <i>TOUCH: Teaching, Outreach and Understanding While Communicating Health</i> .	Families on Medicaid	All			Consumer Health Foundation: \$35,000
Children's National Medical Center	The Childrens Healthy Schools Program is an initiative of Childrens National Medical Center which seeks to improve the health and well being of the children in the District of Columbia. The initiative consists of the President's Council on Physical Fitness and Sports' four-pillar Healthier US model. Its four components: Nutrition, physical activity, immunization/prevention, risky behavior avoidance.	Children in public elementary and middle schools, as well as school nurses, science, and physical education teachers..	elementary and middle school students, as well as school nurses, science, and physical education teachers.		Youth shall be referred from Oak Hill Youth Detention Facility by the Youth Services Administration, the courts, attorneys, parents, and out of state institution.	Receives Non Federal / Non District Funding
Children's National Medical Center	The Goldberg Center for Community Pediatric Health is committed to building healthy communities throughout Washington, D.C., focusing on offering comprehensive primary care, including prevention, diagnosis, and treatment of prevalent pediatric health conditions. Intake/assignment procedures: walk-in, school or preschoolreferral, or child welfare agency. Organization places an emphasis on prevention, intervention, and treatment: Do it all, immunization through acute care. Programs: primary care delivery, oral health, WIC, Mobile Medical Clinic, adolescent care, "Generations" (young mom and baby) w/ wrap around services.	Low income, special needs, needs that extend beyond health, domestic violence, school problems, community violence. Ages 0 to 21. Foster children, neglected children, abandonment, physical abuse, sexual abuse, emotional abuse, substance abuse, medicaid el	0 to 21.	In 2005, the program targeted fourth, fifth, and sixth graders in two elementary schools.	A referral is required from DMH Access Helpline. Intake/Assignment procedure is via telephone for referral, court order, and child welfare agency; On-Site	Receives Federal Funding and Non Federal / Non District Funding

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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DC Campaign to Prevent Teen Pregnancy	How to Talk to Teens about Love, Sex and Relationships: Research shows that teen pregnancy is less likely when boys and girls feel connected with reliable adults, like parents, with whom they can have comfortable conversations and receive accurate information about love, sex and relationships. Our goal for the How to Talk to Teens about Love, Sex and Relationships program is to help foster parents to talk with their teens about love, sex and relationships. The following is a brief description of the project. This session provides skills and techniques parents will need. Parents learn the following: The importance of using correct language with your teen when referring to the anatomy and teen pregnancy prevention. A discussion about the messages influencing teens and the need for parents to communicate their own values and messages about love, sex and relationships. A discussion of barriers and solutions that lead to more open and comfortable parent/child communication about love, sex and relationships.	Foster Parents				
DC Department of Health	The mission of Primary Care, Prevention and Planning (PCPP) is to improve the health and well being of residents by reporting, investigating and controlling communicable diseases, prevention of chronic diseases and their complications, and engaging in health care systems planning to meet the service needs of the population. PCPP focuses on carrying out the Mayor’s initiatives to reorient the health care system toward community-based prevention, primary care, and keeping children and families healthy to reduce unnecessary hospital utilization and diminish the burden of disease in the District’s population.					Receives Federal Funding and District Funding
Department of Health	Health Promotion - Maternal and Family Health provides outreach, assessment, health education, and referral and support services to District women, children, and families.					Total Health Promotion budget: \$31,367,345
Department of Health	Health Promotion - Nutrition Programs provides health and nutrition assessments, interventions, education, food, and fitness promotion and referral services to District families, infants, children, and seniors.					Total Health Promotion budget: \$31,367,346

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Department of Health	Health Promotion - Health Promotion and Support provides wellness promotion, health education, and public information, health screenings, health outreach and referrals, and general prevention and support services to DC residents and visitors.					Total Health Promotion budget: \$31,367,347
Department of Health	Health Promotion - School Health provides school-based nursing and wellness services to District school students.					\$4,702,000 FY03; Total Health Promotion budget: \$31,367,348
Georgetown University Center for Child and Human Development	Home Instruction Program for Parents of Preschool/Supporting Children and Families: Participating families receive a home visit one time per week to role play the curriculum packet with their home visitor. All activities are geared to providing early literacy support to children ages 3-5 years. Families are also provided referrals to community services as needed, and developmental screening is offered to at-risk participants. Child maltreatment is addressed by teaching parents skills to work effectively with their children as their first and best teachers. Home visitors are taught the warning signs of abuse and neglect so families can be referred as needed.	Families in Wards 7 & 8 with children 3-5 years of age.				
Georgetown University Children's Medical Center	KIDS Mobile Medical Clinic is a clinic on wheels that provides a medical home to needy families at no cost to them. General care is offered at four sites, and adolescent care at two. Primary care is the focus, but referrals are provided for mental health needs, and some health education takes place. Health education consists of outreach programs to residents on general topics like asthma, immunizations, and nutrition. The program participates in health fairs, and immunization campaigns. Outreach offers visibility to potential partners and to recipients of the care.	Low-income families in wards 5, 6, and 8	0-21 years old	2,000 in housing developments, 125 a month in shelters, 1,800 in schools	Mobile unit with six scheduled locations: three housing developments, an emergency shelter, and two public high schools	Georgetown University; Consumer Health Foundation: \$22,500

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Healthy Babies Project, Inc.	intensive outreach for pregnant and parenting women. HBP aims to reduce the rates of infant death, illness, low birth weight, and unintended pregnancies and improve the health, education and parenting outcomes for at-risk mothers, fathers and infants. In 2002, we began dedicating our efforts to expanding our outreach to expecting and parenting men as well. We have added services such as childbirth education classes, prenatal yoga classes, prenatal support group, HBP book club, health education classes, and parenting classes, all with the mother and father in mind. All services offered are free of charge. HBP encourages families to accept prenatal care and education, childbirth education and prenatal yoga, home visitation and case management services, family planning education, mental health services, substance abuse counseling and referrals for treatment. We bring expectant mothers and fathers under our wing and many times to their first prenatal care appointments. Clients enrolled are nurtured, educated and maintained as active participants in their own care through the child's third year of life. HBP services each family from a strength-based perspective, accentuating and building on the positive attributes in every family. The overall goals of the HBP are to: Reduce	This program has no eligibility requirements. Areas served by HBP contain a large population of high risk, single income and low-income families. Households in these areas are predominantly African American and headed by women.				\$380,000.00
Latin American Youth Center	The Teen Health Promoters Program trains Latino high school students to provide health information and counseling to their peers at Mary's Center for Maternal and Child Care's Teen Clinic and Unity Health Care's Upper Cardozo Clinic.	Latino high school students and their peers				Consumer Health Foundation: \$50,000
Mary's Center	ProUrban Youth or Urbanitos Program is an education and employment program. Adolescents are trained to present health education sessions at high schools and receive work experience at Mary's Center.		13-18 years olds.	355	on site	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Mary's Center for Maternal and Child Care, Inc.	Healthy Start Healthy Families: To partner with families to ensure children are healthy, safe, and ready for school through home visitation, and linkages with community resources. Program Services: Healthy Start Healthy Families services include intensive home visitation, parent activities, and linkages with outside services. All families also receive a home visit from a nurse at least once prenatally and once post-partum, unless medical risk is identified at which time, additional nurse visits are indicated. A mental health provider is also available to provide short-term, in-home counseling and support. Healthy Start Healthy Families staff is crucial to ensure that families access health care, educational support, safe housing, and employment—any service necessary for the health, stability and progress of the parents and their children. Staff becomes caring advocates and facilitators—teaching families to negotiate systemic barriers and challenges, advocating with schools to support teen parents in continuing with their education, identifying alternative school programs that can better meet their needs and coordinating service providers to ensure continuity of care.	Healthy Start Healthy Families' target population are typically difficult to reach families who may face barriers in accessing services, such as language difficulties, transportation, fear of becoming involved in "the system," lack of permanent housing,	parents of children less than five years old.	Approximately 200 families	on site and home visitation and play groups on site	
Maternal and Family Health Administration	MFHA develops consumer education and education materials, designs training, executes public information campaigns, and coordinates public-private partnerships to address health issues such as adolescent pregnancy, reproductive health, prenatal care, asthma, smoking cessation, nutrition, services for children with special needs and women's health. In conjunction with other infant mortality reduction interventions, MFHA promotes SIDS Prevention education, focusing on the dissemination of "Back to Sleep" brochures and other materials to health care professionals and service providers, birthing hospital personnel, Healthy Start and WIC workers, as well as community leaders.					SIDS Education Program: \$176,302 FY03
Maternal and Family Health Administration	Lead Poisoning Prevention Program: this comprehensive program conducts screening and testing in homes, preschools, childcare facilities, and elementary schools, and offers outreach and education.					Childhood Lead Poisoning Screening and Education: \$563,000 FY03 ; Title V

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Maternal and Family Health Administration	The Immunization Program contracts with nurses who staff clinics, school immunization clinics and health fairs.					Title V
Northwest Church Family Network NCFN	NCFN: Our program offers residential, apartment-style living to homeless families. We offer parenting skills development, parent anonymous support groups, youth enrichment programs, substance abuse prevention groups, healthy living groups focusing on prevention and living with HIV/AIDS/ individual and family therapy sessions	Primary target population are homeless families. Homeless families are encouraged to contact the Coalition for the Homeless or for those families having a member living with HIV/AIDS, they are encouraged to contact HOPWA for referrals to the program.				
Transitional Housing Corp.	Partner Arms I and II is a faith-based non-profit program that provides housing and comprehensive support services to homeless and at-risk families so that they can make transformational changes in their lives and attain self-sufficiency. Parenting workshops are provided on a regular schedule in order to promote nurturing and the proper care of children in a healthy, safe and supportive environment. Best methods in the care of children are also promoted during case management sessions and enhanced via mental health and substance abuse supportive services.	Homeless and families who are at-risk of being homeless are the target population we serve. Due to the lack of affordable housing in the DC region, families with low to moderate incomes are also at risk of becoming homeless. Along with proof of home				\$200,000.00
Unity Health Care	The Community Health Promoter/Outreach Worker program trains consumers living east of the Anacostia River as community health promoters who reach out to those not receiving primary care, as well as to those who are diagnosed with a disease, in order to assure that appropriate treatment is pursued.	Residents east of the Anacostia River not receiving primary care or diagnosed with a disease				Consumer Health Foundation: \$30,000

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Use Your Power! Parent Council	The Use Your Power! Project is a citywide parent council that trains and supports parents to be consumer health educators and advocates. Activities include health promotion, prevention workshops, and advocacy pertaining to mental health, substance abuse, heart disease, and asthma. The project is in collaboration with DOH OMCH.					\$45,000 from Community Foundation for the National Capital Region

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

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<i>Medical Care</i>						
Anacostia Health Center (Unity Health Care)	Anacostia Health Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, case management, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Bread for the City	Bread for the City provides medical care to uninsured and low-income DC residents. Staff includes one full time physicians and over 200 volunteers. Medical care includes adult general medicine, pediatrics, OB/GYN, and job physicals. The Southeast Center's medical and dental clinic is operated in partnership with Unity Health Care. Referrals are made for specialty care (mammograms and radiology.)	Uninsured and low-income DC residents	All	The organization can manage up to 200; now at 150 families.	Telephone, walk-in, referral.	
Brentwood Square Health Center (Unity Health Care)	Brentwood Square Health Center provides the following medical services: primary medical care (adult medicine, family medicine, pediatrics); specialty care (OB/GYN); health education; laboratory services; and social services (adolescent services, case management). Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Children's National Medical Center	The Goldberg Center for Community Pediatric Health is committed to building healthy communities throughout Washington, D.C., focusing on offering comprehensive primary care, including prevention, diagnosis, and treatment of prevalent pediatric health conditions. Intake/assignment procedures: walk-in, school or preschoolreferral, or child welfare agency. Organization places an emphasis on prevention, intervention, and treatment: Do it all, immunization through acute care. Programs: primary care delivery, oral health, WIC, Mobile Medical Clinic, adolescent care, "Generations" (young mom and baby) w/ wrap around services.	Low income, special needs, needs that extend beyond health, domestic violence, school problems, community violence. Ages 0 to 21. Foster children, neglected children, abandonment, physical abuse, sexual abuse, emotional abuse, substance abuse, medicaid el	0 to 21.	In 2005, the program targeted fourth, fifth, and sixth graders in two elementary schools.	A referral is required from DMH Access Helpline. Intake/Assignment procedure is via telephone for referral, court order, and child welfare agency; On-Site	Receives Federal Funding and Non Federal / Non District Funding

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Children's National Medical Center	The School Health Program provides basic health services.	All students enrolled in DC public schools and public charter schools		Nearly 15,000 children participate in Reach Out and Read annually.	Children's Hospital, HSC Pediatric Center	Receives Federal Funding and Non Federal / Non District Funding
Children's National Medical Center	Children's Bear Essentials: Primary care is the overarching priority - all families can have their own pediatrician, CNMC's community health centers are a great resource. Family Supports: Information services, public health, public safety (car seats), education, early childhood.	Parents and their children. A majority of the clients are from the suburbs. DC parents typically do not subscribe to Parents magazine. Program serves all children.	0-21 years	2700 served on one case load. All 0 to 21.	Intake/assignment procedure: Walk-ins, school preschool and head start referrals, child welfare agency.	\$0.00
Community of Hope	Community of Hope's health clinic provides primary care, outreach, and health education services for the occupants of their transitional housing apartments and residents of the surrounding neighborhood. Pediatric clients comprise approximately 25% of clients. 40% are uninsured and 20% are on Medicaid. Prenatal and pediatric care are provided.	Occupants of transitional housing and residents of the surrounding neighborhood. 60% do not have private insurance.	All	5,300 yearly; approx. 1,325 children	On-site	
Congress Heights Health Center (Unity Health Care)	Congress Heights Health Center provides the following medical services: adult medicine, pediatrics, ophthalmology, dermatology, HIV/AIDS services, podiatry, OB-GYN, rheumatology, social services, laboratory service, case management, and surgical services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
DC Developing Families Center	The DC Birth Center provides preventative health services for women, maternity services at two facilities, family planning, STD screening and treatment, pediatric primary care, and help in applying for health insurance.	Pregnant women and mothers, Wards 5 and 6	prenatal and newborns			
Department of Health	The Newborn Home Visiting Initiative provides a nurse home visit for every newborn living in DC, within 48 hours of hospital discharge at the family's request. The nurse assesses the home environment, provides case management and other support, and ensures that medical appointments have been made.					

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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East of the River Health Center (Unity Health Care)	East of the River Health Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, case management, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Federal City-CCNV (Ward 1) (Unity Health Care)	Federal City- CCNV provides the following medical services: primary medical care for adult men and women, HIV testing/treatment, case management, psychiatric services, social service, substance abuse counseling and referrals, diabetic education, and specialty care (neurology, urology, nephrology, podiatry, orthopedic, ENT, dermatology, TB screenings). Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
First Street Health Center (Unity Health Care)	First Street Health Center provides primary care services to dually and triply diagnosed individuals who are referred by the D.C. Department of Health. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.	Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.				
Georgetown University Children's Medical Center	KIDS Mobile Medical Clinic is a clinic on wheels that provides a medical home to needy families at no cost to them. General care is offered at four sites, and adolescent care at two. Primary care is the focus, but referrals are provided for mental health needs, and some health education takes place.	Low-income families in wards 5, 6, and 8	0-21 years old	2,000 in housing developments, 125 a month in shelters, 1,800 in schools	Mobile unit with six scheduled locations: three housing developments, an emergency shelter, and two public high schools	Georgetown University

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Good Hope Health Center (Unity Health Care)	Good Hope Health Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, case management, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Hunt Place Health Center (Unity Health Care)	Hunt Place Health Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
La Clinica Del Pueblo	La Clinica Del Pueblo provides free health services to the Latino community, including primary care, mental health, substance abuse, HIV/AIDS, interpreter service, social services, health education, and outreach.	The Latino community (86% are recent immigrants; over 90% have no insurance and income below the poverty line; 50% have less than 7th grade education; over 90% favor Spanish; 68% from DC, 22% Maryland, 10% Virginia; 62% female, 20% under 20 yrs.		5,500 clients in 31,000 visits	On-site	Consumer Health Foundation: \$45,000
Maternal and Family Health Administration	The Maternal and Family Health Administration is responsible for the oversight and operation of a School Health Program, providing a minimum of 20 hours of nursing services per school per week in elementary and secondary schools in DC. The program promotes optimal health through direct services and public health education, awareness and prevention, early detection of problems, referral of care, and follow-up. It also is working to establish medical homes for children with special needs who receive health care at selected community sites in Wards 5,6,7 and 8.					

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Maternal and Family Health Administration	The School Nurse Program and School-Based Screening are operated under contract with Children's National Medical Center for DC's Public and Charter Schools.	Children in DC Public and Charter Schools			DC Public and Charter Schools	Title V
Maternal and Family Health Administration, Howard University Hospital, GWU Medical Care	MFHA contracts with Howard University Hospital and GWU Medical Center to provide genetic counseling and testing and pediatric genetic services and referrals at 6 Unity Health Care Clinics and other sites. This service involves counseling, testing and follow-up for infants and children with sickle cell disease and other genetic disorders, with testing and counseling for parents as well.	Infants and children with sickle cell disease and other genetic disorders, and parents				
Phoenix Health Center (Unity Health Care)	Phoenix Health Center provides primary medical and nursing care, social work, nutritional counseling, mental health care, and case management for patients with HIV. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
So Others Might Eat	The SOME Medical Clinic provides healthcare services to the homeless and most vulnerable members of the community. Services include HIV care, podiatry, gastroenterology, x-rays, lab work, and diabetes treatments.	Homeless and vulnerable populations		Average 30/day	On-Site	Health Services: \$1,214,255. Total: \$10,222,810.
So Others Might Eat	The SOME Dental Clinic serves the uninsured indigent and homeless populations who would otherwise not have access to dental care. Services include basic care, screening, and restorations. The clinic also conducts outreach services at SOME's housing centers and senior centers.	Homeless and vulnerable populations			On-Site	Health Services: \$1,214,255. Total: \$10,222,810.
Southwest Health Center (Unity Health Care)	Southwest Health Center provides the following medical services: primary medical care (adult medicine, family practice, internal medicine, pediatrics); specialty care (dental services, HIV care, OB/GYN, podiatry, pulmonary medicine, dermatology); health education; laboratory services; and social services (case management). Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Stanton Road Center (Unity Health Care)	Stanton Road Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, case management, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Upper Cardozo Center (Unity Health Care)	Upper Cardozo Center provides the following medical services: primary medical care (adult medicine, family medicine, internal medicine, pediatrics); dental care (restorative dentistry, extractions, dentures, hygiene); specialty care (behavioral medicine, cardiology, HIV care, OB/GYN, pulmonary medicine, rheumatology); adult education, and social services (adolescent case management and WIC). Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Walker-Jones Health Center (Unity Health Care)	Walker-Jones Health Center provides the following medical services: pediatrics, cardiology, ophthalmology, dermatology, HIV/AIDS services, podiatry, pulmonary medicine, OB-GYN, rheumatology, urology, social service, laboratory services, case management, and surgery services. Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Woodridge Health Center (Unity Health Care)	Woodridge Health Center provides the following medical services: primary medical care (adult medicine, family medicine, pediatrics); specialty care (psychiatry, infectious disease care - HIV & Hepatitis C); health education; laboratory services; social services (adolescent, case management). Unity Health Care provides DC residents with health care regardless of ability to pay. Those who can pay are billed on a sliding scale.					
Oral Care and Hygiene						

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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DOH and Head Start	District of Columbia Head Start Oral Health Campaign: This 2-year health campaign seeks to educate parents and caregivers, to increase Head Start's capacity to deliver screenings and to contribute in data collection, to train and recruit oral health volunteers throughout Head Start, to better utilize dental hygienists, and to increase reimbursement policies for dentists serving Head Start children.	Children enrolled in the Head Start program	2-5 year olds		Dental offices, proposed mobile van unit at 2 schools	
Maternal and Family Health Administration	Oral Health Initiative					\$500,000 FY03; \$50,000 O.H. Prevention Initiative; \$450,000 O.H. Community Development Project

Insurance

DC Department of Health, MPCA	Title V Programs: MFHA uses Title V funds to support managed care health services for immigrant children (including undocumented immigrants) who do not meet Medicaid or CHIPS eligibility criteria due to their immigration status. The program assists these children in enrolling in Medicaid managed care. The Title V Block Grant funds the support of the Information and referral through the 24 hour multi-language and TTY/TTD accessible 1-800-MOM-baby HEALTHLINE, which in addition to providing information to consumers and providers, arranges for home visits for at-risk pregnant women and infants.					1-800-MOM-BABY: \$359,970 FY03
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Child Well-Being

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Healthy Families DC	Healthy Families DC uses family support workers to teach good parenting skills, prevent child abuse and neglect, and oversee the health care of at-risk babies. It is an intensive home visitation program for overburdened parents. Support workers encourage parent-child interaction, ensure that children get immunizations, begin developmental screens, and track the child's developmental progress.	Overburdened mothers and at-risk babies	0-5 years old		Home visitation. Families referred by a network of seven health clinics	
Latin American Youth Center	Latin American Youth Centers Foster Care: The Foster Care Program provides bilingual foster children and adolescents with bilingual case management and room and board services. In addition, the program provides training and licensing services to bilingual families within the Hispanic community in order to ensure that the need for culturally competent foster families is met.	All programs described above target at risk youth in danger of becoming or who are homeless or under the care of the DC CFSA. Together, these programs serve a 0 to 21 age cohort.				
Mary's Center	Child Development Program provided education, service coordination, advocacy, psychosocial support, home visitation, and translation services for parents of children with disabilities or developmental delays.	All families with children 0-3 years old with disability or developmental delays.	0-3 year olds.	78 families were served in 2003	on site and home visitation and play groups on site	
Mary's Center for Maternal and Child Care, Inc.	Healthy Start Healthy Families: To partner with families to ensure children are healthy, safe, and ready for school through home visitation, and linkages with community resources. Program Services: Healthy Start Healthy Families services include intensive home visitation, parent activities, and linkages with outside services. All families also receive a home visit from a nurse at least once prenatally and once post-partum, unless medical risk is identified at which time, additional nurse visits are indicated. A mental health provider is also available to provide short-term, in-home counseling and support. Healthy Start Healthy Families staff is crucial to ensure that families access health care, educational support, safe housing, and employment—any service necessary for the health, stability and progress of the parents and their children. Staff becomes caring advocates and facilitators—teaching families to negotiate systemic barriers and challenges, advocating with schools to support teen parents in continuing with their education, identifying alternative school programs that can better meet their needs and coordinating service providers to ensure continuity of care.	Healthy Start Healthy Families' target population are typically difficult to reach families who may face barriers in accessing services, such as language difficulties, transportation, fear of becoming involved in "the system," lack of permanent housing,	parents of children less than five years old.	Approximately 200 families	on site and home visitation and play groups on site	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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North Capitol Collaborative Inc	objectives are to provide a comprehensive Neighborhood Based Family Support and Child Welfare Service Delivery System through the service categories of Family Stabilization, which includes information and referral services, community case management, supportive case management for cases referred from CFSA to NCCI, youth aftercare case management for youth aging out of the foster care system. Further NCCI, will support this objective through the delivery of services in the category of Community Capacity Building, which designed to increase the knowledge of and enhance the capacity of internal and external community resources for the prevention of abuse and neglect. Community Building Services are achieved through the development of initiatives designed to support and enhance a family support network: parent education training, parent support group, youth, and parent-geared activities. Through the development of partnerships with area service providers, board development and trainings and increased staff development; community engagement strategies: hot spot reports, engagement activities with the local ANCs, police departments, roving leaders and other key partners within the community.	North Capitol Collaborative, Inc. services seven neighborhoods in the District of Columbia. On the south side, the neighborhoods are China Town and Mount Vernon, on the West side, Truxton Circle, Bloomingdale, and Ledroit Park, and on the East side, Edgew				\$6,600,000.00
The Center for Child Protection and Family Support Inc	Health promotions for infants and toddlers program is funded by the CGS foundation and enhances family support and parenting services through quality health supervision for infants and children.	All families with toddlers.				
Zero to Three	Zero To Three's mission is to support the healthy development and well-being of infants, toddlers and their families. A national nonprofit multidisciplinary organization that advances our mission by informing, educating and supporting adults who influence the lives of infants and toddlers.					

Consumer Safety

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Maternal and Family Health Administration	Safe Start: Cribs for Newborns provided 710 vouchers for cribs to families in FY 03	355 pregnant women, 365 parents of newborns		710		\$182,584 FY03; Metropolitan Washington Council of Governments; Title V

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Special Health Care Needs						
Bright Beginnings, Inc.	Child Development Program is a developmental child care center for homeless preschoolers whose families are in crisis shelters or transitional housing. Also offered: on-site therapeutic services (speech, occupational, psychiatric), parent involvement, transition support for parents, and family enrichment.	Children at 6 weeks to 5 years of age from homeless families in DC area.		Approx. 100	On-site (undisclosed location)	
Children with Special Health Care Needs Bureau (MPCA) - DOH	Care Coordination links children with special health care needs to services and resources.	All children with special needs, and their families, without regard to income.	0-21 year olds		Dental offices, proposed mobile van unit at 2 schools	Receives Federal Funding and Non Federal / Non District Funding
Children with Special Health Care Needs Bureau (MPCA) - DOH	The Universal Newborn Metabolic Screening Program requires all hospitals to screen for seven inherited genetic disorders.	All newborns	Newborns		7 birthing hospitals, Hospital for Sick Children, Title V screening programs, vital records.	
Children with Special Health Care Needs Bureau (MPCA) - DOH	Sickle Cell Disease Program aids in sickle cell disease surveillance, diagnosis, and management by providing education and training, tracking and referral procedures, follow-ups, and psychological counseling services to sickle cell patients.	Services for children diagnosed with sickle cell anemia, and screening for all infants				Awareness program: \$162,775 FY03

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
Consortium for Child Welfare	The Family Ties Project promotes and preserves the well-being of children, youth, and families affected by HIV/AIDS. Collaborators include case managers, therapists, and attorneys. Subcontractors include the U.D.C. David A. Clarke School of Law, Pediatric HIV/AIDS Care, Inc., and Sasha Bruce Youthwork, Inc.	Children, youth, and families affected by HIV/AIDS				U.S. DHHS, Administration for Children, Youth and Families, Abandoned Infants Assistance Program; Washington AIDS Partnership; Broadway CARES/Equity Fights AIDS
DC Department of Health, MPCA	The Healthy and Ready to Work Project coordinates services for up to 60 special needs youth who are aging out of the educational and social services programs and are referred by DC Public Schools. The Interagency Transition Council Steering Committee serves to identify existing resources and services gaps, and is working to institutionalize referral networks.					
Department of Health	The DC Birth Defects Surveillance and Prevention Program supports health care training programs and provides advice to families regarding birth defects. The program also provides referral services for children with birth defects and their parents, and conducts a birth defects awareness media campaign.	All children with birth defects			7 birthing hospitals, Hospital for Sick Children, Title V screening programs, vital records.	
Department of Human Services	Child Development - Early Childhood Intervention provides therapeutic, developmental, and family support services to families with children under age three with developmental delays, or children at risk of developmental delay.		0-3 years old			Total Child Development budget: \$75,932,896

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
HSCSN	Health Services for Children with Special Needs (HSCSN) is a unique nonprofit care management organization that provides personalized coordination of health care, social, and education services for infants, children, and adolescents who have disabilities and/or complex medical and/or psychosocial needs. The program uses intensive individual, family, and community-centered approaches to serve children from birth through the twenty-first year who receive Medicaid and Supplemental Security Income (SSI) benefits, or are SSI-eligible.	Infants, children, and adolescents (0-21) with disabilities, complex medical, or psychosocial needs who receive Medicaid and Supplemental Security Income.		Inpatient Days: 17,291; Outpatient visits: 4,096; School visits: 11,814; Total outpatient visits: 15,910.		Receives Federal Funding and Non Federal / Non District Funding
Mary's Center	The pediatrics program provides a medical home for children with special needs which is linked to tertiary care and home health services.	All families with children 0-12 years old	0-12 years old.	unknown	on site	
Maternal and Family Health Administration	The Newborn Screening Program conducts early detection and treatment of irreversible disorders that contribute to severe childhood morbidities and developmental delays. The program also provides training to hospital-based providers. The program is currently developing a birth defects registry.					\$412,794 FY03; Title V
Maternal and Family Health Administration	The Healthy and Ready to Work project coordinates services for up to 60 special needs youth who are aging out of the educational and social services programs and are referred by DC Public Schools. The Interagency Transition Council Steering Committee serves to identify existing resources and services gaps, and is working to institutionalize referral networks.					Title V
National Children's Center	Child Development Program: National Children's Center provides educational, social, and clinical services to people with developmental disabilities. The Child Development Program serves infants and children in various settings, including early intervention, home health, preschool and childcare. Children receive either a periodic screening or an initial developmental assessment. Programming includes input from developmental services, nursing, physical therapy, medical social work, occupational therapy, psychological care, and service coordination.	Children and infants with developmental disabilities			Two sites	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Office of Early Child Development	The DC Early Intervention Program (DCEIP) provides services for children age birth through two years who have or are at risk of having a developmental delay or disability. It also provides evaluation and assessment services (physical, occupational, speech-language, vision, etc.) as well as Assistive Technologies, special instruction, service coordination and case management, therapy and transportation supports. Delays may occur in one or more of the following areas: physical development, cognitive development, language and speech development, social/emotional development, and adaptive/self-help skills. For eligibility, a child must be 50% or more delayed in one of the areas.	All the Districts families with children 0-2 year olds who may have a development delay. 69.5% are Medicaid eligible and TANF eligible	0-2 year olds	1,438 developmental screenings; 600 children served; 450 active cases; 457 children placed for therapeutic services	14 Direct Services providers, 6 Evaluations providers	\$2.1 million from OECD office
Office of Early Child Development's Program Development Division	Head Start State Collaboration Project is implemented by the OECD's Program Development division. All Head Start programs have a legislative mandate for a minimum of its service population to include children with disabilities (health, physical, mental).					

Mental Health

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Adle Lebowitz Center for Youth and Families	Mothers and Babies Group: Therapy group for mothers and babies up to one year old. The purpose of the group is to provide an opportunity for mothers and their new babies to learn about themselves and their babies in order to lay a foundation for healthy child development and strong positive relationships between mother and child. The mother infant relationship is often the scene for playing out the mother's unresolved relational conflicts. This often leads to the recreation of the same problematic relational patterns that dominate mother's past and present relationships. This happens through a mother's responses to her new baby where she projects onto the child attributes of her own that she cannot tolerate. The purpose of this group is to help break this cycle and create new patterns of relating. Mothers and their babies will meet weekly with two facilitators whose roles it will be to help mothers observe their babies more closely and follow their babies' leads. This allows an opportunity for the infant's initiative to change interactions and potentially change the mother infant relational system.	The program is targeting new mothers and babies up to one year old. Mothers need to be able to come to the Center's location in Friendship Heights.				\$60,000.00
Columbia Heights Shaw Collaborative	Family Services provide comprehensive assessment, resource and referral, and case management and short term therapy when necessary to families experiencing stress or crisis.	All families residing in the target area.				
Community Connections	Community Connections is a private, not-for-profit mental health agency in DC. Since 1984, Community Connections has worked with people who have been marginalized to assist them toward stable, integrated community living. Clinical programs, residential and support services, and research projects play roles in achieving this goal.	DC and Montgomery County, MD residents				Receives Federal Funding, District Funding, and Non Federal / Non District Funding

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
DC Campaign to Prevent Teen Pregnancy	Community Connections Child & Adolescent Services provides outpatient mental health services, including comprehensive assessments, therapy, community support services, psychiatric assessments/medication management. Our goal is to provide high quality and culturally competent mental health services that are focused on the strengths of each individual child and family.	Our focus is on providing services to underserved children/youth with complex needs who have serious emotional disturbance and demonstrate significant problems in one or more of the following domains: family, school, peers and/or community.				
Department of Mental Health	Parent and Infant Development Program (PIDP): This is a family-centered mental health program for expectant parents, infants, 0-5 year olds, and their caretakers/parents. The program offers individual or group services, including evaluations of infants and toddlers, assessment of adults, speech and language evaluations, parent-child interactional psychotherapies, family therapy, diagnostic evaluation, and referral to early intervention.	Expectant parents, infants, 0-5 year olds and their caretakers/parents	0-5 year olds	Total of 2,781 children enrolled in DMH		
Department of Mental Health	The Therapeutic Nursery Branch serves children ages 3 through 6 who have special emotional problems. The program provides early diagnosis and remediation of learning difficulties. Partners include the Division of Special Education and DC Public Schools.	Children ages 3-6 with emotional problems	3-6 year olds	Total of 2,781 children enrolled in DMH		
FACTS PLLC	Family Assistance in Coping with Trauma and Stress (F.A.C.T.S.) is an outpatient mental health facility on Capitol Hill in Washington, D.C. that was founded in 1997 to promote bio-psycho-social health, self + relationship development, and educational + employment success in persons across the life span. F.A.C.T.S. provides confidential, effective mental health care for children, adolescents, and adults in a safe and caring environment.	Age 5-85; trauma survivors and their families				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Family and Child Services	Family and Child Services provides mental health and counseling services, including individual counseling; group sessions on anger management, parenting skills, and domestic violence; and school-based programs that emphasize wellness and structure, discipline and communications between youth and parents.					
Family and Child Services of Washington DC Inc	Family Counseling / Mental Health: Objective is to stabilize families and individuals through the use of individual, family and group counseling/therapy; parenting classes; and a domestic violence prevention program	Program addresses individual and families with social and emotional problem significant enough to interrupt normal activities				
Free Advice Inc	Free Advice, Inc. (FAI) was established to provide information and resources to empower at-risk youth and their families suffering multiple hardships. Fulfills its mission by providing professional therapy services, workshops and programs for specialized populations. Provides in-home and in-school therapy to the victims and family interventions for the household.	The target children ages(3-18 years) who have been victimized and identified by adult caregivers or parents, CFSA, DYRS, these cases usually are documented by a police report. We will come to the home to provide therapy for the victims and intervention				
Georgetown University Children's Medical Center	KIDS Mobile Medical Clinic is a clinic on wheels that provides a medical home to needy families at no cost to them. General care is offered at four sites, and adolescent care at two. Primary care is the focus, but referrals are provided for mental health needs, and some health education takes place. Patients can be referred to the Child Advocacy and Mental Health Coordinator, who assists with access to health insurance, WIC, TANF, employment services, referrals to mental health providers or for developmental evaluations, and early intervention.	Low-income families in wards 5, 6, and 8	0-21 years old	2,000 in housing developments, 125 a month in shelters, 1,800 in schools	Mobile unit with six scheduled locations: three housing developments, an emergency shelter, and two public high schools	Georgetown University
Gospel Rescue Ministries	Gospel Rescue Ministries: Helping homeless men and women acheive self-sufficiency, housing, employment, and where applicable, freedom from addictions and debilitating effects of mental illness. We treat many parents and help to correct abuse issues. Our aim is for family reunification whenever it is possible and appropriate.	Homeless and addicted adult men and women in the District of Columbia.				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
La Clinica del Pueblo INC	Project Mi Familia: The program consists of a 16- week Saturday workshops for the entire family. Offers concurrent group therapy for parents, children and adolescents. The purpose of the workshops is to offer a psycho-educational treatment service for the treatment and prevention of child traumatic stress.	The program caters to those in the latino community. The parent workshops are conducted in spanish, as well as the children's workshop. The adolescent workshops are conducted in english and spanish depending on the needs of those attending. There are no el				\$8,000.00
Sasha Bruce Youthwork Inc	Kindred Connections: One of the Far Southeast Family Strengthening Collaborative Family Support Centers providing case management, referrals, in-home counseling and other wrap around services on a drop-in basis at our site and also through home-based outreach. The primary objective is to prevent removal of children from homes. The focus is on low-income families in Ward 8 of the District.	Youth and adults living in the Henson Ridge community of Ward 8. Most individuals are referred for case management and supportive counseling by CFSA case workers, but this program also is open to the general public in that community. The focus is on str				
Hearing and Vision						
Department of Health, MFHA, Division of Children with Special Health Care Needs	Universal Newborn Hearing Screening and Intervention: DC Hears ensures detection, diagnosis, and intervention for children with hearing loss, and provides support services to the screening locations	Newborns	Diagnosis by 3 mo., intervention by 6 mo.			\$171,000 FY03
Department of Health, MFHA, Division of Children with Special Health Care Needs	Vision Program: A collaboration with the Lions Club to provide vision screening, which consists of the following: identification, referral for diagnostic evaluation, treatment, education, and follow-up referrals.	All children	1-6 year olds			

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Office of Early Child Development	The DC Early Intervention Program provides evaluation and assessment services (physical, occupational, speech-language, vision, etc.). For eligibility, a child must be 50% or more delayed in one of the areas.	All the Districts families with children 0-2 year olds who may have a development delay. 69.5% are Medicaid eligible and TANF eligible	0-2 year olds	1,438 developmental screenings; 600 children served; 450 active cases; 457 children placed for therapeutic services	14 Direct Services providers, 6 Evaluations providers	\$2.1 million from OECD office
So Others Might Eat	The SOME Eye Clinic gives ophthalmologic care to the homeless and extremely poor, at no cost.	Homeless and extremely poor		Average 50/day	On-site	Health Services: \$1,214,255. Total: \$10,222,810.

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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<i>Child Welfare (Violence, Neglect and Personal Abuse)</i>						
Asian American Leadership Empowerment and Development (AALEAD)	The Family Strengthening Program includes comprehensive case management and advocacy for parents and families, and guidance to parents on local systems and raising children in the U.S. AALEAD has a two-person Family Strengthening Program staff. The prevention portion of this program is with individual parents or groups of parents discussing child-abuse and child-neglect, and to help parents understand the system. Staff reports cases as needed.					
Casa for Children of DC	CASA for Children of DC uniquely provides services to children and youth through five specialized programs. Together these programs serve more than 120 children who are identified as being abused or neglected and in need of intervention services. CASA for Children of DC relies heavily on the contribution of volunteer time and talent, corporate support, private donations, as well as public support.	Children 0 to 21, in Washington DC, economics is not a factor, Children have to be involved in abuse and neglect system within courts. judge request that a Casa be involved in case				
Center for Child protection and Family Support	Far Southeast Youth Violence Prevention and Coalition has a focus on decreasing incidences of violence among the young people of Anacostia, decreasing delinquent behavior and improving academic performance. The coalition provides networking, resource building and information sharing.					
Center for Child protection and Family Support	Youth Education and Resilience (YEAR) collaborates with schools to provide on-to-one mentoring and to ensure that children receive comprehensive services.		10-15 years			
Center for Child Protection and Family Support	Child Abuse and Neglect Victim Service Center (VOCA) offers mental health services to abused and neglected children and their families.	over a 100 children per year	4-17 year olds		on site, home visits, accompaniment to courts and hospitals.	Funded by the Office of Victims of Crime, through the DC Grants Management Office

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Center for Child Protection and Family Support	Child Abuse and Neglect Training Initiative (CANTI) is funded by the DOH and Office of Early Child Development. The program provides expertise training and resources to daycare providers in the District in the area of child abuse and neglect. The Center partners with the Latin American Youth Center and the Asian American LEAD using a cultural competency model to increase providers' knowledge and skills on early identification and appropriate intervention in cases of child maltreatment.			Training and resources to 400 day care providers.		
Center for Child Protection and Family Support, The	Balancing Employment and Parenting: Funded by the Department of Health and Human Services Administration for Children and Families, the program focuses on prevention and intervention of child abuse and neglect among predominately African-American TANF mothers with children 0-6 years old who reside in high risk neighborhoods. Balancing Employment and Parenting involves linkage with community agencies such as Head Start and Department of Employment Services to strengthen parenting skills through training of families involved in Welfare-to-Work and TANF job training.		Serves mothers with children 0-6 year olds			
Child and Family Services Agency	Child Welfare - Intake and Investigation accepts reports of child abuse and neglect and investigates alleged incidents.					Total Child Welfare budget: \$39,399,088
Child and Family Services Agency	Child Welfare - In-Home and Reunification provides crisis and ongoing intervention services to at-risk children and families					Total Child Welfare budget: \$39,399,089
Child and Family Services Agency	Child Welfare - Adoption provides recruitment, placement, and monitoring services to children and families	Anyone facing a pregnancy or experiencing post-abortion stress				Total Child Welfare budget: \$39,399,090
Child and Family Services Agency	Out-Of-Home Care and Support - Interstate Compact for the Placement of Children provides Legal Inter-Jurisdictional Placement to children in need of placement so that they can have permanent homes.					Total Out-of-Home Care and Support budget: \$104,605,024
Child and Family Services Agency	Out-Of-Home Care and Support - Family Resources provides recruitment, training, licensing, monitoring, and support services to current and potential foster, kinship and adoptive parents.					Total Out-of-Home Care and Support budget: \$104,605,024

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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Child and Family Services Agency	Out-Of-Home Care and Support - Child Placement provides living arrangement services to children.					Total Out-of-Home Care and Support budget: \$104,605,024
Child and Family Services Agency	Out-of-Home Care and Support - Licensing and Monitoring provides licensing approval and ongoing monitoring services to operators of private agency foster homes, group homes, and independent living facilities.					Total Out-of-Home Care and Support budget: \$104,605,025
Child and Family Services Agency	Out-of-Home Care and Support - Health Services and Clinical Support provides health and clinical services support to social workers.					Total Out-of-Home Care and Support budget: \$104,605,026
D.C. Children's Trust Fund	The D.C. Children's Trust Fund provides guidance and support to community-based organizations, schools, and churches to incorporate primary prevention of child abuse and neglect into their activities. Activities include public education and awareness, community outreach and program linkage, and resource development and management.	Recipients of service at community-based organizations, schools, and churches			Community-based organizations, school, and churches	
DC Campaign to Prevent Teen Pregnancy	The Child Sex Abuse Prevention Task Force has five goals: 1. Clarify policies and laws 2. Develop standards for professionals and providers on mandatory reporting of child sex abuse 3. Offer training 4. Engage in public education 5. Collect data	Providers, adults and parents.				\$16,000.00

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

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DC Rape Crisis Center	<p>Prevention Risk Reduction Program: Good Touch/Bad Touch (grades pre-k-2): 50 minutes- This presentation explains the differences between good touches and bad or secret touches. Children learn what to do if someone touches them inappropriately.</p> <p>Appropriate/Inappropriate Touch (grades 3-6): 60 minutes- This presentation educates children on the difference between appropriate and inappropriate touches and what to do if they receive an inappropriate touch</p> <p>Multi-Session (middle school-junior high): 3 sessions- This set of presentations helps students understand what sexual harassment is and to identify resources and effective responses to it</p> <p>Peer Education (High School): Year course taught at a local highschool in the District. Students learn the historical and social context of sexual violence during Phase I. They then share what they learned with their peers by conducting close to 60 presentations.</p>	All students in the District of Columbia from pre-K to 12 grade.				\$500,000.00
East River Family Strengthening Collaborative	<p>Family Services Division: This division provides supportive and preventive services to families living in Ward 7 who are at risk of abuse and/or neglect. The objective is to prevent children from entering foster care. The activities used in working with families include, family team meetings, case management, parenting, information and referral, budget management, housing, visitation, family group conferencing. The Family Assessment Form is used to assess risk factors associated with a family.</p>	Families with children living in Ward 7. Some eligibility requirements are attached to certain programs (housing and emergency assistance)				
Metro DC PFLAG	Provide Support, education and advocacy to keep families together and promote the equality and well-being of gay/lesbian/bisexual/transgender and questioning individuals. Provide parent support groups and work with youth in schools. By promoting parental tolerance and understanding, g/l/b/t/q youth should be safer in their homes.	Parents, families and friends of g/l/b/t/q individuals. No eligibility requirements.				

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
My Sister's Place	My Sister's Place is a shelter for battered women and their children. MSP provides safe, confidential transitional housing, as well as a children's program. The children's program allows child victims of abuse to receive counseling and support from trained volunteers and staff members.	Battered women and their children			On-site (undisclosed location)	
Prevent Child Abuse of Metropolitan Washington	The PhoneFriend Program is an afternoon and evening support line for children who are at home without adult supervision. The PhoneFriend Community Educator also runs safety workshops for children and parents.	Children who are at home without adult supervision	5-15 years old	8,000 calls per year		
Safe Shores - The D.C. Children's Advocacy Center	The DC Children's Advocacy Center provides a coordinated approach to the investigation and prosecution of civil and criminal child abuse cases. The service provides forensic interviews and medical exams, therapy, court appearances, placement resolutions, statistical case tracking, bi-weekly team case reviews, trauma assessments, and pre-trial support for child victims. Through the Victim Services Program, the staff also ensures that children receive care (supervision, meals, clean clothes, crisis intervention) during the investigative process.	While the program's focus is on victims of child abuse, the therapy program also helps parents and caretakers.	3-18 years old		On-site	
The National Center for Children and Families	The Betty Anne Krahnke Center for New Beginnings is a 54-bed residential facility for single women and mothers with children who are recovering from family abuse. Assistance is provided by individual therapists and case managers.	Single women and mothers with children who are victims of abuse		141 women, 187 children, 132 families served	On-site (undisclosed location)	
Volunteers for Abused and Neglected Children	Volunteers for Abused & Neglected Children recruits, trains, assigns and manages volunteers to advocate for abused and neglected children in court. Volunteers also provide information and recommendations to the judge in the best interests of children.	Target population is children who are in the family court system due to child abuse and/or neglect....largely minority, low income families, often with single parents, siblings, and exhibiting behavioral issues; along with academic deficiencies.		4,500 children are served by the Family Court of D.C. Superior Court.		

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
The Little Blue House	The Commitment to Hope Program is a multidisciplinary approach to solving problems of child abuse and neglect within a family where substance abuse is an issue. The program addresses child health needs, which often include developmental delays, speech and language deficiencies, information processing difficulties, and behavioral problems, as well as poor nutrition and lack of medical care. LBH staff coordinates parental visits to the facility, where they participate in the children's daily care.	Neglected or abused children of parents who are substance abusers			On-site	
<i>Substance Abuse and Treatment</i>						
Calvary Womens Services	Calvary Womens Services provides housing and support services to homeless women in Washington, DC. We operate three housing programs - Calvary Women's Shelter, Pathways and Sister Circle - that offer a range of housing services from low-barrier shelter to permanent housing. Calvary provides on-site mental health services, case management, addiction recovery groups, life skills classes, and supported employment to the women we serve. While we wouldnt necessarily refer to Calvary as a child abuse and neglect prevention program, we do seek to support women as they re-build their lives and prepare to re-connect in a positive way with their children and families.	Calvary's programs serve single, homeless women.			Exodus House (men) and Maya Angelou House (women)	Health Services: \$1,214,255. Total: \$10,222,810.
Center for Child Protection and Family Support, The	Families and Schools Together (FAST) is funded by the Addiction Prevention Recovery Administration, FAST seeks to enhance family functioning, prevent school failure among youth, reduce day-to-day stressors among parents and families and prevent the use of drugs and alcohol within the family. Fast replicates a national science-based substance abuse prevention model, based on selected research in family therapy, child psychiatry, community development and social support. The FAST structure allows both youth and families to have a voice and role in the prevention process.					\$550,000.00
So Others Might Eat	Addictions Recovery: SOME's Behavioral Health Services runs two 90-day treatment facilities in West Virginia. Addictions counselors also meet with clients in recovery. 70% of patients graduate from the program.	Substance addicted men and women	Adults			\$119,000.00

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
SOME	<p>Angelou House (Phase 1) Residential Stability 60% of clients will complete their treatment at Maya Angelou House, the first phase of treatment. 75% of clients that completed the first phase will move on to Harvest House or other transitional housing. Increased Skills or Income 60% of all completers will be employed at least part-time or in job-readiness training within 4 months of completion Greater Self-determination 60% of clients completing the Maya Angelou House program will continue to take personal responsibility for recovery by attending a 12-step meeting program at least once per week at their one-year follow-up. Goals: Harvest House (Phase 2) Residential Stability 75 percent of clients will move into permanent housing upon completion of the program. Performance Measure: Many participants will receive vouchers or subsidies that will assist in clients in finding permanent housing. Increased Skills or Income 70% of all program completers will obtain employment at completion Performance Measure: Income sources will increase due to increased employment as well as increased access to benefits such as SSI and Disability. Greater Self-determination 75% of program completers will maintain</p>	<p>The poor and homeless of Washington DC, including those with mental and physical disabilities and those who are addicted to drugs and or alcohol.</p>				
Gospel Rescue Ministries	<p>Gospel Rescue Ministries: Helping homeless men and women achieve self-sufficiency, housing, employment, and where applicable, freedom from addictions and debilitating effects of mental illness. We treat many parents and help to correct abuse issues. Our aim is for family reunification whenever it is possible and appropriate.</p>	<p>Homeless and addicted adult men and women in the District of Columbia.</p>				
The Little Blue House	<p>The Commitment to Hope Program is a multidisciplinary approach to solving problems of child abuse and neglect within a family where substance abuse is an issue. The program addresses the mother's substance abuse, including physical and psycho-social components of addiction. Residential and outpatient treatment is available for mothers. The mother's parenting abilities are assessed and evaluated, and she receives independent living skills.</p>	<p>Neglected or abused children of parents who are substance abusers</p>			On-site	

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
<i>Planning Groups and Collaborative Processes</i>						
Break the Cycle	<p>Break the Cycle is a domestic violence law center that promotes the health and protects the rights of youth. Our comprehensive programs provide positive intervention in the lives of youth as they are forming their first relationships. We encourage youth to take action and mobilize to raise awareness in their communities about domestic violence and its impact on their peers. We are promoting youth as the next generation of leaders in the domestic violence prevention movement. Break the Cycles preventive education program teaches teens about domestic violence, healthy relationships and the legal options and responsibilities of young victims. The interactive curriculum connects students to practical tools and confidential resources for information and advice. We also work to increase awareness about teen dating violence in the community at-large through public awareness campaigns, tabling and our website.</p> <p>Empower Break the Cycle helps young victims, ages 12 to 24, achieve safe, violence-free lives through legal advice, referrals and counsel. Our public policy efforts work to ensure that young people are protected by domestic violence laws and that funding exists to support programs to help youth.</p>	Young people between the ages of 12-24 who are experiencing dating or domestic violence and are in need of free legal services.				
D.C. Control Asthma Now	<p>The Asthma Collaborative Working Committees include the Executive Committee, the Education Committee, the Environmental and Occupational Health Committee, the Policy, Planning and Resource Development Committee, the Health Services and Quality Assurance Committee, and the Surveillance, Evaluation and Data Committee. DC CAN is a public health planning initiative designed to determine the impact of asthma on D.C. residents and develop a community-wide strategic plan to reduce asthma's impact.</p>					
Prevent Child Abuse of Metropolitan Washington	<p>The Partners in Prevention Coalition is led by five agencies dedicated to eliminating child abuse and neglect in DC. The mission is to raise awareness and increase public involvement in prevention by collaborating and sharing resources. Partners in Prevention coordinates the Child Abuse Prevention Campaign, as well.</p>					

**Washington, DC Early Child Development
DRAFT Resource Map of Programs and Services**

Health and Safety

<i>Organization Name</i>	<i>Programs and Descriptions</i>	<i>Population Served</i>	<i>Ages Served</i>	<i>Capacity</i>	<i>Access Points</i>	<i>Funding</i>
The DC Home Visiting Council	<p>The DC Home Visiting Council is a collaboration of government agencies and community based organizations that provide home visitation. The DC HVC identified best practice standards for training, cultural competency, and universal screening. DC HVC facilitates implementation by providing technical assistance, coordination, training, funding, and other resources to various agencies.</p>					

APPENDIX 5: STATE/COUNTY STRATEGIC PLAN

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

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

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

Submitted by

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

July 9, 2007

TABLE OF CONTENTS

Acknowledgments

Profile of the Maternal and Primary Care Administration

Executive Summary

Section I. Overview of the ECCS Initiative in the District

Section II. Understanding Early Childhood Systems

Section III. Profile of the District of Columbia

Section IV. The District of Columbia's ECCS Planning Process

- **Governance**
- **Vision and Guiding Principles**
- **Definitions of an Early Childhood System**

Section V. Core Recommendations and Strategies for Achieving Systems Integration & Coordination

Section VI. DC Implementation Plan

Appendix A. DC Implementation Schedule

Appendix B. DC Early Childhood System Map

Appendix C. Map of Planning and Collaborative Groups

Appendix D. Environmental Scan (SWOT Analysis)

Appendix E. Organizational Chart

District of Columbia ECCS Implementation Plan

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

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

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EXECUTIVE SUMMARY

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

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

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

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

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

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

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

Mission

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

The Administration includes the following bureaus and offices:

- **Perinatal and Infant Health Bureau**

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

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

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

- **Nutrition and Physical Fitness Bureau**

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

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

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

- **Communicable Disease Control Bureau**

The Bureau of Communicable Disease Control is charged with the task of controlling and preventing the spread of communicable diseases in the District of Columbia. This is accomplished through both active and passive surveillance, timely case and outbreak investigations and providing interventions such as preventive medications and vaccines. The

Bureau also provides recommendations and consultations to other District agencies and private healthcare providers. The Bureau consists of five (5) major areas: 1) Immunization Program, 2) Tuberculosis Control Program, 3) Refugee Health Program, 4) Sexually Transmitted Disease Control Program and 5) Communicable Disease Surveillance and Investigation Program.

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

- **Cancer and Chronic Disease Prevention Bureau**

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

- **Pharmaceutical Services Bureau**

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

The following bureaus and offices are presently being formed:

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

I. OVERVIEW OF THE ECCS INITIATIVE IN THE DISTRICT

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

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

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

II. UNDERSTANDING EARLY CHILDHOOD SYSTEMS

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

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

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

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

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

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

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

An Early Childhood System Model (Figure 1)

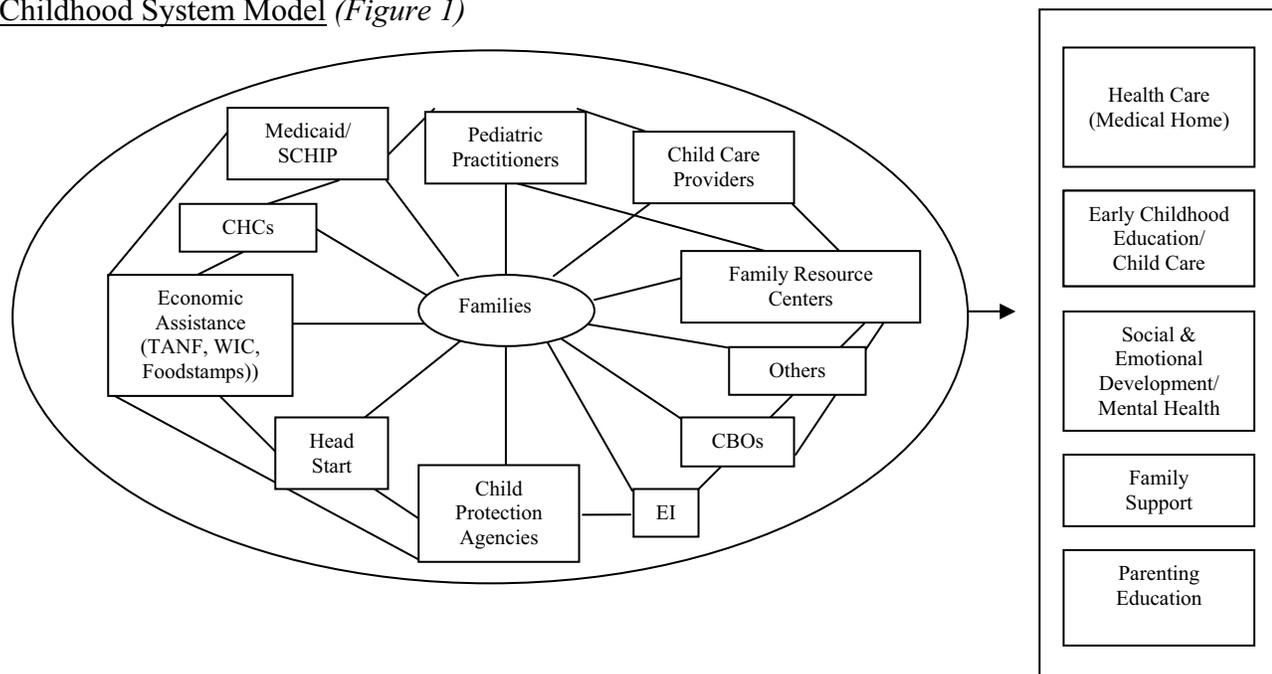


Figure 1 above provides a contextual frame of reference for identifying the various programs and entities that can affect a child. Appropriately, the family is at the center, for that is where the majority of child-rearing and development occurs. However, independently of the family, there are numerous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

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

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

III. PROFILE OF THE DISTRICT OF COLUMBIA

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

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

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

Extracts from the DC Action for Children

“KidBits” report released in March 2007

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

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

Poverty

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

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

Socioeconomic Data

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

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

The number of District residents who were employed continued to decline slightly in 2004, suggesting that the decrease in employment means that many new jobs are going to suburban commuters rather than to District residents. The District's estimated unemployment rate increased a full percentage point to 8.2 percent in 2004. The unemployment rate in the District has been gradually rising since 2000 and continued to exceed the national rate of 5.5 percent by a considerable margin. In comparison, the Washington metropolitan region's unemployment rate in 2004 was 3.3 percent, lower than both the national and District rates.

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

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

Risk Factor Data: Child Abuse and Neglect

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

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

A November 2006 analysis by the DC Fiscal Policy Institute linked the District's persistently high rate of poverty to social problems such as violent crime rates, poor school performance (as measured by standardized tests), high teen birth rates, and child abuse and neglect¹. According to the study, nearly half (45.5%) of the District's substantiated child abuse and neglect cases originate from the poorest fifth of DC neighborhoods. Specifically, the analysis found that:

District of Columbia ECCS Implementation Plan

- In FY 2004 and in the first half of FY 2005, there were 980 substantiated reports of child abuse and neglect in the poorest fifth of DC neighborhoods. This represented a rate of 28.1 substantiated reports per 1,000 children.
- There were 343 substantiated reports of child abuse and neglect in DC's middle-poverty neighborhoods, or 18.4 per 1,000 children.
- In the fifth of District neighborhoods with the lowest poverty rates, there were 62 substantiated reports of child abuse and neglect, or 3.9 per 1,000 children, in FY 2004 and the first half of FY 2005.

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

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

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

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

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

Additionally, in the *2005 Needs Assessment*, many social workers commented on the lack of community-based prevention services for families. They believe there are limited resources in the District. Both social workers and parents reported a lack

of mentoring/tutoring services, and a lack of quality counseling for children. Other examples of challenges identified both by social workers and parents include a lack of community-based General Educational Diploma (GED) programs, job training programs, childcare, after-school services, and on-going activities for children.”

Service Utilization Data

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

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

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

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

As stated in the 2007 Kids Count Data Book:

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

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

The District’s vaccination rate for 3+DTP had historically been a percentage point or more below the national level. In 2000, however, it fell more substantially behind. Each year since, however, the District has made steady gains on the national average. In 2003, the District’s rate surpassed the national average by half a percentage point, rising to 98

percent in 2004, 2.1 percentage points above the national average. The District's immunization rates for 3+DTP continued to surpass other central cities in 2004—similar to 2003. In both years, the District's rate was higher than rates in New York, Chicago, and Philadelphia.

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

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

Trends

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

Recent Developments

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

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

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

Donna Cohen Ross, Lauren Cox and Caryn Marx, *Renewing the Path to Health Coverage for Children and Parents: A 50-State Update on Eligibility Rules, Enrollment and Renewal Procedures, and Cost Sharing Practices in Medicaid and SCHIP in 2006*, Kaiser Commission on Medicaid and the Uninsured, January 2007
<http://www.kff.org/medicaid/7608acfm> (accessed January 30, 2007).

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

The District offers Head Start, pre-school (age 3), and pre-kindergarten (age 4) classes for all children of all income levels to prepare them for kindergarten, which is mandatory for all

children age 5. Research shows that children who attend preschool and pre-kindergarten are better prepared for elementary school and consistently perform better as they progress through school.”

Source: 2006 Kids Count Data Book:

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

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

Sources: DCPS, PCSB and BOE

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

Table 2 Subsidized Child Care Programs in DC 2000-2005

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

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

* December 2003-does not include summer program

Feedback from ECCS Interviews

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

- 1) the District must do to have an “ideal system for children and families;”
- 2) the areas of greatest challenge and potential for improving the lives of children and families

District of Columbia ECCS Implementation Plan

- 3) the areas they see the District agencies and/or their own program must improve in order for them to manifest their own ideal programmatic impact

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

Ideal Service System for Children and Families	Areas of Greatest Challenge and Potential Improvement	Areas of improvement for your organization
Need a more centralized (one-stop) service system - it can take an adult 28 stops to visit all the different facilities to receive social services available.	People in general don't know or understand the system. To some, it may look threatening and there is no kindness in the navigation of the system. Could be better communication between the client and public agencies, maybe through a 3rd party facilitator	Training - learning the system and the work in general. Need employees to learn to navigate the social services system. More community outreach by public agencies, strengthen our advocacy.
Continuity of care for 0-21 at the very least, seamless in transition from one system to the next. A system that provides the services they say they are providing and serves all who are eligible	Transitioning from early intervention to regular schools, especially for parents that have children with special education requirements. We need continuity of curriculum and continuity of level of care	Getting people to understand the impact of disabilities and special education on the continuity of care, there is no streamlined system. Funding needed to adequately pay good people.
Should include in addition to a focus on enrichment activities that improve the conditions of children - wrap around services that include services for child protection, domestic health family well-being, mental health, etc.	Changing the paradigm from handouts to empowerment. We have a tremendous wealth of services in DC but we need to refocus these services so they are a partnership with parents and not a handout.	1. Strengthen the relationship with teachers. 2. Parent Leadership - expanding leadership opportunities and desire to demonstrate leadership capabilities outside of the program environment, especially with in the community.
All District residents should receive/be offered home-based support services	Obtaining sustained funding, particularly consistent District funding. Not receiving money from the D.C. government in a timely fashion makes it difficult to do business.	Continuous advocacy and education to government officials regarding research-based home visitation support and the ideal of prevention strategies for positive outcomes for the District's children.

District of Columbia ECCS Implementation Plan

<p>Early childhood programs that have a strong relationship and collaborations with organizations that can provide a wide-range of services. Need high quality home language service.</p>	<p>Health and Mental Health Services. Services and collaboration around children with special needs - identification and service providing. And that the services be provided in home language.</p>	<p>Continuing to provide services. Our organization does not provide clinical services around the various categories of need. We need to develop relationships with those organizations - affordably.</p>
<p>Dental services for Medicaid eligible, low income, and uninsured children is a funding problem. Many dentists opt out of Medicaid because of low reimbursement.</p>	<p>Mental health services. The system of care is far too fragmented. DMH is starting to improve relationships with stakeholders, but DMH hasn't made clear what they do and where children need to go for services.</p>	<p>The system is fragmented. It is not a priority in broad city planning to bring everything together. There isn't a systematic approach for the Mayor's Office and City Council.</p>

IV. DC-ECCS PLANNING PROCESS

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

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

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

Goals for the System Building Initiative

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

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

Outcomes of the System Building Initiative

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

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

Governance

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

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

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

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

District of Columbia ECCS Implementation Plan

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

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

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

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

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

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

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

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

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

Highlighted Findings from the Environmental Assessment:

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

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

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

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

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

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

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

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

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

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

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

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

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

1. Collaborative Process Structures

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

2. Resources for Service Delivery

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

3. Identify expertise that can be shared across programs

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

THE DISTRICT OF COLUMBIA VISION AND GUIDING PRINCIPLES

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

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

The District’s Vision for Children and Families

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

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

EARLY CHILDHOOD SERVICE DELIVERY THEMES: GUIDING PRINCIPLES

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

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

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

Service Delivery and Access Theme Headers for Early Childhood

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

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

The Definition of an Early Childhood System

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

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

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

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

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

Core Recommendation 1:

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

Core Implementation Activity 1:

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

Core Recommendation 2:

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

Core Implementation Activity 2:

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

Core Recommendation 3:

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

Core Implementation Activity 3:

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

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

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

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

Recommendations for Improving DC's System of Early Childhood

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

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

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

District of Columbia ECCS Implementation Plan

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

District of Columbia ECCS Implementation Plan

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

ECCS Core Recommendation 1:

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

Core Implementation Activity 1:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

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

Service Delivery Theme:

District of Columbia ECCS Implementation Plan

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

Mayoral Priority:

None Identified.

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

District of Columbia ECCS Implementation Plan

- Launch DC early childhood brand and public awareness campaign
- ECCS
- MACECD
- DME
- Public and private partners
- DC Metro system
- Local radio, TV and print media
- September 2008

ECCS Core Recommendation 2:

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

Core Implementation Activity 2:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

Several co-occurring resources in the District are gathering and providing information through databases and other information systems. With the possible exception of child care information and referral, part of the challenge for the District, among early childhood stakeholders and parents alike, has been a shortage of good, accurate and up to date information regarding the programs and services available to children and families. While several agencies and organizations maintain their own databases of information on resources, in recent years great progress has been made to establish the Mayor’s *211 Answers Please* line as the leading and universally accessible database of social services resources in the District. The system and resource mapping process conducted through ECCS utilized other databases such as the 211 system in identifying resources relevant to

District of Columbia ECCS Implementation Plan

children and families but then expanded upon the information 211 typically maintains. As such, the ECCS information has the potential to add helpful information to the 211 and other referral databases for use by both policy-makers, system stakeholders and the general public.

Service Delivery Theme:

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

Mayoral Priority:

Pg 7 of Mayor Fenty's "100 Days and Beyond: 2007 Action Plan for the District of Columbia" plan - "accelerate the implementation of a unified student tracking and data sharing system"; and

Pg 14 - "create a plan for cross public agency data sharing"

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

District of Columbia ECCS Implementation Plan

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| <ul style="list-style-type: none"> • Review “211”, ECCS for accuracy | <ul style="list-style-type: none"> • DHS | <ul style="list-style-type: none"> • August 31, 2007 | <ul style="list-style-type: none"> • Examine at least 100 program records of 211 information on individual programs and services |
| <ul style="list-style-type: none"> • Encourage DMH’s access help line, DOH’s information command center, and Washington Child Development Center (WCDC) to update “211” with early childhood resource information | <ul style="list-style-type: none"> • ECCS • DMH • ECEA • WCDC | <ul style="list-style-type: none"> • October 30, 2007 | <ul style="list-style-type: none"> • Broker a more active relationship and collaboration between 211 information management and DMH, MPCA and WCDC |
| <ul style="list-style-type: none"> • Educate “211”, DMH, and DOH resource line staff on the information provided to them (staff and training program) | <ul style="list-style-type: none"> • MPCA • DHS/ ECEA/Head Start Collab • DMH | <ul style="list-style-type: none"> • February 28, 2008 | <ul style="list-style-type: none"> • Provide at least three orientation for frontline staff regarding the substance and status of program information |

ECCS Core Recommendation 3:

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

ECCS Core Implementation Activity 3:

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

Anticipated Outcomes:

District of Columbia ECCS Implementation Plan

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

Service Delivery Theme:

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

Mayoral Priority:

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

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

Action Steps	Responsible Parties	Target Date/Status	
<ul style="list-style-type: none"> • Jointly apply for participation in the ABCD Screening Academy 	<ul style="list-style-type: none"> • DOH/ECCS, DOH/Medicaid, DC AAP 	<ul style="list-style-type: none"> • April 20, 2007 	•
<ul style="list-style-type: none"> • Identify potential partners to participate in ABCD • Develop core leadership team and advisory stakeholder group 	<ul style="list-style-type: none"> • DOH/Medicaid, DOH/ECCS 	<ul style="list-style-type: none"> • May 31, 2007 	•
<ul style="list-style-type: none"> • Identify an appropriate tool for use in Medicaid managed care settings 	<ul style="list-style-type: none"> • Core leadership Team/ Advisory Group 	<ul style="list-style-type: none"> • July 30, 2007 	•
<ul style="list-style-type: none"> • Identify barriers to statewide standardized screenings and prioritize potential solutions 	<ul style="list-style-type: none"> • Core leadership Team/ Advisory Group 	<ul style="list-style-type: none"> • July 30, 2007 	•

District of Columbia ECCS Implementation Plan

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| <ul style="list-style-type: none"> • Identify or create a system for tracking referrals and providing feedback to physicians on outcomes | <ul style="list-style-type: none"> • Core leadership Team/ Advisory Group | <ul style="list-style-type: none"> • December 31, 2007 | • |
| <ul style="list-style-type: none"> • Test an identified screening tool and optimal referral process at 3 pilot sites | <ul style="list-style-type: none"> • Core leadership Team/ Advisory Group | <ul style="list-style-type: none"> • February 28, 2007 | • |
| <ul style="list-style-type: none"> • Assess impact of changes at pilot sites | <ul style="list-style-type: none"> • Core leadership Team/ Advisory Group | <ul style="list-style-type: none"> • July 31, 2008 | • |
| <ul style="list-style-type: none"> • Implement the use of a standardized tool amongst all providers enrolled in the Medicaid managed care system | <ul style="list-style-type: none"> • Core leadership Team/ Advisory Group/American Academy of Pediatrics | <ul style="list-style-type: none"> • December 31, 2008 | • |

ECCS Core Recommendation4:

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

Core Implementation Activity 4:

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

Anticipated Outcomes:

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

District of Columbia ECCS Implementation Plan

- Expand by 15 percent the number of children receiving dental, vision, and hearing screens in childcare settings.

Rationale/ Linkages:

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

Service Delivery Theme:

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

Mayoral Priority:

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

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

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

District of Columbia ECCS Implementation Plan

<ul style="list-style-type: none"> • Find consultants who have been trained in DC and convene them 	<ul style="list-style-type: none"> • Head Start Web Page (Beverly Jackson) • MACECD Health Promotion Subcommittee • DHS Early Care and Education Administration (ECEA) • MPCA • Department of Mental Health (DMH) 	<ul style="list-style-type: none"> • July 31, 2007
<ul style="list-style-type: none"> • Work with a multidisciplinary team (including organizations currently involved in home visiting projects) to draft components of a pilot initiative 	<ul style="list-style-type: none"> • ECCS • ECEA • Maternal and Primary Care Administration (MPCA) of the DC Department of Health (DOH) • Department of Mental Health (DMH) • Head Start State Collaborative Office 	<ul style="list-style-type: none"> • September 30, 2007
<ul style="list-style-type: none"> • Identify the models for early childhood consultants (ECC) • Research successful models of health care consultant programs (NC) • Research successful models of mental health consultant programs • Create a working definition of early childhood mental health • Create a working definition of early childhood mental health consultation (lay person and clinicians) • Find commonalities amongst models and merge appropriate components to create a usable model for DC 	<ul style="list-style-type: none"> • MACECD • Head Start State Collaboration Office • ECCS • DMH • DCPS 	<ul style="list-style-type: none"> • September 30, 2007
<ul style="list-style-type: none"> • Identify means of deploying consultants to accredited child care centers and Head Start Sites 	<ul style="list-style-type: none"> • ECEA • MPCA • Head Start State Collaboration Office • DCPS • MACECD 	<ul style="list-style-type: none"> • January 31, 2008

District of Columbia ECCS Implementation Plan

<ul style="list-style-type: none"> Define roles/responsibilities of early childhood consultants. Anticipate challenges to meeting public demand for consultants (recruitment, training, salary, placement) 	<ul style="list-style-type: none"> Mayor's Advisory Committee for Early Child Development (MACECD) Network Support Center (NSC) - TA ECCS DMH DCPS Head Start State Collaboration Office 	<ul style="list-style-type: none"> January 31, 2008 	•
<ul style="list-style-type: none"> Establish an MOU between core agencies to sustain commitment for trainers/consultants 	<ul style="list-style-type: none"> DCPS DOH DHS DMH 	<ul style="list-style-type: none"> January 31, 2008 	•
<ul style="list-style-type: none"> Utilize existing funds from ECEA, ECCS, and seek out new funding opportunities from Johnson & Johnson, Inc. to support this activity 	<ul style="list-style-type: none"> ECEA ECCS 	<ul style="list-style-type: none"> February 28, 2008 	•
<ul style="list-style-type: none"> Expand number of consultants with an optimal target of 30. Ensure cross-training availability and cross-agency deployment and utilization of consultants to address mental health, oral health, victimization and child abuse/neglect issues, culturally and linguistically appropriate skills, etc. 	<ul style="list-style-type: none"> Head Start Web Page (Beverly Jackson) MACECD Health Promotion Subcommittee, DHS Early Care and Education Administration (ECEA) MPCA Department of Mental Health (DMH) DCPS 	<ul style="list-style-type: none"> September 30, 2008 	•
<ul style="list-style-type: none"> Establish a strategy and infrastructure for the consultants to bill Medicaid for services to eligible children 	<ul style="list-style-type: none"> DOH Medical Assistance Administration (MAA) Maternal and Primary Care Administration (MPCA – formerly the Maternal and Family Health Administration) ECCS 	<ul style="list-style-type: none"> December 31, 2008 	•
<ul style="list-style-type: none"> Identify other funding sources to support early childhood consultants (ECC) and their training for five years (e.g. Robert Wood Johnson) 	<ul style="list-style-type: none"> MACECD 	<ul style="list-style-type: none"> February 30, 2009 	•

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

District of Columbia ECCS Implementation Plan

activities in which system building will be achieved through continuing and strengthening existing partnerships.

Supporting Implementation Activity 1:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

There are many planning and advisory groups in the District of Columbia and it has been historically difficult for stakeholders to participate in any or all of the groups that may cover interests overlapping with their responsibilities. Furthermore, very few of the planning groups in the District have budgetary or program oversight authority. As such, while they may provide value to their participants as a forum for discussion early childhood issues, sharing often valuable program information and perspectives, and framing potential courses of action, these groups often lack the ability to manifest systemic changes. This activity addresses the ECCS service delivery areas of access and quality assurance, health and safety, and early care and education.

Mayoral Priority:

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

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> • Identify groups and revise the existing ECCS DC Planning Group Map to provide an accurate picture of existing and thriving early childhood planning groups 	<ul style="list-style-type: none"> • MACECD • Deputy Mayor for Education (DME) • ECCS 	<ul style="list-style-type: none"> • A revised Map was provided in January, 2007 • Next revision: December, 2007 	<ul style="list-style-type: none"> • A comprehensive, accurate and updated map of collaborative groups in DC • Involvement by and support of the Mayor's Office in the identification of planning groups and their status

District of Columbia ECCS Implementation Plan

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| <ul style="list-style-type: none"> • Meet with MACECD Chairperson to discuss possible options | <ul style="list-style-type: none"> • ECCS | <ul style="list-style-type: none"> • February 28, 2008 | <ul style="list-style-type: none"> • Successfully schedule a meeting and open conversation with MACECD leadership regarding a potential structure and plan for coordinating collaborative activities |
| <ul style="list-style-type: none"> • Convene planning group coordinators to discuss the feasibility of merging or more effectively linking with other early childhood related planning groups | <ul style="list-style-type: none"> • ECCS | <ul style="list-style-type: none"> • June 30th, 2008 | <ul style="list-style-type: none"> • Involvement of key DC stakeholders and collaborative groups in the discussion of the structure and options for modifying the status and integration of collaborative groups • Identification of at least three structurally appropriate mergers or realignments of planning groups |
| <ul style="list-style-type: none"> • Link groups to MACECD and its subcommittees | <ul style="list-style-type: none"> • MACECD • DME • ECCS | <ul style="list-style-type: none"> • December 31, 2008 | <ul style="list-style-type: none"> • Restructuring and potential consolidation of early childhood planning groups under the potential header of MACECD or a series of other convening bodies • Restructure/realign at least two MACECD subcommittees |

Supporting Implementation Activity 2:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

District of Columbia ECCS Implementation Plan

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

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> Connect with groups who are currently working to develop citywide child indicators such as the Children's Advocacy Roundtable Group and the MACECD Health Promotion Subcommittee 	<ul style="list-style-type: none"> ECCS MACECD ECEA DCPS 	<ul style="list-style-type: none"> September 30, 2007 	<ul style="list-style-type: none"> Meetings and collaborative discussions with advisory groups across DC Number of meetings held to discuss indicators Number of stakeholders offered an opportunity to contribute to the creation of the indicators
<ul style="list-style-type: none"> Rely on guidance from the Healthy People 2010 Initiative in initially developing benchmarks 	<ul style="list-style-type: none"> ECCS 	<ul style="list-style-type: none"> January 31, 2008 	<ul style="list-style-type: none"> Incorporation of Healthy People 2010 in the discussion for developing indicators
<ul style="list-style-type: none"> Review indicators used by Safe Passages Report in 2002 and assess feasibility of adaptation to current application 	<ul style="list-style-type: none"> ECCS DME ECEA MACECD 	<ul style="list-style-type: none"> January 31, 2008 	<ul style="list-style-type: none"> Review Safe Passages indicators Convene a conversation with the Mayor's office and interested agencies and advisory groups to discuss inclusion of Safe Passages indicators and methods

District of Columbia ECCS Implementation Plan

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| <ul style="list-style-type: none"> • Unveil indicators and solicit feedback during 2008 Universal School Readiness Conference | <ul style="list-style-type: none"> • ECCS | <ul style="list-style-type: none"> • April 2008 | <ul style="list-style-type: none"> • Completion and adoption of a single set of indicators • Secure an opportunity to discuss indicators with a broad audience |
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Supporting Implementation Activity 3:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

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

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

District of Columbia ECCS Implementation Plan

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

Supporting Implementation Activity 4:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

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

District of Columbia ECCS Implementation Plan

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

Supporting Implementation Activity 5:

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

Anticipated Outcomes:

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

Rationale/ Linkages:

The new Medicaid database is based upon information gathered through the EPSDT forms. From 2002-2005 the District developed a Universal Health Screening Form to be used by child care providers, before- and after-school programs, DC Public Schools and

District of Columbia ECCS Implementation Plan

others for assuring health and immunization compliance and records for all children and youth. However, the EPSDT form used by Medicaid are not part of the Universal Health Screening Form and these forms are likely to remain separate. Part of the purpose for this implementation activity will be to assess the information tracked by both of the databases associated with each of these forms to ensure that information useful to any and all parties, as permitted by law, can be accessed and available. For those accessing these databases, obtaining information regarding EPSDT and vaccination information is important, but currently only basic or incomplete information is available on most children's medical charts. An outcome of this activity should be improved data entry and accessibility that limits duplication of services to children and families, promotes collaboration between variant service providers, and creates a system of monitoring that ensures children and families are receiving high quality services. This activity addresses the ECCS service delivery areas of Health and Safety (Access to a Medical Home); and System Access and Quality Assurance.

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> Include special needs children as part of database development and implementation 	<ul style="list-style-type: none"> MCPA, CSHCN HSC, Inc 	<ul style="list-style-type: none"> May 2008 	<ul style="list-style-type: none"> Utilization of Medicaid database to assist MPCA's Division of Children with Special Health Care Needs and HSCSN, Inc. to track and monitor services to these children Enhanced coordination of services to special needs children
<ul style="list-style-type: none"> Identify stakeholders to participate in conversation 	<ul style="list-style-type: none"> Medicaid ECCS 	<ul style="list-style-type: none"> June 2008 	<ul style="list-style-type: none"> Involvement of departmental leadership from key agencies and organizations Timeliness of discussions and time to complete planning effort

District of Columbia ECCS Implementation Plan

<ul style="list-style-type: none"> • Clarify the purpose of the databases, who its users are, how children and families will ultimately benefit from implementation 	<ul style="list-style-type: none"> • ECCS 	<ul style="list-style-type: none"> • September 30, 2008 	<ul style="list-style-type: none"> • Clear lines of responsibility and accountability for data entry, data integrity, confidentiality and services to children • Involvement of Medicaid providers in the discussion of any changes to the inputting of data and the systemic expectations for its quality and use
<ul style="list-style-type: none"> • Determine the services Medicaid provides and the data available in their system 	<ul style="list-style-type: none"> • MPCA • MAA • ECCS 	<ul style="list-style-type: none"> • September 30, 2008 	<ul style="list-style-type: none"> • Identification of major health services provided through EPSDT and their correlation to information gathered through the Universal Health Form and standard practices at the Early Intervention Program and Children with Special Health Care Needs Bureau • Assessment and improvement of any difficulties associated with data entry and compliance by Medicaid providers

District of Columbia ECCS Implementation Plan

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| <ul style="list-style-type: none"> • Determine capacity for linkages with childcare facilities and Head Start sites | <ul style="list-style-type: none"> • ECCS • ECEA/Head Start Collab Office • MAA | <ul style="list-style-type: none"> • February 2009 | <ul style="list-style-type: none"> • Identification of major health services provided through EPSDT and their correlation to information gathered through the Universal Health Form used by child care and Head Start providers |
| <ul style="list-style-type: none"> • Provide an orientation to all early childhood stakeholders who might serve Medicaid children and partners for education and solicitation | <ul style="list-style-type: none"> • ECCS • ECEA/Head Start Collab Office • MAA | <ul style="list-style-type: none"> • March 30, 2009 | <ul style="list-style-type: none"> • At least two orientations (one on a weeknight) to child care providers, health care practitioners and others serving Medicaid-eligible children • Use MACECD and USR monthly meetings as a vehicle for orientations • Participation of at least thirty providers in orientations |

District of Columbia ECCS Implementation Plan

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

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

Anticipated Outcomes:

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

Rationale/ Linkages:

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

Mayoral Priority:

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

District of Columbia ECCS Implementation Plan

Action Steps	Responsible Parties	Target Date/Status	Indicators
<ul style="list-style-type: none"> Determine barriers to enrollment in Head Start 	<ul style="list-style-type: none"> ECEA DCPS Charter schools DME 	<ul style="list-style-type: none"> July 31st, 2007 	<ul style="list-style-type: none"> Convene a group of Head Start and child care providers to discuss and identify barriers to enrollment
<ul style="list-style-type: none"> Develop a plan to address enrollment barriers (i.e., stigma, dual eligibility, protocols) 	<ul style="list-style-type: none"> UPO Head Start State Collaborative 	<ul style="list-style-type: none"> December 30, 2007 	<ul style="list-style-type: none"> Timely development of a DC-wide strategy and campaign for ensuring enrollment barriers are minimized

District of Columbia ECCS Implementation Plan

<ul style="list-style-type: none"> • Implement/evaluate plan 	<ul style="list-style-type: none"> • Head Start • UPO 	<ul style="list-style-type: none"> • Commence implementation by May 2008 • Evaluate progress June 2009 	<ul style="list-style-type: none"> • Number and penetration of public education and child care provider outreach campaigns to ensure Head Start First • 0% of child care providers not receiving Head Start funds will provide services to Head Start-eligible children • Selection of an external evaluator to assess progress • Provide a minimum of two presentations to health care and social service providers who serve child care and Head Start facilities • Link Head Start First to the Early Childhood Consultant corps
<ul style="list-style-type: none"> • Educate health care and Social Services providers about Head Start First 	<ul style="list-style-type: none"> • UPO • DCPS • ECEA 	<ul style="list-style-type: none"> • May 30, 2008 	

District of Columbia ECCS Implementation Plan

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

District of Columbia ECCS Implementation Plan

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- Establish protocol and provide training
 - Head Start State Collaborative
 - May 31, 2008
 - Provide at least three training opportunities to child care providers
 - Equip child care providers with Head Start enrollment forms to pre-screen potentially eligible children