ECAC
BALTIMORE CITY
EARLY CHILDHOOD ADVISORY COUNCIL

BALTIMORE CITY EARLY CHILDHOOD SYSTEMS REPORT

For the Baltimore City Early Childhood Advisory Council

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MARYLAND STATE DEPARTMENT OF
EDUCATION
EQUITY AND EXCELLENCE

Policy Studies Associates (PSA) conducts research, evaluation, and policy analysis in education and youth development to help its clients make sound program decisions. It designs and carries out rigorous, impartial studies of program implementation and effects in a wide spectrum of youth-related topics, including education improvement, youth development during out-of-school time, professional development, community involvement, and the scaling up of innovations. Many of PSA's studies examine educational services for disadvantaged populations, including children from low-income families, low-achieving students, and youth who are at risk of dropping out of school. Other studies review policies and strategies intended to stimulate learning improvement for all students, from preschool through higher education. For more information, visit our website at www.policystudies.com.

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EXECUTIVE SUMMARY

Background and Purpose

The Baltimore City Early Childhood Advisory Council (ECAC) is a coalition recognized by the Maryland State Department of Education (MSDE) as the early childhood body in the city. Under that designation, the ECAC is responsible for conducting regular needs assessments of the quality and availability of early childhood programs, increasing participation in existing programs, understanding the reasons for low participation, and leading local family engagement efforts. The ECAC works to ensure that all Baltimore City children enter school ready to learn.

The Baltimore City ECAC hired Policy Studies Associates (PSA) and Extraordinary Changes to develop a comprehensive early childhood systems report to capture the networks in place throughout Baltimore City that deliver services to children and their families from the prenatal experience to five. Staying attuned to the detrimental effects COVID-19 has placed on early childhood care and education (ECCE) systems—including declining enrollment, increased costs, and widescale closures—PSA analyzed the state of the system examining the "warm handoffs"—the gentle transition of care from one service to another—and gaps between services, to understand the experiences of caregivers navigating the system. Extraordinary Changes conducted focus groups with parents and other caregivers to gather first-hand experiences with the system to inform the analysis.

The purpose of this report is to determine how to better align early childhood system components with each other in a way that works best for the community. This report provides a comprehensive look at the services provided in Baltimore City, the strengths and challenges, parent experiences, lessons from other states and jurisdictions, and recommendations for systemic change.

The ECCE System Overview

For over a decade, Baltimore City ECCE leaders have worked steadily to develop a coordinated and more equitable system of care for children prenatal to five. Through collaborations across the city, ECCE systems interconnect in important ways that help improve access to services for children and caregivers and create a more equitable system of care. Several coalitions with overlapping membership bridge divides across government, nonprofit, and private sector organizations, creating a strong system of cross-sector collaboration that drives the work of ECCE service provision. A summary of the key referral hubs and services included in this study are summarized in Exhibit ES1. Once caregivers and children gain access to this system of care, they gain access to the networks that can help connect them with the wraparound services they need to thrive.

Exhibit ES1: The ECCE System at a Glance

Health Care	Child Care and Education
Main Referral Hubs	
■ **HealthCare Access Maryland (HCAM)**	■ **LOCATE: Child Care**
Key Services	
B'more for Healthy Babies (BHB) **Baltimore City Health Department (BCDH) programs and services** ■ *Family Planning and Reproductive Health* ■ *Infants and Toddlers Program* ■ *Maternal and Infant Care Program* ■ *School-based health centers* ■ *Women, Infants & Children (WIC)* **Home visiting** **Family Planning/Primary Care** ■ *Federally Qualified Health Centers* ■ *Private prenatal, postpartum, and pediatric care* ■ *Birthing hospitals*	**Child care** ■ *Center-based care* ■ *Family-based care (home-based providers)* **Early Head Start** **Head Start** **Pre-K** **Judy Centers**
Wraparound services and support: ■ *City agency partners (e.g., Department of Social Services, Enoch Pratt Free Library)* ■ *Community-based organization (CBO) providers* ■ *Private, nonprofit, university partners*	

The Baltimore City ECCE ecosystem is robust with strategic partnerships that bring resources, programs, and initiatives together to work effectively for families. However, the extent to which ECCE providers in the key service areas listed in Exhibit ES1 are connected varies. For instance, the Baltimore Infants and Toddlers Program (BITP), Judy Centers, HealthCare Access Maryland (HCAM), Women, Infants & Children (WIC) and Early Head Start/Head Start are well connected with each other and with external supports, while child care providers—both center-based and family-based (providers based in the home)—have fewer connections to other providers in the city. Exhibit ES2 summarizes the primary referrals and warm handoffs that occur among key ECCE providers. While there may be more connections that exist than what is shown in Exhibit ES2, the extent of those connections is unknown from this study.

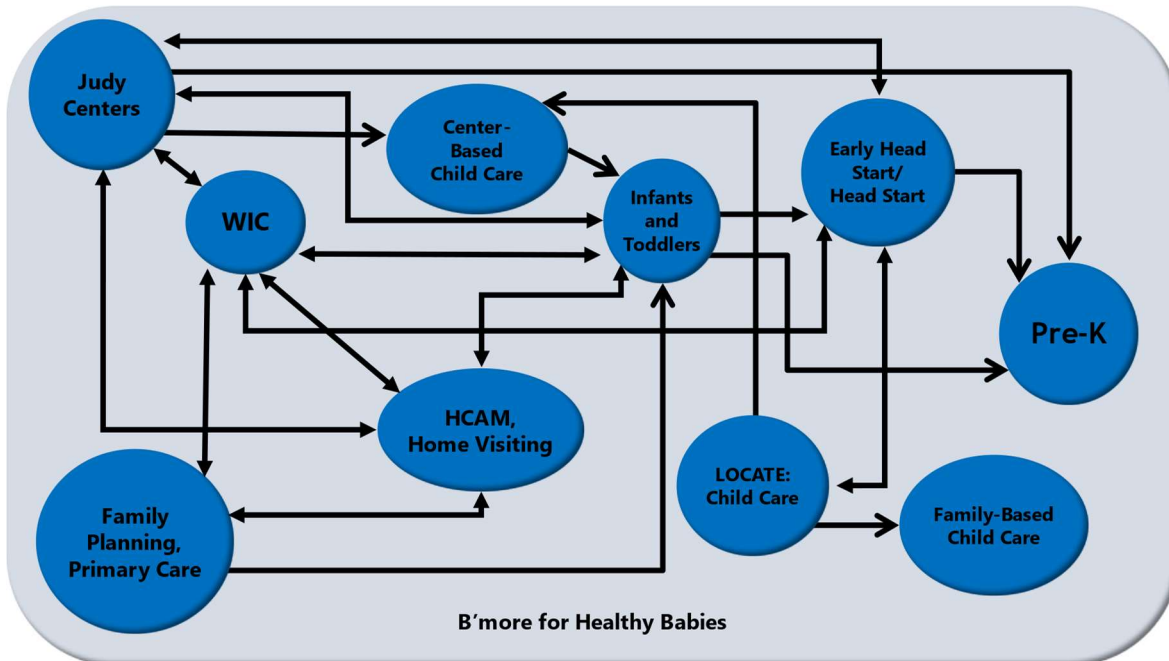**Exhibit ES2: Referral and Warm Handoff Pathways**

Exhibit reads: Judy Centers refer children and caregivers back and forth between Early Head Start/Head Start, the Baltimore Infants and Toddlers Program, WIC, and HCAM. Judy Centers also refer children to center-based child care and Pre-K.

Strengths and Challenges

The Baltimore City ECCE system has many strengths that serve families well:

- The ECCE system has strong cross-system collaboration.

- Baltimore City has a centralized intake triage system for care coordination that connects caregivers with home visiting and other services.

- The system has many two-generation programs that serve children prenatal to five together with their caregivers, linking them to other needed wraparound supports.

- Many of the systems' programs are co-located, increasing the opportunity for warm handoffs and closing gaps in the system.

- Program leaders anticipate growth in critical service areas.

Baltimore City's ECCE system has a solid foundation on which to grow. However, systemic gaps and challenges remain that prevent many families from accessing this network of care in the first place. Addressing these challenges will be a necessary step to building on the assets of Baltimore City's ECCE system. Some of these challenges include:

- Limited capacity in key programs and services

- Child care sustainability, access, and affordability

- A growing Latinx immigrant community in areas of the city that need additional support

- Complex systems, requirements, and documentation create stigmas and barriers

- Unmet food, housing, and transportation needs

- Compounding challenges from the COVID-19 pandemic

Parent Experiences

In Baltimore, life for a family with young children can feel like riding a seesaw. Parents access their networks to connect with programs and services that will help them raise their children. During focus groups, parents praised the local programs and agencies that lift them up. For every resource or program that works to lift families up, some conditions weigh families down. The rocking of the seesaw can vary by zip code, with some Baltimore neighborhoods having better, more accessible resources and infrastructure than others.

Exhibit ES3 summarizes the factors that lift families up and those that weigh families down.

Exhibit ES3: Factors That Influence Baltimore Families

COVID-19 Pandemic	**Social Services, Housing, and Employment**
• Responding to COVID-19 pandemic setbacks and opportunities	• Bureaucracy and waitlists for public services
	• Inadequate financial resources to raise a family (employment, a living wage, etc.)
Early Childhood and K-12 Education	**Neighborhood and City Development**
• High cost of quality child care programs	• Disparities in neighborhood conditions
• Concerns about K-12 educational options	• Fragmented transportation system
	• Access to family-friendly attractions and events
	• Absence of recreational options for all ages
Health Care and Social Services	**Personal Support System**
• Access to stable medical care and insurance	• Reliance on peer and social media networks
• Lack of family mental health services and programs	• Lack of family-centered support networks
• Failure of programs and services to understand the diverse needs of families	

Recommendations

Ensuring that children enter school ready takes the efforts of a system developed around parent and caregiver needs that can adapt and shift during these unprecedented times. Collaboratives like the Baltimore City ECAC play a vital role in ensuring that there is a strong, accessible safety net of programs and services available to parents and caregivers. The recommendations below are a synthesis of the analysis of the ECCE system in Baltimore City, a review of the literature on strategies for systemic improvement, and parent and caregiver

recommendations. They describe ways the ECAC members can work together to shift power to families, disrupt racial and economic disparities, and advocate for system-level changes.

- **Advocate for and support the child care system as it rebuilds**

- **Help build connections between child care providers and other components of the ECCE system**

- **Continue to strengthen cross-system collaboration by integrating data sharing and health screenings, and agreeing on shared language and assumptions**

- **Elevate parent and caregiver voices and leadership**

- **Help caregivers navigate the continuum of care in Baltimore City (e.g., hire more community health advocates and family liaisons)**

- **Examine ways to use existing funds to create innovative cross-agency programs that support the whole family**

- **Advocate for more collaboration at the state level**

- **Advocate for family-centered budget and policy priorities**

- **Hold accountability to parents and caregivers**

CONTENTS

INTRODUCTION

Background and Purpose

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The Baltimore City ECAC hired Policy Studies Associates (PSA) and Extraordinary Changes to develop a comprehensive early childhood systems report to capture the networks in place throughout Baltimore City that deliver services to children and their families from the prenatal experience to five. Staying attuned to the detrimental effects COVID-19 has placed on early childhood care and education (ECCE) systems—including declining enrollment, increased costs, and widescale closures— PSA analyzed the state of the system examining the "warm handoffs"—the gentle transition of care from one service to another—and gaps between services, to understand the experiences of caregivers navigating the system. Extraordinary Changes conducted focus groups with parents and other caregivers to gather first-hand experiences with the system to inform the analysis.

The purpose of this report is to determine how to better align early childhood system components with each other in a way that works best for the community. This report provides a comprehensive look at the services provided in Baltimore City, the strengths and challenges, parent experiences, lessons from other states and jurisdictions, and recommendations for systemic change.

Methods

To inform the analysis and recommendations of this report, PSA conducted a literature review and interviews and focus groups with 39 ECCE system leaders and service providers throughout Baltimore City. PSA reviewed existing early care reports of services in Baltimore City, provider websites, and publicly available policy reports from other state and national sources. To the extent possible, PSA reviewed publicly available participation and outcomes data on Baltimore City programs and services.

In July-September 2021, PSA conducted interviews and focus groups with ECCE system leaders and providers across a variety of provider types, including home visitors, child care providers, Head Start and Early Head Start providers, and other maternal and infant health and community-based early care providers. A summary of interview and focus group participants, by provider type, can be found in Appendix A.

Interviews and focus groups with system leaders and providers addressed structures, policies, and practices that facilitate or hinder transitions along the early childhood spectrum, alignment of services, and supports for families as they navigate the ECCE landscape. PSA developed semi-structured protocols designed to garner deep and varied perspectives around how providers understand and utilize resources to support their work, and partner with other providers to enhance the experiences of children and families. Questions probed on policies, practices, strategies, and implementation, including enabling factors and barriers. Additionally, the protocols were designed to examine potential inequitable structures or practices with a keen eye toward understanding specific community contexts. Baltimore City ECAC reviewed draft protocols to ensure that questions captured the main concepts the council was seeking to better understand and address.

Working collaboratively with the Baltimore City ECAC, PSA attempted to contact a wide range of providers offering services to children and their families from prenatal to five. PSA reached out to providers recommended by the Baltimore City ECAC Strong Backbone workgroup and providers recommended by focus group and interview participants. While this list is extensive, it is not exhaustive and not all voices are represented. For example, private health care providers and Planned Parenthood representatives are not included.

From June to November 2021, members of the ECAC and Extraordinary Changes invited parents and caregivers they serve to be part of virtual focus groups. Sixteen focus groups were completed involving over 50 parents and caregivers from across the city. Most participants were African American women between the ages of 30-39. See Appendix B1 for additional focus group data. In March 2020, ECAC, Extraordinary Changes, and PSA engaged with parents in two follow-up focus groups to share the study findings and collect additional feedback.

The focus group conversations were designed to establish trust with families, center the voices of parents and caregivers, and seed parent advocates to influence the future work of the ECAC. Parents shared their hopes and fears and described the ups and downs of raising their children. Appendix B-2 lists the organizations and programs families rely on for child care, health care, recreation, social services, and other needs.

Organization of This Report

This report is organized into five main sections. The first section summarizes the Baltimore City ECCE landscape describing how the system works together to serve caregivers and children prenatal to five. The second section describes the strengths and challenges of the system and the gaps that exist. The third section summarizes parent experiences. The fourth section provides an overview of a sampling of other state and city efforts that shed light on strategies and practices that Baltimore City ECCE leaders can consider as they form future action steps. The final section lays out the recommendations for action based on the findings of the literature review, systems analysis, and parent focus groups.

THE BALTIMORE CITY ECCE LANDSCAPE

For over a decade, Baltimore City ECCE leaders have worked steadily to develop a coordinated and more equitable system of care for children prenatal to five. Through collaborations across the city, ECCE systems interconnect in important ways that help improve access to services for children and caregivers. Several coalitions with overlapping membership bridge divides across government, nonprofit, and private sector organizations, creating a strong system of cross-sector collaboration that drives the work of ECCE service provision. This section summarizes major components of cross-system collaboration and the health care, child care, and education landscape serving Baltimore City caregivers and children prenatal to five, and describes the outreach, transitions, and warm handoffs that occur.

Cross-system Collaboration

Baltimore City ECCE leaders have formed cross-system collaborations that bridge components of the ECCE system with each other, forming channels of communication, information sharing, policy development, and service delivery.

For example, the Baltimore Children's Cabinet within the Mayor's Office of Children and Family Success (OCFS) is tackling seven priorities to help improve outcomes for children and families in Baltimore City. Working as a coalition of city agencies and external partners, the Children's Cabinet seeks to:

- Increase early childhood development
- Decrease youth food insecurity
- Decrease youth homelessness
- Increase youth literacy
- Increase trauma-informed care for youth
- Increase youth diversion practices, and
- Break down historical barriers to success for boys and young men of color.

Within the first priority—increase early childhood development—an early childhood workgroup has developed two of the 15 action steps that make up the work of the Children's Cabinet's 2021 Action Plan. The two key action steps target increasing parent engagement in their children's education and producing a report to highlight opportunities to close gaps in services and track trends (Mayor's Office of Children & Family Success, 2021).

The work of the Children's Cabinet and its membership overlaps with and aligns with the ECAC, and both play equally important roles. As part of a broader coalition of city leaders informing the work of the mayor's office, the Children's Cabinet early childhood workgroup can make

policy recommendations that are informed by ECAC's membership of providers focused on needs assessment and parent engagement.

Additionally, through a collaboration between the Baltimore City Health Department (BCHD) and HealthCare Access Maryland (HCAM), HCAM has developed and expanded a coordinated care system for the city's home visiting programs and other services. This system is the first of its kind in Maryland, and one of a growing number of programs across the country (Silow-Carroll & Hagelow, 2010).

Through a collaboration between BCHD, and the Family League of Baltimore (Family League), Baltimore City has created the B'more for Healthy Babies (BHB) initiative that brings city resources to bear to target the infant mortality rate disparities in the hardest-hit areas of the city, giving children and their caregivers the best shot at a healthy start and long-term success as children prenatal to five advance toward school readiness.

Additionally, Baltimore City has a system of smaller, interconnected networks sharing information and linking families to wraparound supports and ensuring that warm handoffs are made between services so that duplication of effort is minimized. Such efforts include the Baltimore City Head Start Collaborative, BabyStat, and the Baltimore City Child Care Coalition, all of which are described in more detail in this report.

Once caregivers and children gain access to this system of care through one of the providers described in this report, they gain access to the networks that can help connect them with the wraparound services they need to thrive. A summary of the key referral hubs and services included in this study are summarized in Exhibit 1.

The Health Care Landscape

Within BCHD, the Bureau of Maternal and Child Health offers a variety of programs and services, including the BHB initiative. HCAM, in partnership with the BCHD, operates a centralized Care Coordination Program connecting Baltimore City residents with Medicaid benefits and referrals to home-visiting services and other supports. Together with a network of federally qualified health centers, private providers, and birthing hospitals, these are the central systems of early care for Baltimore City caregivers and children.

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BCHD Key Maternal and Child Health Programs

BCHD offers a wide range of programs and initiatives that serve all Baltimore City residents throughout their life span. Programs within the Bureau of Maternal and Child Health, summarized in Exhibit 2, specifically address the health and wellness of pregnant and postpartum women and infants, as well as adolescent health and teen pregnancy prevention. Among the range of programs offered, BCHD partners with federally qualified health care centers, hospitals, Baltimore City Public Schools (City Schools), private care providers, and universities to offer a comprehensive menu of services that touch the lives of many throughout the city.

Exhibit 2: BCHD Maternal and Child Health Programs Summary

Service	Provider/Partnerships	Locations	Qualifications
Family Planning and Reproductive Health Clinics	BCHD	East and West Baltimore	Open to residents age 10-50
Infants and Toddlers Program (BITP)	BCHD/City Schools	Personalized services to qualifying caregivers and children	Infants 0-2 with option to extend to 3 or 4; Exhibiting a developmental delay 25 percent or higher
Maternal and Infant Care Program	BCHD/HCAM	Personalized services to qualifying caregivers and children	Enrollment through HCAM using tiered risk assessment criteria
School-Based Health Centers (SBHCs)	BCHD/Baltimore Medical System, Johns Hopkins University (JHU), and Coppin State University	20 school-based sites, including 11 high schools	Open to all students in a school
Women, Infants & Children Program (WIC)	BCHD/Johns Hopkins Bloomberg School of Public Health	12 clinics and five satellite sites (JHU WIC)	Children 0-5; meet **income guidelines;** proof of MD residency

FAMILY PLANNING AND REPRODUCTIVE HEALTH

BCHD operates two family planning clinics serving young men and women ages 25-50 and adolescents ages 10-24. The clinics provide comprehensive reproductive health services, including: contraception and pregnancy testing; STD screening; HIV testing and counseling; substance use, mental health screenings, and referrals; and health education outreach. The clinics are part of the BHB community programs in Patterson Park North and East and Upton/Druid Heights, the primary target neighborhoods of the BHB program.

INFANTS AND TODDLERS PROGRAM

The Baltimore Infants and Toddlers Program (BITP) is administered under the Individuals with Disabilities Education Act (IDEA) Part C of the Elementary and Secondary Education Act (ESEA), reauthorized as the Every Student Succeeds Act (ESSA) in 2015. Children ages 0 through 2 with a suspected developmental delay are eligible for screening and assessment to identify early intervention needs in the areas of speech/language; physical, cognitive, and psycho-social development; and self-help skills (BCHD, 2018). Screenings may be conducted by health care providers as well as at four designated screening locations at Judy Centers throughout the city. Children identified as having a 25 percent developmental delay are eligible for the program. The program

> *"We are in the best possible place because our program resides within the Maternal and Child Health division of the health department."*
> -BITP Director

provided services to 881 children during the state fiscal year 2020 (Campbell, Jones, Weeldreyer, & Minkovitz, 2021), below pre-pandemic levels, according to the director. BCHD manages the program in partnership with City Schools, which provides the services.

Most IDEA Part C programs are managed by the local education agency. Management of the program under the health department rather than the school district is a less common arrangement, but one that is advantageous to the community. Under the management of BCHD, the BITP is more closely connected to other BCHD programs and initiatives where eligible infants can more easily be identified and connected to services. As a part of the Maternal and Child Health division, BITP is closely connected to BHB and is part of the safe sleep campaign.

Outreach. The BITP director explained that the program promotes community outreach and grand rounds to get the word out about the program. They have a presentation for partners and providers to educate them about looking for signs of developmental delays and how to make referrals to the program.

> *"We do outreach. We do grand rounds. I go to hospitals, pediatric groups. We say, 'This is who we are, this is what we do.' And we will really go wherever they have a concern. Whether it's a child care center, whether it's a pediatric practice, we will go in and share how they can make a referral and what the signs are. And we give that overview presentation pretty much anywhere they ask us."*
>
> -BITP Director

Referrals. Among others, BITP partners with Mount Washington Pediatrics, University of Maryland hospital system, and Neonatal Intensive Care Units in birthing hospitals across the city to find potential eligible families. Referrals to the program also come from WIC, which does their own developmental screenings, HCAM care coordination, the Department of Social Services (children who go into foster care get screenings.), BHB, child care providers, Early Head Start, pediatricians, and other maternal and infant (MIH) programs. While City Schools provides most direct services, BITP also partners with the Kennedy Krieger Institute to offer some hearing, speech, and autism services, particularly with Spanish-speaking and Orthodox Jewish communities. Service coordinators are the point of contact for families in the program and, as is possible, the same coordinator works with a family from entry to transitioning out.

Warm handoffs. When children are ready to transition out of the BITP, the program will do a warm handoff to City Schools for children who are eligible to continue IDEA services under an Individualized Education Plan (IEP) in special education. In Maryland, families have the choice to transition to an IEP or continue services under an Extended Individualized Family Service Plan (IFSP) in the BITP program. Maryland was the first state to offer this option in 2010 when it was made available under ESEA, and currently DC is the only other jurisdiction to offer this extended IFSP option (ZERO TO THREE, 2017).

The program director explained that many families choose to take advantage of the extension because they like having the family services in addition to the child services that they would not get with an IEP. The director estimated that almost 80 percent continue with their IFSP for as long as they are eligible.

If children do not qualify to continue on with an IEP, City Schools will help direct families to the Judy Centers if a child and family need continued support:

> *"Our Judy Center staff are alerted if there are families who are within our catchment area, just so that they can also be a resource for families. Because*

sometimes maybe the family doesn't qualify for infant and toddler services anymore, but there are still some things that the family needs support with. We don't want to just drop them off. And again, all of these kids at some point are going to come to us for Pre-K. So we're trying to do a really good job of warm handoffs within the system, so that there is somewhere for students to go to continue their learning"   -City Schools Early Learning Director

MATERNAL AND INFANT CARE PROGRAM

In partnership with HCAM, BCHD provides pregnant and postpartum women with guidance and support throughout pregnancy and infancy, including help with making and keeping prenatal care and pediatric appointments, family planning education and counseling, and referrals to other needed services. Women can be referred to the program through HCAM care coordination central intake (BCHD, 2018).

SCHOOL-BASED HEALTH CENTERS

BCHD partners with Baltimore Medical System (BMS), Johns Hopkins University (JHU), and Coppin State University to operate the city's 20 school-based health centers, including those at the following City Schools high schools: Augusta Fells Savage Institute of Visual Arts, Digital Harbor High School, Forest Park High School, Heritage High School, The REACH! Partnership School, Mergenthaler Vocational Technical High School, New Era Academy, Patterson High School, Paul Laurence Dunbar High School, St. Frances Academy, and Booker T. Washington Middle & High School (Maryland Assembly on School-Based Health Care, n.d.).

The school-based health centers provide a variety of health care services to students, including health and nutrition education; dental, hearing, and vision screenings; vaccinations; primary care referrals; substance abuse services; and reproductive health care. The centers are staffed with a certified nursing assistant and registered nurse. A nurse practitioner may work in the centers 1-5 days a week, depending on school need. The centers can provide STD tests, age-appropriate sex education, and contraception services. The centers try to get in as many males as possible to provide education, and staff say that helps with lowering the teen birth rate. Staff can also make referrals to Planned Parenthood, birthing hospitals, or affiliated clinics with OB services. The nurse practitioners ensure that pregnant teens access care. Through Judy Centers, teen moms can participate in Moms Clubs, meetings where new mothers can share experiences and learn more about healthy pregnancy.

"We want a healthy outcome. We want them to have good prenatal care, deliver as healthy babies as possible, take care of themselves while they're pregnant, and then to learn to be a good parent. And if we can help in that, then we do."
                    -BMS staff

BMS staff say that among the young African American mothers they work with, the most well-known programs are Head Start and Early Head Start; many of the teens participated in these programs themselves. Staffers who work with young immigrant women report that informal child care is prevalent, citing issues of trust.

Staff report that trust is also a barrier to getting adolescent mothers back in school if they don't have a support system or someone of trust with whom they can leave their child while they continue their education. Also, because they are minors, there are legal issues for

adolescent moms to make decisions about applying for programs and benefits for their children. One staff said, "Teen moms need greater awareness of what is available and who is eligible."

The BMS program manager also noted that the library system is a familiar and popular resource for young mothers: "I do have to say, in southeast, the library has been an amazing source of activities and educational information for families."

WOMEN INFANTS & CHILDREN PROGRAM (WIC)

The Baltimore City WIC program provides nutrition assessment and education, including breastfeeding support, and access to healthy food and infant formula for new qualifying mothers and their children. The WIC program can also make referrals to health and other social services. The Baltimore City WIC program is managed by BCHD and Johns Hopkins Bloomberg School of Public Health. Together they operate about 12 standing clinics, with additional satellite locations, including three at Judy Centers and two run out of the Department of Social Services (DSS). BCHD and Johns Hopkins serve different parts of the city. In total, WIC benefits reached 17,308, or approximately 77 percent, of children 0-3 in calendar year 2019, and another 5,702 children ages 3-4 (Campbell, Jones, Weeldreyer, & Minkovitz, 2021).

WIC staff reported that WIC is heavily managed by the state and has strict regulations that determine what WIC staff can do. As such, it is not easy for WIC staff to reach out and partner with other organizations, but other organizations can partner with WIC to make referrals back and forth and offer services at WIC locations. Partners in the community have come up with creative ways to partner with WIC. For example, some interviewees noted that some Judy Centers work with WICs to advertise about their program offerings or serve as satellite sites. The Enoch Pratt Free Library may partner with Judy Centers and WICs to offer book mobiles or set up a literacy corner at the WIC sites, which is part of the BHB initiative.

> "What we have found through our quality improvement work and our fetal infant mortality and child fatality work is that when families are not connected elsewhere, they're connected to WIC. So we feel like WIC is an important place for outreach and linkage to services.... There are many women who may not be connected to prenatal care or other things, but they will get WIC."
> —BCHD staff

WIC receives referrals through an online system, primarily from physicians, but also from HCAM and other BCHD programs. Women can also self-refer. WIC staff indicated that many women know WIC well in the community from word of mouth and from generations of families utilizing the service for decades.

As part of the WIC program, women complete a medical questionnaire to determine eligibility for the program and for making referrals to other programs as needed, including to social services, dental care, pediatric care, or prenatal care. WIC has a list of clinics and a coalition of partners for making referrals, including the University of Maryland, Johns Hopkins Bayview Medical Center, Johns Hopkins Children's Center, Harriet Lane Clinic, Judy Centers, Head Start and Early Head Start, BITP, and other private providers and community organizations. For instance, if there are no records of infant immunizations, the WIC will make a referral to a health care provider. For breastfeeding support, WIC may refer new mothers to a Judy Center.

The B'more for Healthy Babies Initiative

The BHB initiative is a partnership of BCHD and Family League to improve infant mortality in the areas of the city with the highest number of risk indicators. The initiative began in 2009 with a community needs assessment and has blossomed into an information sharing and service delivery hub with over 100 community partners. BHB provides resources and programs on safe sleep, fitness, preventing substance-exposed pregnancies, Baby Basics parenting education, Moms Clubs, and teen pregnancy prevention. BHB has websites and pamphlets of information filled with referrals to resources throughout the city and includes a portal of information for health care providers, educating them about resources in the ECCE system. Program leaders reported that the initiative was intended to target more neighborhoods but only had the funding to support two neighborhoods—Patterson Park and Upton/Druid Heights—with the hope of future expansion.

These locations were targeted for their high infant mortality rates, which have decreased since the start of the initiative. Each location has a clinic that operates BHB initiatives. BMS is funded as the lead agency of the Patterson Park clinic on the east side, and the University of Maryland School of Social Work is the funded lead agency of the Upton/Druid Heights clinic on the west. The clinics are staffed by prenatal case managers and community health workers who do outreach, primarily among African American and Spanish-speaking members of the communities. Community health advocates also extend the reach of the network by connecting with other partners outside of the direct neighborhoods in which they are located

> **Families trust BHB**: *"Because of that BHB connection—because we're incorporated in that campaign—there's a higher comfort level. [Families] know these are the people that get you a crib and can get you diapers. It doesn't seem like we are from DSS. Which, some people feel like, if my child is not on target developmentally, I've done something wrong. And I'm worried that you're going to come into my home where bad things are going to happen. With that BHB network, we're ingrained in the system that's really only offering help and guidance for families. So it's much more easily received from families."* -Early care provider

Activities at the clinics can include, for example, Moms Club parenting groups and baby basics education classes, parent cafés hosted by Maryland Family Network, or nutrition and exercise through B'more Fit for Healthy Babies. Community members can get information on and referrals to WIC, HCAM, and other services.

Individual BHB community locations also have their own collaboratives with local partners in the neighborhood. For example, BMS in Patterson Park partners with Nurse Family Partnership, Healthy Start, Early Head Start, Head Start, Green and Healthy Homes, local neighborhood associations, and Johns Hopkins WIC, among others.

HealthCare Access Maryland

HCAM is a statewide, nonprofit organization that helps Maryland residents enroll in the Medicaid program and connects them with services where they can use their Health Choice Medicaid benefits. HCAM manages the Care Coordination Program, which is the central intake and triage system for B'more for Healthy Babies Initiatives and home visiting programs in

Baltimore City. HCAMs Care Coordination Program started in Baltimore City and is expanding to other jurisdictions in Maryland.

As a coordinating agency with BHB, HCAM contributes to the initiative's safe sleep education and crib giveaways, but its primary function in maternal and infant health is to centrally coordinate referrals to the city's home visiting programs, which are centrally managed by Family League. HCAM can also make referrals to other services, such as WIC, BITP, and programs for treating mental health, smoking cessation, substance abuse, and violence prevention. Understanding that social determinants of health are a factor in the ability of individuals to access care, HCAM is working on expanding its capacity to assist families, enabling them to better access care:

> *"We have a vision that the more we're able to fund and improve the system, the more we will be able to address social determinants of health. So now when they have them, if there are housing resources or food resources or something like that, when they're available, they will definitely link families to those. They also will link them to local pantries or the Stork's Nest where you can get baby supplies. So they will link to those things as well to get help with behavioral health, specialized medical care, mental health treatment, tobacco cessation, domestic violence supports, and so on." -BCHD staff*

How referrals work. BCHD and HCAM staff explained that the main means that women get referred for care coordination is at the first prenatal care visit with their obstetrician, midwife, or other prenatal care provider. By Maryland law, prenatal health care providers are required to administer a Prenatal Risk Assessment (PRA) to all Medicaid and Medicaid-eligible women and submit a form to the Medicaid administrative care coordination unit at HCAM. Staff reported that they estimate that they receive forms for approximately 65 to 70 percent of eligible women. BCHD and HCAM conduct extensive outreach to obstetric providers to improve that rate. They are also working on piloting an electronic version of the **PRA form.** They are working on scaling up the pilot and getting it to more providers, because that will help them submit the form more easily. Health care leaders are also working on increasing completion of the Maryland Postpartum Infant and Maternal Referral (PIMR) form, which is currently optional. More systemic completion of the PIMR form will also help improve referrals for services for mothers and infants with psychosocial risks. Providers can use the form to make referrals for breastfeeding support, crib/safe sleep support, domestic violence, reproductive health consultation, home visiting, housing support, immunizations, infant or maternal medical follow up, mental health, smoking cessation, substance abuse treatment, WIC, or other services.

> *"[Increasing PRA completion] That's a huge, huge initiative of the health department right now. And then after delivery, once the baby's born, the main means of referral is something called the PIMR form. It's the Postpartum Infant and Maternal Referral form. And that is for when mothers have psychosocial risks, or the baby has health or development needs. That form doesn't have the same law behind it. So, that's an initiative of ours, too. We want to require that PIMR form. These are statewide forms that were developed by the Maryland Department of Health, but we want to make sure that one is required as well."*
>
> *-BCHD staff*

Outreach. HCAM has three types of staff that work with families to connect them with care coordination: care coordination associates, pregnancy engagement specialists, and community health advocates. Traditional outreach occurs through care coordination associates who contact referred women and connect them with services. Care coordination associates work with managed care organizations (MCOs), health care providers, WICs, and the online self-referral system to connect with and follow up with referrals. The care coordination associates administer the PRA if it has not been done already. They then make referrals to home visiting programs or other services using tiered risk criteria, help explain health care options, and walk women through the processes. Care coordination associates provide safety education (informing women about crib access and BHB safe sleep resources), and information about sudden infant death syndrome (SIDs), dental coverage, and how to access Amazon grocery assistance using EBT debit cards. If women do not qualify for one of the home visiting programs, they may be referred to Baby Basics, a Judy Center, or bereavement services for miscarriages.

To cast a wider net and find women who were not getting referred, HCAM hired pregnancy engagement specialists. Pregnancy engagement specialists reach out to women in non-traditional ways; for example, by visiting WICs and emergency rooms in large birthing hospitals, such as Mercy Medical Center, to enroll eligible women directly into care coordination. One pregnancy engagement specialist said WIC is a "popular place to find people you can't find otherwise."

With funding from Family League, HCAM has added five community health advocates who are embedded in five Judy Centers throughout the city. These community health advocates visit with women in Judy Centers, communicate with Judy Center staff, attend and help coordinate events such as diaper distributions, and lead workshops on topics such as Adverse Childhood Experiences (ACES), mental health, food insecurity, and infant nutrition. The community health advocates have had success reaching eligible women through the pregnancy engagement specialists and community health advocates and have been able to increase follow up on referrals through in-person outreach at these trusted locations. Should funding allow, HCAM would like to add seven additional community health advocates to have one in each Judy Center in the city.

In the long-term, HCAM and BCHD leaders would like to be able to expand the care coordination of services to include referrals to child care and other programs, creating a more universal support system for children and families.

Home Visiting

Home visiting programs are voluntary programs led by case managers, social workers, or nurses who visit families in their home and provide support services to new mothers and their infants. There are primarily five home visiting models operating in Baltimore City (Exhibit 3), though Family League now also runs a Parents of Preschool Youngsters (HIPPY) home visiting program. Family League is the lead agency that coordinates home visiting programs in Baltimore City. Working in collaboration with BCHD, Family League worked to get home visiting providers in the city to collaborate and agree to serve a subset of census tracts in the city to ensure equity in the system and ensure that all census tracts are covered by home visiting services without duplicating efforts. Providers agreed to collaborate and not compete with each other for clients (Kavanaugh, Aledo-Sandoval, & Moses, 2015).

Spotlight on Healthy Start. Healthy Start has been in Baltimore City since 1992. The program touches 35 different census tracts and provides home visiting for pregnant and postpartum women. The program provides comprehensive case management, parenting classes, and prenatal stress reduction, among other services. Healthy Start hires trusted community members as recruiters for the program. Upon graduation from the program at 18 months, the program conducts warm handoffs of participants to the local Judy Center. Healthy Start partners with the Commodore John Roger Judy Center located down the street from the main location. The program conducts developmental screenings of infants and refers them to the Infants and Toddlers program, if needed.

HCAM coordinates central intake for referrals to home visiting programs using the PRA form. Given the limited spots in home visiting programs due to the number of home visitors and their caseload capacity, HCAM uses a four-tier hierarchy scale for risk factors associated with poor birth outcomes to assess and assign pregnant women to home visiting services (BCHD, 2011). Providers throughout the city complete an online referral form that feeds into an HCAM data system. HCAM is working on coordinating their data system with the home vising system, but they are not currently set up for data sharing between HCAM and home visiting programs. Home visiting providers participate in monthly meetings to share updates, strategies, successes, and data. The group is called BabyStat and includes Family League, BCHD, home visitors, and other stakeholders. All training for home visitors is coordinated through Family League and all providers have agreed to deliver the national evidence-based curriculum from the national home visiting model Healthy Families America.

Exhibit 3: Home Visiting Program Summary

Home Visiting Model	Eligibility Requirements for Mothers	Program Description	Implementing Agencies
Healthy Families America (HFA)	Tier 1: Previous poor birth outcome Tier 2: High-risk medical condition; early or advanced age Tier 3: Low-risk medical condition Tier 4: Presence of psychosocial risk factors	HFA is a national home visiting model that uses paraprofessionals as home visitors. HFA states its primary goals as promoting positive parenting, enhancing child health and development, and preventing child abuse and neglect.	DRU/Mondawmin Healthy Families, Inc. Sinai Hospital of Baltimore, Inc. Family Tree
HFA HOPE	Women who have had a fetal or infant loss within the past 12 months	Bereavement support for women who have had a fetal or infant loss within the past 12 months.	Roberta's House/Family League of Baltimore
Nurse Family Partnership (NFP)	First-time mothers and less than 28 weeks gestation at time of referral	NFP is a widely implemented home visiting model that uses nurses as home visitors. NFP is intended only for low-income, first-time mothers who receive an initial home visit no later than the end of week 28 of pregnancy.	Baltimore City Health Dept
Healthy Start (HS)	Women who reside in Healthy Start census tracts with infants up to 18 months old.	HS is a national home visiting model that also uses paraprofessionals as home visitors. HS states its primary goal as reducing infant mortality, with an explicit focus on increasing the likelihood of women having full-term infants given premature birth's strong association with infant mortality.	Baltimore Healthy Start
Family Connects Maryland	Women who deliver at Sinai Hospital can enroll up until the baby is 12 weeks.	Short-term, three-visit intervention	Family Tree

Other Services

In addition to BCHD programs, BHB, and home visiting, Baltimore City residents have access to maternal and infant care services and supports from federally qualified health centers, birthing hospitals, and private providers. Each of these providers may offer prenatal care, postpartum care, pediatric care, doulas, and/or breastfeeding support. City agencies such as DSS and community-based organizations also play a role in offering programs, partnerships, and wraparound support. Primary care providers are summarized here. See Appendix A for a table with descriptions of other support organizations.

Federally qualified health centers. Federally qualified health centers are community-based health care providers that receive funds from the federal Health Resources & Services Administration (HRSA) Health Center Program to provide primary care services in underserved communities. The largest providers in the city are BMS and Total HealthCare, both of which have six locations in the city. These clinics provide medical care services to uninsured and Medicaid patients, including referrals to HCAM. A full list of providers can be found underline on the BCHD website.

Private physicians, pediatricians, doulas, and lactation consultants. Within the network of health care providers, private providers are connected to and informed about BCHD maternal and infant health services and initiatives through outreach and information sharing with professional association networks, such as the American Academy of Pediatrics, partnership with BCHD programs and initiatives, and hospital affiliations.

> **Baltimore Medical System—Serving the uninsured:** *"Most of the immigrant population we serve are uninsured. So one of the things that we do and have at our Highlandtown care clinic, we have health benefits advisors (all federally qualified health centers are supposed to have them) that help people look for benefits. We assist any uninsured pregnant woman in filling out an application for emergency medical assistance that's going to cover the labor and delivery costs. And then, of course, all our other services are on a sliding-fee scale."* -BMS staff

Private providers can choose to participate in programs that serve Medicaid-eligible patients, but participation is voluntary, and some services may not be covered through Medicaid. For example, doula services have historically not been covered by Medicaid, but reports from BCHD staff indicate that the state policy may be changing: "Maryland just decided doulas can be covered through Medicaid, so doulas who elect to participate in reimbursement will be part of the referral system. Right now, there is nothing that organizes the doulas in the city."

Child Care and Education Landscape

Child care and education are important components of the ECCE system. In Baltimore City, there are few options and limited capacity to serve infants and toddlers and more options for the city's three- and four-year-olds. The child care landscape overall is highly inequitable. Child care deserts exist in the lowest-income neighborhoods in the city and the challenges have only been made worse by the COVID-19 pandemic. Early Head Start and Head Start options are at

capacity at most sites with long waitlists. Options are most robust for four-year-olds, all of whom are eligible to participate in the city's universal Pre-K program. Many of these educational supports and services along with health care and other social supports and services for families come together at Judy Centers, which are a popular and trusted resource in their communities. This section summarizes these key programs and services in the city, how they connect with each other, and how caregivers find them.

Child Care

A recent report from the Abell Foundation showed that Baltimore City had an estimated number of licensed family-based and center-based care slots (inclusive of Head Start and Pre-K) for approximately 19,947 children ages 0-4 as of November 2019. This number was estimated to cover 48 percent of children 0-4 in the city and 12 percent of infants (birth to 2) (Holleman, 2021). Interviews for this study support the findings in the Abell Foundation report that indicate that child care in the city, particularly for infants and toddlers, is hard for families to find, access, and afford. This section of the report summarizes the provider's perspective on how families find and access child care for their young children in the city.

> *"Prior to COVID, we were pretty much fully enrolled. Some of our centers had hundreds of people on the waiting list. There's a real desert of child care in Baltimore City, especially our infant programs. There's a lot more options for preschool. Our infant programs are usually full and usually have extensive waiting lists. For preschool, there's a lot more options in this geographic area. But we do end up referring people to LOCATE: Child Care if we cannot meet their needs."*
>
> -Child care provider

LOCATE: Child Care. The Maryland Family Network hosts LOCATE: Child Care. LOCATE: Child Care is a telephonic-based referral system for families to receive consultation to find child care, afterschool care, private and nursery school programs, and Head Start programs. LOCATE: Child Care counselors educate caregivers on what to look for in a provider and how to find a match based on criteria preferences (e.g., location, family-based care, center-based care, etc.). Providers have to periodically update their own information and vacancies in the system to participate. LOCATE: Child Care is one of the best means of marketing a program in the city, especially for family-based child care providers who often can't afford to advertise their programs through other means. In interviews, all providers included in the study said that they used LOCATE: Child Care and that some families do find them through that service.

Word of mouth. Providers all mentioned that word-of-mouth was how many families found them. Providers often "build up a presence in the community" by doing outreach; from putting

The Baltimore City Child Care Coalition. The Baltimore City Child Care Coalition was established in 2015 and functions as a platform for advocacy and educational training for child care providers. The Coalition President shared that the coalition was formed for providers to *"be a part of policymaking when it comes to policies regarding child care centers in Baltimore City."* Members meet monthly and have opportunities to voice concerns and work towards solutions with community partners, the MSDE, and legislators.

up yard signs, to distributing flyers door to door or at churches and local businesses, such as libraries and grocery stores. Center-based sites with greater capacity can sometimes afford to have a website or purchase radio or local newspaper announcements. Tech savvy providers might advertise through social media. Generally, though, providers said that families report finding them through referrals from trusted friends and family members, which was also a finding in the 2020 Baltimore City ECCE Landscape Analysis (Strategic Thinking for Social Change, 2020). And in some cases, especially with Head Start, many caregivers participated in the program they selected for themselves as a child. For example, one provider shared, "We have a long-standing reputation in the community, and people know us. My parents do a lot of word-of-mouth referrals. And we have generation after generation of children that have come back as well." Another provider shared that she used to work in the local Head Start program and that families knew of her from the local elementary school and Head Start where staff know her and refer to her.

Early Head Start/Head Start

As of the 2019-2020 school year, Early Head Start and Head Start served 3,117 children in the city at 60 locations, 32 of which were co-located within City Schools buildings (Baltimore City Head Start, 2020). Three hundred sixty-two of those slots are for Early Head Start, accounting for 11.6 percent of all slots. Early Head Start and Head Start provide children who are low-income eligible with comprehensive early childhood development and provide families with access to health and social services through referrals and partnerships. Programs may also offer GED and English language classes among other supports for families. For example, the Catholic Charities partners with the Maryland School of Social Work to conduct health screenings of children and provide services to families.

Early Head Start serves children 0-3 and Head Start serves children 3-4. The Early Head Start director noted that locations are primarily on the west side of the city largely because of space. The Early Head Start federal requirements for the physical space of an Early Head Start center are strict, making finding locations that meet the guidelines difficult and expensive. The director noted that more locations are needed in East Baltimore.

Collaborations. Early Head Start works closely with BITP. At least 10 percent of Early Head Start and Head Start enrollees are required to be students with disabilities, but Baltimore City Early Head Start enrolls approximately 80 percent of children on IFSPs.

In 2013, the Early Head Start and Head Start providers in the city (Maryland Family Network, Catholic Charities, Baltimore City Mayor's Office of Children and Family Success, Saint Vincent de Paul, and the Y in Central Maryland) came together to form the Baltimore City Head Start Collaborative. The Collaborative centrally strategizes operations and the sharing of resources in the city. Additionally, BHB and City Schools are part of the collaborative.

Early Head Start to Head Start warm handoffs. With the Head Start collaborative strongly in place, warm handoffs between Early Head Start and Head Start are seamless. As a collaborative member noted, "Our case managers know their case managers. So, for instance, if there's a child in Cherry Hill, who's in Early Head Start, and they're getting ready to turn three, the case manager will meet with the family. We'll talk about what they want to do and will determine which Head Start site would be the closest one to their home. Then they'll call our case

manager and say, 'I have a family who's interested in this,' and refer them. They'll all meet together, and the parents will sign a release of information for stuff to go back and forth."

Transitions to Pre-K. While the leaders of the Head Start Collaborative do work with City Schools to encourage families to transition four-year-olds to Pre-K, the transition is not always smooth. Although transitioning four-year-olds to Pre-K from Head Start is a position advocated for by Head Start leaders, City Schools and Head Start leaders noted that some families are reluctant to leave Head Start after they have secured a slot, stating a preference for the wraparound supports they get from Head Start that they would not get from public school—much in the same way that most BITP families prefer to extend their IFSPs if they qualify for the extension rather than transitioning their child to an IEP. Also, not all Head Start teachers and staff are convinced that the public Pre-K program is the best environment for all four-year-olds and their families, some of whom they believe may still benefit from their services. For example, one Head Start provider stated:

> "Sometimes there's a family who is very comfortable with us, and says, 'I don't want to go'; or they may be getting some wraparound services from us that they may not be able to get at the public-school level, because Head Start does some really in-depth family services. And while family engagement is certainly growing in the public school system, that has been a big component of what we do for a long time. And some families are very comfortable with that, especially when you're looking at a child with special needs. Because then the number of hours of services a child gets may change dramatically from the Head Start program to the public school program, and they may want more of those services for longer."

City Schools Pre-K

MSDE reported that City Schools served 6,137, or 71 percent of four-year-olds in 2019-20—the seventh highest proportion of Pre-K enrollment in a district in Maryland (Ready at Five, 2020). A recent MSDE publication also showed that there are 107 public Pre-K locations in the city (Maryland State Department of Education, 2021). At the same time, Baltimore City youngsters also score among the lowest districts in the state on the Kindergarten Readiness Assessment (KRA)—second to Prince George's County. Thirty-seven percent of Baltimore City Kindergarteners demonstrated readiness on the KRA in 2019-20—10 percent below the state average. MSDE data also showed that children who participated in the City Schools Pre-K program attained the highest readiness scores on the KRA, excluding nursery programs (Strategic Thinking for Social Change, 2020).

The City Schools Early Learning Director shared that there is capacity for more four-year-olds in Pre-K across the city and that some locations are more utilized than others. The 2020 Landscape Analysis conducted for the Baltimore City ECAC indicated that district schools in some of the poorest neighborhoods are among those Pre-K programs that are under-enrolled (Strategic Thinking for Social Change, 2020). The Early Learning Director also shared that individual schools have been working hard to increase their presence in their communities, and the district is encouraging the outreach to foster stronger school-community relationships. Still, some caregivers are reluctant to enroll their children in City Schools Pre-K and prefer to keep their children in other educational settings, such as Head Start or child care centers that have a preschool component. There is some tension in the system in determining

what is the best setting for four-year-olds, which may contribute to the reluctance of some families to make the transition to Pre-K, and for some Head Start and center-based providers to encourage it.

Challenge: Tension between early childhood pedagogy and K-12 pedagogy. *"When you make it public schools [that] provide those preschool services, the problem is that you get pushed-out curriculum. And what that means is, curriculum and pedagogy that is developed for elementary-age children gets pushed down to the early childhood years. We see it in kindergarten. I saw it with my own children and grandchildren. You see kindergartens that look much more like a fourth-grade or third-grade classroom than look like a three-year-old classroom. And now that we're going into public Pre-K, we're seeing the same thing. We're seeing four-year-olds put into a group of four desks sitting together and having worksheets, or smart boards, or they're not up and moving."* -Child care provider

"In Pre-K, we have fought very hard for a cultural and instructional shift to purposeful play; because that is really how children learn best. So, while we have worked hard for this in Pre-K, often there is a disconnect with Kindergarten as the focus becomes much more rigorous on literacy skills. Research tells us that Kindergarten should actually look more like Pre-K (centers, hands-on learning, play-based) but that is often the first thing that gets cut."

-City Schools Early Learning Director

Judy Centers

Since 2000, the Judith P. Hoyer Center Early Learning Hubs, or Judy Centers, have provided wraparound supports to Maryland children ages 0-5 and their caregivers using a two-generation approach. There are currently 12 Judy Centers in Title I schools throughout Baltimore City—the most in any county in the state. Any child and caregiver living in the catchment area of the school is eligible to participate.

Judy Centers have 12 components of service delivery they are required to implement. Examples of services offered include case management, health screenings, parent education classes, breastfeeding support, mental health support, diaper giveaways, adult education, GED support, and ESL classes for English speakers. The Judy Center Director described the centers as a "support mechanism for early learning and wraparound services for the whole family to ensure early childhood readiness."

"They really are about combining family engagement with school readiness in a way that if anyone could come up with what their perfect school would look like, it would look like this. Kids are learning, but, also, whatever families need to be successful is also addressed. That's what happens in the Judy Centers, which is why I think they are so successful."

-City Schools Early Learning Director

Judy Centers work extensively with partners in their neighborhood communities, and with HCAM, BHB, Head Start, City Schools, WIC, health care providers, and more, to bring services directly to families and connect them with resources. Judy Centers also work with center-based

child care programs to make child care referrals for families. The Judy Center director shared that they may make connections to child care facilities through those that may be known to them from the elementary school because those child care providers offer aftercare for school-age children.

Judy Centers have family support coordinators on staff at each location. Family support coordinators conduct outreach to families and act as the liaisons between partners and the community, ensuring linkages are made to support families. As previously mentioned, HCAM has five community health advocates funded by Family League working directly with Judy Centers to connect families with health care and referrals to services.

Judy Center family outreach coordinators do community outreach through events and handing out flyers door to door, visiting churches and libraries, working with partner organizations, and posting on social media. All 12 Judy Centers have a social media presence on Twitter, Facebook, and/or Instagram.

"Our Head Start is co-located with a Judy Center. So when we have monthly Head Start Collaborative meetings, representatives from the Judy Center come. And people from our programs sit on their boards. So we know them and we refer. Our MOU says, among other things, that we will refer back and forth."

-Head Start provider

Warm handoffs, Local Judy Centers have partnerships and Memorandums of Understanding (MOUs) in the community with child care providers and Head Start providers. They refer caregivers to those services and the providers make referrals to Judy Centers. Additionally, two Judy Centers are co-located with Head Start centers in the host elementary school and three Judy Centers host WIC satellite locations.

Connections with WIC: *"We come in to work with the moms and the children around nutrition. We've had a good partnership with the Judy Centers. In fact, we had a short-term satellite at one of the Judy Centers over at Moravia Park, which worked out pretty well. Most of the participants in this site, though, were already enrolled in the WIC program, and were already receiving services at a nearby WIC site. So we would go in to do outreach and participate in their educational events, which, I'd love to continue to do that."*

-WIC staff

Parent Hopes, Dreams, and Beliefs

In focus groups, when asked, "What are your hopes for your child's future?" parents and caregivers described high expectations for their children's future. Their comments included desires for health and wellness, choice of career, and financial stability. When describing aspirations for health and wellness, parents described what it means for their child to be healthy, physically and mentally. One parent said, "[My] hopes and dreams are for him to continue to grow at his own space, not worried about milestones. Get him in his age range or as close as possible, want him to grow up into a child who is socially and emotionally

intelligent." This sentiment was echoed by another parent who added a hope that "her kids [are] culturally aware of [their] Nigerian background and other cultures. They are curious, emotionally intelligent, rooted in their faith."

Furthermore, parents want their children to carry on their family values, contribute to society, speak up for what they believe in, and fight for it. Parents frequently commented on a desire for resiliency for their children against the setbacks that may come at them as they grow up. A parent shared, "I grew up in a culture where the child was supposed to be quiet, seen, not heard.... I am trying to raise my kids different. Don't want to stunt their growth or personality.... [I] want them to grow up how they want, with discipline, of course, [I]want them to enjoy life and do things they want to do."

Aspirations for a healthy and moral future are connected to hopes for their children to thrive and become independent and happy. As one parent shared, "Today my child said 'When mom has my brother, I am going to be his doctor. Gonna make sure he is safe, not sick, doesn't get hurt, that's your job.' She says a lot, wants to be a dancer, wants to be a pastor, her mind is continuously rolling with what she wants to do with her life. My job is to push her and let her know I am there with her, I can only help as much as I'm able to and she has to do the rest." Ultimately, they expressed a desire for their children to have a future better than their own that includes quality education, a career they choose and like, financial stability, and a life away from violence, racism, and prejudice. Parents shared the following:

- *"Through everything going on in the world today. There are a lot of setbacks for kids growing up. I want him to be the best he can be with all the tools he has."*

- *"It's a blessing to be in this country because they have so many opportunities that I didn't have any idea that we could have back in our country. To move forward and do something we dreamed of at some point but because of difficulties, we weren't able to achieve."*

- *"My hopes and dreams for his future are that he has all the support that I can't give him because I'm not a formal educator. For him to do his best in life. I don't want him to fall under the treatment of a statistic being a young black boy in Baltimore City. I do everything I can to be there to support his future and make sure he has the same opportunities as anyone else in another location or more fortunate."*

Parents named access to a reliable, trusted support system as an important factor for their family success. Grandparents, godparents, church parishioners, and other parents were identified as members of a parental support system. One parent shared how their support system comes together to help their child with school, "We have an amazing support system, my mom, sister, her dad, grandma.... If we all come up with a plan to help her with one thing, we plan together. It works for her. It might not work for other students, but it works for her. Sticking to it and not letting her get discouraged."

Connecting with an early child care provider, medical provider, or counselor brought relief. "I can honestly say that everything has worked out now that I found [a] therapy spot. They are awesome. I had a lot of people call and ask me to do a bunch of surveys and questions, it wasn't anything that was needed for my grandson. Took a while to get there, it took a lot of effort and work to get to a place I like," shared one grandmother about the added support she received. Furthermore, being connected to one provider or agency helped families access other supports. One parent shared, "It's a good idea to get involved in some of these schools when you can, sometimes they connect [you] to resources...."

When asked what's working for their family, parents described what it takes to raise a child in Baltimore City. They shared the following examples of when they feel most successful as a parent or caregiver:

- *"I wake up and I feel successful. I'ts crazy because you don't have a choice but to wake up and feel successful. If you don't then who is going to take over for them.... As long as she's nice clean, fed, hair is done, if you can't say anything negative about her, then I've done my job."*

- *"My child wakes up a happy person, smiling. When she has that smile on her face, I know that we've prospered to live another day. Her seeing me struggle, she will never see me struggle or the hurdles that I have to go through on a daily basis⋯my goal is to know that she has a smile on her face every day."*

- *"I wasn't taught how to be a parent. I grew up in the system, I didn't know what it was like to have a parent. Me having a horrible pregnancy, a premature son, staying in the hospital for three months, my son in the NICU for six months. I felt like I raised and nourished my son back to health, and everyone always tells me how good of a mother I am. I have an ill son but if you looked at him, you wouldn't know it. I take pride in that and how I care for my baby."*

These moments of success and self-reliance are coupled with periods of high stress and isolation. Parents outlined how the demands of parenting can be overwhelming for anyone, especially for parents without a support system. When asked, "What keeps you up at night?" parents shared the following:

- *"The violence keeps me up at night. My kids are heavily involved in youth sports, seeing the news, and that things can happen at any given time. What if we are at a football game and something happens? Or kids playing a sport and getting hurt? I worry about that. And keeping them grounded. Not to look at everything they see around them, stay focused on their task at hand, not just what their friends are doing. We are away from our kids for 12 hours a day. Are they smoking or stealing? Am I raising them right? I question those things that I did."*

- *"Unfortunately, we live in an unjust world. Raising black boys who become black men has caused its own set of anxieties.... That's what I'm more nervous about. What am I doing? Am I doing something that is going to make him successful and confident? That's what makes me nervous, seeing how this world [is now]. How are my kids going to deal with this?*

Parents described functioning in fight-or-flight mode, going through periods of depression and anxiety. During the focus groups, they expressed the need for a way to connect with other families and access the programs and services that will expand their support system, provide them with respite, and help them raise their children.

During the focus group conversations, parents revealed their beliefs and assumptions when describing whom they trust, what they value in a service provider, and how they experience Baltimore City. Some examples of their beliefs and assumptions are listed below:

- Politics in the school system favor some over others. Public schools are being treated as businesses.

- Doctors don't respect parents. Parents have unanswered questions and feel ignored.

- Providers assume that parents don't know what's happening with their children or that they are overreacting.

- Racism, police brutality, and systemic oppression are at the root of the barriers families face.

- The city doesn't care about families. Things are better for families in the County.

Deeply held assumptions, attitudes, and beliefs can influence the behavior of parents and the providers who serve them.

SYSTEM STRENGTHS AND CHALLENGES

As summarized in the previous section, the Baltimore City ECCE landscape has a variety of programs, services, and initiatives for children prenatal to five and their caregivers. However, the extent to which families can identify, access, and participate in these programs and services varies based on a variety of factors. This section outlines the strengths and challenges that facilitate and hinder families' ability to successfully navigate the ECCE landscape.

Strengths

The Baltimore City ECCE system has many strengths that serve families well:

- The ECCE system has strong cross-system collaboration.
- Baltimore City has a centralized intake triage system for care coordination that connects caregivers with home visiting and other services.
- The system has many two-generation programs that serve children prenatal to five together with their caregivers, linking them to other needed wraparound supports.
- Many of the systems' programs are co-located, increasing the opportunity for warm handoffs and closing gaps in the system.
- Program leaders anticipate growth in critical service areas.

Strong Cross-system Collaboration

The Baltimore City ECCE ecosystem is robust with strategic partnerships that bring resources, programs, and initiatives together to work effectively for families. As mentioned previously in this report, Baltimore City has the Baltimore Children's Cabinet, ECAC, B'more for Healthy Babies, Head Start Collaborative, BabyStat, and the Baltimore City Child Care Coalition, among other neighborhood-based formal and informal partnerships. Together these partnerships bring together government, nonprofit, education, health care, child care and community-based organizations with a common mission to increase health, wellbeing, and school readiness outcomes for Baltimore's children and families. The interconnectedness of many parts of the system ensures that warm handoffs are occurring.

However, the extent to which ECCE providers in key service areas are connected varies. For instance, the BITP, Judy Centers, HCAM, WIC and Early Head Start/Head Start are well connected with each other and with external supports, while child care providers—both center-based and family-based—have fewer connections to other providers in the city. Exhibit 4 summarizes the primary referrals and warm handoffs that occur among key ECCE providers. While there may be

more connections that exist than what is shown in Exhibit 4, the extent of those connections are unknown from this study.

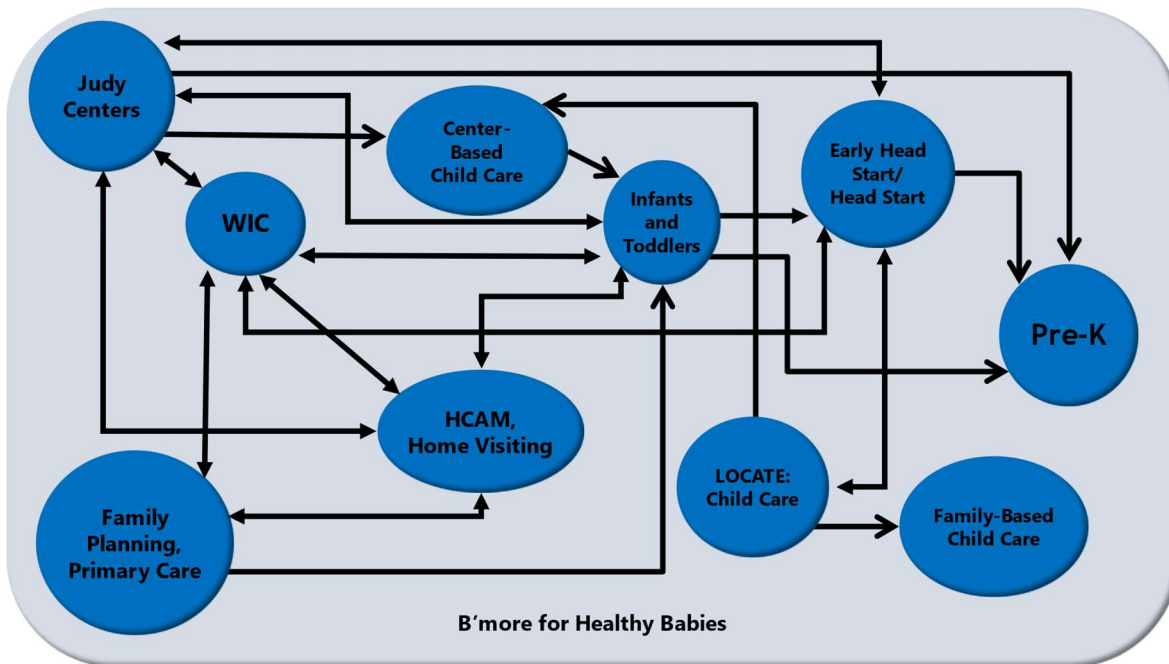## Exhibit 4: Referral and Warm Handoff Pathways

Exhibit reads: Judy Centers refer children and caregivers back and forth between Early Head Start/Head Start, the Baltimore Infants and Toddlers Program, WIC, and HCAM. Judy Centers also refer children to center-based child care and Pre-K.

From the research—Benefits of effective cross-system collaboration.

Zero to Three assessed effective cross-system collaboration from examples across the country and determined the following factors to be the greatest benefits:

- Strengthens referral pathways, leading to more children and families receiving services they need

- Increases the quality and efficiency of programs and services

- Integrates developmentally appropriate services into settings where families already are

- Increases convenience for families to access multiple services in a single location

- Meets the needs of adults and children at the same time; and

- Targets multiple barriers that families face (ZERO TO THREE, 2019 January 8a).

Benefits of the Head Start Collaborative.
"We try to leverage training, funding, information, and data management. As a group, we meet monthly, sometimes more. We've broken up into areas of the city. It's kind of complicated, but it's a neat way to do things because there are a lot of economies of scale. We can have a broad variety of resources that we can manage while still maintaining the individual programs. And we can learn from each other. If there's something great that's really working, we're able to share that. If something's not great, we can share that too. It's been a really good model. It also gives us more power."
        -Head Start Provider

Centralized Care Coordination Program

As previously noted, HCAM's centralized Care Coordination Program is an asset to the ECCE context in Baltimore City. HCAM has extended its care coordination work to Carroll County, but is, otherwise, the only such system in Maryland. Findings from a report from the Commonwealth Fund conducted in 2010 suggests that HCAM's practices of care coordination are in many ways aligned with best practices nationally. The Commonwealth Fund study assessing lessons learned from state care coordination models across the country found common themes of best practices across systems that align with HCAM's practices, including:

- Maximizing efficiencies through shared resources

- Leveraging existing systems and creating partnerships

- Placing trained staff in community and care settings to fill gaps in care coordination outreach and knowledge

- Making funding and sustainability a priority; and

- Engaging pediatric practices through education feedback and ongoing support (Silow-Carroll & Hagelow, 2010)

HCAM's goal to continue expansion of the care coordination system and create a centralized hub of coordinated care with even more services and child care is a step in the right direction toward improving the system.

Two-generation Approach to Care

The Urban Institute defines a two-generation approach to service delivery as targeting low-income children and parents from the same household, combining parent and child interventions to interrupt the cycle of poverty (Urban Institute, n.d.). Many of the programs in Baltimore City summarized in this report (e.g., BHB initiatives, BITP, Early Head Start and Head Start, home visiting, Judy Centers) are designed to serve the family using a two-generation approach, giving families the best chance at attaining stability and having their needs met so that they can focus on building a brighter future for their children.

> *"The biggest differences between [Head Start] and private child care is our emphasis on working with the whole family: the case management, the resources, and the supports that we're able to provide because of funding from the feds. That additional support that we're able to give those families. Child care programs offer quality care for children so parents can feel comfortable that their children are in good care—but we go to that next level of really trying to work with the entire family and offer the social services. It's part of the commitment of what we do to really serve the entire family."*
>
> -Head Start Provider

Co-location of Sites across Providers

Several of Baltimore City's ECCE providers, particularly early learning providers, have co-located sites. The co-location of sites can have many benefits for programs and families.

Spotlight on The United Way Neighborhood Zone. The United Way Neighborhood Zone is a national program of the United Way that develops social, economic, and educational advancement programs tailored to the input and needs of the communities in which they serve. The United Way Neighborhood Zone has two locations in Baltimore City—one in Franklin High School in the Brooklyn neighborhood in Southeast Baltimore, and one at Excel Academy in the Poppleton neighborhood in West Baltimore. The Neighborhood Zones in Baltimore City are a two-generation program that include an on-site Family Center with full-time child care for student parents while they finish school.

The Family Center at Brooklyn serves up to 18 parents with their children. The children range from eight weeks to four years. Teen moms participate in Baby Basics and attachment-based activities, and social work interns do direct clinical service with parents and children when possible. They work with the young mothers on planning education and career goals for their future, their parenting, and other individual goals. Each mother has a treatment plan to determine specific services. The program offers these young mothers other wraparound supports with employment, housing, and access to healthy food and transportation through other United Way programs.

Family Center program managers are connected to BabyStat and have the information to make referrals to HCAM to help these mothers access home visiting or health insurance assistance. The program manager also helps with transitioning children to Pre-K. The Benjamin Franklin program is also closely connected to the Judy Center located at a nearby elementary school. The United Way of Central Maryland reports that 70 percent of teen parents at the Family Center graduate high school, compared to 40 percent of teen parents nationally (United Way of Central Maryland, n.d.).

For providers, co-location can mean reduced overhead and facilities costs. For families, it allows them to potentially keep siblings together at the same site, making it more convenient for families and adding a level of comfort.

As mentioned previously, there are many connections made between programs through the co-location of sites. For example, two Judy Centers are co-located with Early Head Start centers, all Judy Centers are co-located with Pre-K, some Early Head Start sites are co-located with Head Start, and 32 Head Start centers are co-located with Pre-K. These co-locations are advantageous in that they deepen relationships and community trust over years and enhance the warm handoff transition between programs:

> *"When children leave us, we literally walk them through how to apply for Head Start and move into a Head Start center. I mean, quite literally, oftentimes, taking them on trips to the Head Start program [from the Early Head Start program] and a figurative and literal handoff. The other thing that we really like to do where possible is to co-locate with Head Start so that families that have multiple children can bring both their Early Head Start child and their Head Start child to the same spot, or a child can start with us and just remain in the same site for several years, which, parents really like. So we are co-located with Head Start in a number of places around the city, which is great. And as we move forward and look for potential sites, that's in the back of your mind."*   -Early Head Start Provider

Projected Growth in Critical Service Areas

With anticipated increased funding for early childhood education from the **Blueprint for Maryland's Future Act**, and stabilization grants for the Child Care and Development Fund from the American Rescue Plan Act, ECCE providers in the city felt hopeful about being able to expand services. Specifically, providers hoped to be able to increase Early Head Start slots, increase the number of Judy Center locations, and continue to expand and build on the HCAM Coordinated Care Program. The possibility to serve low-income three-year-olds in the city preschool program and expand infant and toddler services may also be on the horizon through the Blueprint for Maryland's Future Act. ECCE leaders will need to think strategically about where to target resources to best meet the needs of families and fill gaps across the ECCE spectrum.

Gaps and Challenges

Baltimore City's ECCE system has a solid foundation on which to grow. However, systemic gaps and challenges remain that prevent many families from accessing this network of care in the first place. For example, there are still 11.7 percent of adults 18 years and older with no health insurance and 4.4 percent of children under 18 years with no health insurance. Also 45.3 percent of women receive no prenatal care in the first trimester (BCHD, 2017) and 30.3 percent of children under age 6 live in poverty in Baltimore City (Campbell, Jones, Weeldreyer, & Minkovitz, 2021). Addressing systemic challenges will be a necessary step to increasing access to Baltimore City's ECCE system.

Six themes emerged in interviews and focus groups on challenges and barriers preventing children and caregivers from accessing services:

- Limited capacity in key programs and services
- Child care sustainability, access, and affordability
- A growing Latinx immigrant community in areas of the city that need additional support
- Complex systems, requirements, and documentation create stigmas and barriers
- Unmet food, housing, and transportation needs
- Compounding challenges from the COVID-19 pandemic

Limited Capacity in Key Programs and Services

There are currently 12 Judy Center locations in Baltimore City, the most in any district in the state. However, that is only a fraction of the 107 public Pre-K locations, most of which are Title I schools and therefore eligible to host a Judy Center, leaving many other catchment areas unserved by this resource.

> *"The numbers of children eligible fiscally, and by age, are many more than are served in the city."*
>
> -Head Start provider

Home visiting serves a fraction of eligible participants. In a statewide survey conducted by the Maryland Maternal, Infant, and Early Childhood Home Visiting (HRSA, 2020) team, 94 percent of parents/caregivers reported that there is a need to expand current home visiting programs by creating more slots for families. Seventy-nine percent of home visitors surveyed agreed. Forty-two percent and 36 percent of these survey respondents, respectively, agreed that there are not enough home visiting programs to meet everyone's needs. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) study found that Maryland was one of 10 states in the country serving less than 2 percent of the high-need population as identified by risk factors. The national average was found to be 3.1 percent (HRSA, 2020).

Historically, Early Head Start and Head Start have been at capacity, and most sites have waiting lists. However, Head Start providers noted that enrollment is down at some sites due to COVID-19. Like most services throughout the city, programs had to pivot to remote delivery of services and, while most families opted to continue with services to keep their slots, others elected not to participate in the virtual program.

City Schools leaders noted that there is capacity to serve more four-year-olds in public Pre-K. Promoting Pre-K participation would open more slots for three-year-olds in child care and Head Start.

> *"Infant and toddler care in Baltimore City has an availability issue. We say no to a lot of people on the phone."*
>
> -Child care provider

Infants' and toddlers' slots are limited. As noted previously, there are only enough child care slots to serve 12 percent of infants and toddlers. Caring for infants and toddlers is more expensive than caring for older children because of the staff ratios and other requirements that must be maintained to meet state guidelines. Child care providers and system leaders shared anecdotes of some of the challenges of providing care for these children.

> *"We are down one-third of family providers, and one-third of centers have never reopened since March 2020. We were already losing family providers at a rapid rate, which is a national issue. Even centers, one would close and another would open—but for the size of the city and the population of children, we never had that many child care centers. So, we are definitely in a precarious situation. If businesses really do open up, and people are expected back at their workplaces, at least part of the time, I think that child care slots are going to be hard to come by and probably mostly for infants and toddlers."*
>
> – Baltimore Child Care Resource Center Director

Child Care Sustainability, Access, and Affordability

The child care system is struggling for survival. The child care system in Baltimore City and throughout this country has been neglected for decades. Full-time child care is expensive and staff are underpaid. The Maryland Child Care Scholarship Fund, which provides subsidies for

families up to 200 percent above poverty, is cumbersome for families to apply for and the process is discouraging to complete. The COVID-19 pandemic has only added to the problems and driven an unsustainable system into crisis. A survey of child care providers across Maryland conducted by the Maryland Family Network in May 2020 found that over half of child care providers said their business may permanently close as a result of COVID-19 (Cope & Sonnier-Netto, 2020).

> *"People who were staff members that were laid off and were making $7.25 an hour aren't really enthused about coming back for $7.25 an hour and no benefits."*
>
> -Child care provider

The Abell Foundation study, *Child Care after COVID: Equity, Efficiency, and Effectiveness in the Financing and Delivery of Child Care in Baltimore and Maryland*, found that:

- In Baltimore City: just over 70 percent of family-care providers and 56 percent of child care centers were back in operation as of January 2021.

- In Baltimore City in 2019, child care ranked number one among household expenses, followed by housing, food, and taxes.

- Child care expenditures can take up more than 30 percent of income for families with average earnings, yet the median annual income for a child care worker is below a living wage ($25,060 annually or $12 an hour).

- Only 19 percent of income-eligible families are receiving child care subsidies in Maryland (Holleman, 2021).

Family child care providers and small center-based providers need to build partnerships to facilitate the warm handoff process, and they currently do not have them. More so than other components of the ECCE system, child care is isolated, making it hard to find—particularly family-based care. Of all of the components of the ECCE system examined for this study, child care providers—and particularly family providers—were the most disconnected. Family providers are connected to each other and system leadership through the Maryland State Family Child Care Association (MSFCCA) and its director, who is a member of ECAC. The MSFCCA is a statewide association that provides training, information, advocacy, and support to its members. Center-based providers have some representation in ECCE leadership and connections to resources, support, and training through the Baltimore City Child Care Coalition. The Baltimore City Child Care Resource Center at The Family Tree and the Maryland Family Network are also resources for training and support for family-based care and child-based care providers. However, child care providers—and particularly family providers—could benefit from being more connected to other components of the ECCE system in their communities to help them reach more caregivers and become familiar with other services to make referrals.

Further, beyond limited resources, there are structural barriers that prevent family care providers from connecting with other ECCE providers that may help develop networks for warm handoffs. For instance, guidance for Judy Centers from MSDE states that Judy Centers must partner with center-based child care providers to help families make the connection to child care. However, family providers are left out of this partnership.

Navigating the Maryland Child Care Scholarship Program process is difficult for providers and families. Child care providers shared that the Maryland Child Care Scholarship Program application process is "not intuitive" for either providers or caregivers. All the child care providers interviewed for this study and other providers that refer caregivers to child care providers said that they often assist parents with the paperwork, and may even have to submit it for them.

They noted that the application is difficult to complete and must be done by fax or email. These methods are problematic for families who lack access to the technology. They also noted that errors in the paperwork can lead to delays and follow-up that requires paperwork to be resubmitted multiple times. Providers also noted administrative complications make the system difficult for them to participate. For instance, providers may not get reimbursed in a timely manner. Also, the accounting system is now electronic, which may be prohibitive for providers who lack the technology and digital skills.

■ *"It's labor intensive on my end because I have to review the packet, make sure they have documents, and then I send it over for them. Technically, we're not even supposed to be doing any of that. But families don't have the ability to just do all of that and know exactly what the state is going to ask for* and *not get it turned back in. Parents usually have to do the application no less than three times it seems before they finally get there. If another state can do it, and it's easier, we need to be doing something different here".*
-Child care provider

MSFCCA and Baltimore City Child Care Resource Center have initiatives in place to help support caregivers with the business aspects of managing their programs, but much more support is needed to help providers in this area of program administration and to support families through the Child Care Scholarship Program application process.

■ *"A lot of providers, they've been really good at just being a mother and a caregiver and loving children. And that translates into a great provider. It does, but they've missed the whole digital and business side of programming."* -Child care provider

■ *"We cannot keep being left out of the equation. And I think that is one of the biggest things. I know people try to include us. But we haven't found a way to create a system where child care providers are plugged in."* -Child care provider

The cost of child care is prohibitive for many. Many families who do not meet income requirements for services but can't afford private care have limited options. Below are some anecdotes from child care providers and other ECCE providers working with parents:

■ *"Some of our African American moms have gotten jobs or are overscale for some of the community programs. And it's a shame because they can't afford a private facility. It's kind of a Catch-22. We want to empower families and help them become more financially stable but, as they do, they're losing access to a lot of the services."*

■ *"The family is put through that selection criteria, then every family can go on the waitlist, but we're very honest with families that their points are very, very low. And typically, it's because they're over income. And we're very honest with them, and explain that you can stay on the list, but the chances of you getting in are low. And then we try to work with*

them, we might refer them to LOCATE: Child Care at Maryland Family Network, and then walk them through what the scholarship system looks like for that application."

A Growing Latinx Immigrant Community in Areas of the City That Need Additional Support

The fastest growing racial/ethnic group in Baltimore City is Latinx. Since 2000, Baltimore City has lost approximately 30,000 black residents and 30,000 white residents, while gaining nearly 20,000 Latinx and 5,000 Asian residents. Latinx now make up approximately 5.25 percent of the population in Baltimore City (Mallach, 2020), and 11.3 percent of the population of children under five (Campbell, Jones, Weeldreyer, & Minkovitz, 2021). The Latinx community is overall younger, less likely to be documented, and less likely to have health care in Maryland compared to other racial groups. Further the population of Latinx children under five is likely to continue to increase (Office of Minority Health and Health Disparities, 2013).

Although recent immigrants with less than five years of residency are generally barred access to Medicaid, pregnant women and children under 21 years of age (regardless of immigration status) are exempt in Maryland. Still language barriers and fear prevent recent immigrants from accessing Medicaid and other services that are available to them. Below are anecdotes from providers about the challenges with serving Latinx families, especially recent immigrants, and the desire to want to do more to target this demographic:

- *"How do we work with these other systems to be able to increase enrollment in the WIC program? We don't advertise on a scale where it needs to be scaled up to advertise on platforms where this information can get out directly into the communities. With the increasing number that we're starting to see of immigrants coming into the city, how do we reach out to those communities to get that information to them directly and working with the organizations within their community to find ways to help them navigate the application process, which is lengthy. It's definitely a challenge. Definitely for those who don't speak English. So, we definitely know that we, at this current time, are looking at building capacity."* -WIC provider

- *"Finding the staff that speak Spanish and wanting to be in child care is difficult. So that's a big challenge."* -United Way Neighborhood Zones provider

- *"With the Spanish-speaking community a lot of times, it's someone bringing a friend, 'Oh, my friend just got to Baltimore, and she's seven months pregnant, and she really needs prenatal care. And then can I bring her with me?' It's like, 'Yes, please bring her into Moms Club, that would be an excellent way to get her hooked up with some other activities.' And I have to say, these women are incredibly resilient, because even virtually, we find out that after having come to a few Moms Club sessions, they've all exchanged phone numbers, and they know how to get in touch with one another. So even to be able to create that network of support for somebody who's new to this area and doesn't necessarily have biological family around. It's like, 'Oh, there are other folks, I can call if there's something going on, or I don't know where something is.' And I think that provides a lot of support."* -BHB provider

- *"I think there is a larger and larger immigrant community in the city, and we know that they are hesitant. Although being a US citizen is not a requirement to come to Head*

Start, many families are scared to access services, especially federally funded services. And I don't blame them. But we don't ask about their status. So if we could gain more trust in the Latinx community, I think that's a place we're not serving as well as we could everywhere". -Head Start provider

- *"I know we don't have any Judy Centers in the southwest. And there is a growing ELL population down there. So if I had my druthers, I think that would be the next place we want to go."* -City Schools Early Learning Director

Complex Systems, Requirements, and Documentation Create Stigmas and Barriers

Providers shared that some of the reasons the most vulnerable populations of the city might be hesitant to access medical care and services in the ECCE system stems from the fractured nature of the health care system, complex and stigmatizing requirements, and invasive documentation that can be discouraging and lead to distrust.

Health care is fractured. While HCAM has made great strides to improve access to health care and services for mothers and infants, the need for support is far greater than what the system can currently provide. And without that personalized referral support, the system can be hard to navigate. Further, primary care providers may not be aware of all the services available or what the qualification are to provide referrals. And though required by Maryland law, PRA forms may not be getting completed for referrals to HCAM to be made. System leaders are working to do more outreach to educate providers and have created a score card to help increase PRA completion and referrals. This is a positive step that is having success. Below are some anecdotes from providers about the challenges with making connections within the health care system:

- *"A lot of working people don't know that they qualify for WIC services, so there's still a lot of outreach to be done and finding ways to be able to get that information directly into the community. Maybe some other things we could do—we could work more with Medicaid and maybe finding ways to work with SNAP to start more data sharing and data matching."*

> *"It's confusing and fragmented. It's confusing for some of us who work in the system. So if you don't have that experience in your life, it's really hard to navigate."*
>
> -BCHD staff

- *"We've interviewed tons of providers and had consultants work with us. I mean, some providers just don't understand the PRA. They see it as an administrative burden and have workflow issues and haven't figured out how to put it in their workflow so that they always get it done. So it ends up being hit-or-miss. And it's dependent on the medical office assistant and their personal protocols. It's also a paper form that you have to order. So it's a pain. We're creating an electronic form and building it into the electronic health record, and then they can integrate it right into the existing workflow for the first prenatal care appointment. We're doing it with the Penn Street Clinic at University of Maryland. We've been piloting that with them for over a year, and they've been able to get their PRA completion up to almost 100 percent. We're also piloting it with Mercy Hospital and one of the federally qualified health centers, and now we're bringing*

on Sinai and another place so we're excited. Doing electronic, I think is where we have to go to get it up because we've done tons of outreach and it'll increase a little, but it needs to be in their workflow."

Complex and stigmatizing requirements create distrust and discouragement. Providers in health care, education, and child care all agreed and shared ways in which the ECCE system and other services can be stigmatizing and discouraging to caregivers; from lengthy invasive questioning on program applications, such as WIC and the Maryland Child Care Scholarship, to stigmatizing language in programs and services, to data systems that don't talk to each other, creating duplicative work and placing the burden of completing exhaustive paperwork and determining eligibility for various programs on caregivers. Below are some anecdotes from providers about the challenges caregivers have finding and applying for various programs:

- *"I think there's a very legitimate distrust of certain systems— government, health care, education—by lots of members of the Baltimore City community who have been harmed by those systems. So it takes a while to build back trust, and there has to be a concerted effort to do that."*

- *"We are working very, very hard in BITP to have the public face of 'We are here to partner with you, for your child, that parents are the experts on their child, and we are here only to assist you.' And making it not so scary. I try very, very hard not to say special education or special instruction. That's very scary for a parent of a two-year-old for somebody to say, 'Oh, we want to give your child special instruction.' So just the language that we use. We say baby teachers."*

- *"I would like our organization, The Family Tree, we have a fabulous grants person and she wants to apply for this grant that would allow me to hire what I'm going to call family navigators. And what I wanted this person to do is, each day of the week, work at one of the different community action centers in the city. There's five of them. So one day a week, they would be in each community. And they would be there to help families navigate the Child Care Scholarship, to help them navigate referrals for additional services for anything relating to the early years, to enrolling them in a child care program. We find that a lot of our families need a lot of hand-holding for many reasons. And there's nobody out there any longer that does that. It used to be that the local DSS offices had dedicated people. So if I needed to apply for that, I could go there, and somebody would help me. And they would make sure that I did it right. And they would make sure that the forms got sent to the right party. Now, they don't do that. Now it's centralized."*

- *"When you start announcing programs, and it's like the rental assistance, everybody got so excited about rental assistance. And then when they started applying and saw how difficult it was—the application process is so arduous, people get discouraged."*

- *"We have something called adjunctive eligibility in Maryland so that if you're eligible for temporary cash assistance, or Medicaid, you're supposed to be eligible for WIC. But in practice, you still end up having to show all the same documents. So I don't know that the way we've implemented it here, that it actually saves much time."*

SYSTEMS STRENGTHS AND CHALLENGES

Unmet Food, Housing, and Transportation Needs

Several providers noted that housing, transportation, and access to grocery stores are challenges for caregivers in low-income neighborhoods. In a focus group of home visitors, providers agreed that housing assistance and help finding child care were among the greatest challenges families were facing and seeking support with. A recent study from Johns Hopkins University's Department of Environmental Health and Engineering decried the inequities in the public transportation system in Baltimore City that disproportionately impact low-income communities of color, and another recent study found that rent prices in the city have increased at a rate that far surpasses the cost of ownership, also disproportionately impacting low-income communities of color (Johns Hopkins University, 2021; Mallach, 2020). Providers agreed that caregivers need more support in these areas to take advantage of ECCE services and supports. Below are some anecdotes from ECCE providers about the economic and transportation challenges low-income families face:

- *For families in crisis, short-term needs can take precedence over long-term health and development needs—the social determinants of health. It's really hard to prioritize certain things that you want for the long term for you or your baby when you're going from house to house, or maybe you are having challenges with substances and not getting support. I think those things are really hard. They're the emergent needs, you have day-to-day and they take precedence over long-term health and development."*

- *"Baltimore has one of the poorest transportation systems of a large city that I know of. That's one of the barriers we try to remove. We have a van, we pick up families for groups, or we'll do a Lyft or Uber to get them if they can't get transportation. But that's a major issue."*

Compounding Challenges from the COVID-19 Pandemic

The COVID-19 pandemic has had positive and negative impacts on the ECCE system. Across the board, services mostly moved online and many child care providers had to close. Enrollment and participation in ECCE services and programs declined. With children in their homes, they were less likely to get needed medical care, educational support, and socialization. And access to technology and internet presented new challenges that were barriers as families dealt with the economic hardships caused by the shutdown of many jobs and in-person services.

However, there were some positive impacts as well. Providers shared that many caregivers with the technology preferred the virtual option. It worked particularly well for many in the home visiting programs. Virtual participation removed some common barriers to service participation such as transportation. The schedule flexibility meant that more working parents could participate in programs, particularly fathers. And for some, the virtual option may be more comfortable than having a visitor in the home.

As caregivers continue to deal with disruptions caused by the pandemic, additional wraparound supports (e.g., mental health counseling, rental assistance, Child Care Scholarship application assistance) may be needed. Below are anecdotes from providers on caregivers' experiences with services through the pandemic:

- *"So the communities of greatest poverty in ethnic communities, where there wasn't much child care to begin with, probably almost no child care of high quality, they're the ones that are being hit the hardest. Some centers can't reopen fully because they can't find staff. So they've closed one classroom or two classrooms, and they're at capacity for the classrooms that they have opened; but they're not at capacity for their center. And that is really becoming an issue that really needs to be addressed."*

- *"Young mothers who are still in school and wish to return to finish their studies have difficulty because there's no daycare available. The child care subsidy program offices closed due to COVID and it has been very difficult for these mothers to apply online."*

- *"Fundamentally, right now, due to the pandemic, a lot of the needs are the same, dealing with financial issues and work readiness. Because they haven't worked in a while, and let's say the work they had before was in the service industry. They don't want to go back there. Are they actually qualified to pursue a different type of occupation? Do they have the education? So we're trying to fill those holes and close those gaps and looking at the trends and where things are going, and trying to make sure that our parents are as prepared as possible."*

- *"We've all experienced trauma in the last 18 months. And families that have more challenges, we know are affected differently. I look at it as the hierarchy of needs. I may very well have some concerns for my child, who may not be walking, or I just think are a little behind; but I also have food insecurity, housing insecurity, and I have low wages or no income. When all of these things are rolled in, my child's development goes further and further down the list. That is a challenge."*

PARENT EXPERIENCES

In Baltimore, life for a family with young children can feel like riding a seesaw. Parents access their networks to connect with programs and services that will help them raise their children. During focus groups, parents praised the local programs and agencies that lift them up. For every resource or program that works to lift families up, some conditions weigh families down. The rocking of the seesaw can vary by zip code, with some Baltimore neighborhoods having better, more accessible resources and infrastructure than others.

Exhibit 5 summarizes the factors that lift families up and those that weigh families down.

Exhibit 5: Factors That Influence Baltimore Families

COVID-19 Pandemic
- Responding to COVID-19 pandemic setbacks and opportunities

Social Services, Housing, and Employment
- Bureaucracy and waitlists for public services
- Inadequate financial resources to raise a family (employment, a living wage, etc.)

Early Childhood and K-12 Education
- High cost of quality child care programs
- Concerns about K-12 educational options

Neighborhood and City Development
- Disparities in neighborhood conditions
- Fragmented transportation system
- Access to family-friendly attractions and events
- Absence of recreational options for all ages

Health Care and Social Services
- Access to stable medical care and insurance
- Lack of family mental health services and programs
- Failure of programs and services to understand the diverse needs of families

Personal Support System
- Reliance on peer and social media networks
- Lack of family-centered support networks

Parents have experienced barriers to access firsthand and have perspectives on reimagining systems of care. During the focus groups, they shared a wealth of ideas on how to navigate the COVID-19 pandemic, improve existing early childhood services, public agencies, and neighborhood conditions. Potentially, the ECAC can view these ideas as elements of a coordinated system to ensure family stability, healthy child development, and school readiness.

COVID-19 Pandemic

Responding to COVID-19 pandemic setbacks and opportunities. An unexpected obstacle faced by parents is the COVID-19 pandemic. Parents referenced the impact of the pandemic and the resulting quarantine restrictions on their families. The pandemic brought setbacks and welcomed improvements in the access and delivery of services to families. These setbacks and improvements are summarized in Exhibit 6 below.

Exhibit 6: Pandemic Setbacks and Welcomed Improvements

Setbacks	Welcome Improvements
- Waitlists or cancellation of in-person appointments disrupting care and counseling - Delay in approval of applications for services - Over-reliance on parents to deliver care or provide instruction - Limited technology access—internet access, computer access, etc. - Loss of employment options; mask and vaccination requirements	- Availability of telehealth services and home visits with providers—less travel and support in the home environment - Parent involvement in their child's treatment with providers modeling behavioral strategies for parents - Expanded access to rent vouchers, eviction deferment, and unemployment assistance

Parent experiences, before and during the pandemic, reveal patterns of behavior that are testament to their capacity to adapt, survive, and thrive.

Early Childhood and K-12 Education

Access to affordable, quality child care. Child care is important to many caregivers because they see it as a place for children to interact with others, prepare for school, and a safe place to go during the day that allows parents to work or have time to care for themselves. Finding a trusted child care provider can take time. One parent shared, "I always liked to look at the environment I am leaving them in. If it doesn't look childproof or inviting and warm, I won't leave my children there." When choosing child care programs, caregivers desire the following:

- Child care programs that are free or low cost, including options for middle-income families.

- Programs located close to home or with an easy commute

- Flexible schedules for parents who work evenings and weekends

- A facility that is clean and safe; a trusted environment to leave their children.

- Welcoming staff and a low staff-to-student ratio.

- Curricula and resources to prepare all children for kindergarten.

Parents expressed gratitude and appreciation when talking about their child care provider. The cost of high-quality child care was referenced multiple times as a financial burden that many are not able to take on, or they must make sacrifices in other areas to afford child care.

Concerns about K-12 educational options. Parents described wanting more educational options as their children age beyond child care centers. They expressed concerns about the quality and capacity of public schools. They referenced the need for smaller class sizes, better facilities, and better teachers. Similar to their expectations for child care, families seek the following when exploring K-12 educational options:

- Well-supplied classrooms and quality teachers

- Educational resources like books and flashcards to take home

- Modern, clean facilities with technology and adequate air conditioning and heating

- Buildings with the same level of quality as those found in Baltimore County

Parents want access to quality schools in Baltimore and do not want to feel that they need to leave the city to find better options.

Health Care and Social Services

Stable medical care and insurance. Across focus groups, parents described being able to access health insurance and medical care with ease. Families described seamless transitions as their children aged. Once they were connected to a provider that they liked, they stayed with them, switching providers only because of health insurance or a provider exiting the area or profession. Parents who were in search of a new provider expressed frustration with the limited options available within the city and with not being able to find a provider that they trust. Parents trusted recommendations from friends and family when considering pediatricians. Families' testimony about health care and access to health insurance include:

- *"I have healthcare through my job, it's been easy to take my kids anywhere. Dentist, eye exams, or primary care physician. I've never had a problem with that. The same primary care physicians I went to as a child, I take my kids to the same place. Same for the dentist. The foundation has been set and paved for me, I stayed with those things. I didn't stray from that."*

- *"Insurance will only pay for certain things, and they send you through a whole lot just to get special referrals for certain services…. Some insurance covers certain things and some providers don't accept the insurance."*

- *"Pediatrician stopped taking the insurance; it keeps changing and now I'm on the hunt for [another] pediatrician"*

Parents whose employers provided insurance expressed no major concerns when it came to being able to afford and access quality care. As with other public systems, parents experience waitlists and complicated procedures to apply for Medicaid assistance. Others described completing the process only to be denied coverage.

Lack of family-centered mental health services and programs. Parents often put their children's health, wellbeing, and education before their own. When their mental health suffers,

they risk exhaustion, depression, and stress-related illness. As one parent shared, "Let someone know we care. Depression is real. I know a lot of people suffering from depression, I'm one. I'll be sitting here watching TV and bust out crying. Something keeping us mentally and physically sane, let me know I'm not alone." Parents want help managing their self-care and the well-being of their children. One parent shared, "Mental and moral support for us single mothers, to keep us sane. A counselor, we would be able to talk to. Go somewhere where we can release our stress. Sip and Paint, spa, something like single moms club." The mental health supports listed below are important to parents:

- Access to trauma-informed mental health professionals who understand the unique lived experiences of families in Baltimore City

- Acknowledgment of their experiences of racism and economic barriers

- Activities to build a community for all parents—single parents, mothers, fathers, parents of children with disabilities, immigrant parents

- Mommy and Me, Daddy and Me, and parenting support groups with accessible hours for working parents

- Self-care packages that include gifts for parents, decorations for the holidays, etc.

FAILURE OF PROGRAMS AND SERVICES TO UNDERSTAND THE DIVERSE NEEDS OF FAMILIES.

Families raising children with developmental differences. Overall, parents expressed hopes that all providers and teachers had more knowledge about children with disabilities. One parent shared, "Everything might be new to someone when they learn their child needs more support with their development. So having some type of "what to expect" course or how to manage it.… Something to keep us hopeful." It is important to parents that they interact with program providers who keep them feeling hopeful and empowered. Programs and services should consider providing the following list to make their programs more accessible:

- Sensory-friendly events and spaces

- Access to free equipment for at-home physical therapy/occupational

- In-person programming where possible

- Shorter waitlists for therapy options

Fathers. During focus group conversations with fathers, many expressed the specific need for trust in programs that they engage with to support their families. Access to a case manager or service coordinator with whom they could build a relationship is important to them, both for trust and as someone to hold them personally accountable to their growth through job training or fatherhood support programs. One parent shared the desire for their children to have access to those types of mentorship relationships too, "Most of the time people just need one person who cares about their wellbeing, that's enough to get them on track." There are also punitive requirements and hurdles for fathers to access services. Paternity information is required for services, as one parent shared, "I hate the way they operate—TANF. In order to get cash assistance, you have to put the dad on child support. We are both unemployed, we need services.… It sets the man up for failure. Make it mandatory that he does support the child, then he's in debt."

Grandparents providing care for grandchildren. Grandparents who are caregivers to their grandchildren play an important role in the lives of families and face a unique set of barriers. During the focus groups, grandparents expressed concerns about having to learn about raising a child all over again in a new era, like this grandma who shared, "My child will be 21 in a few months and I'm doing this all over again as a grandparent. I need some type of manual for these young ones, they are so different now than they were with my kids."

Spanish-speaking and immigrant families. Spanish-speaking parents and caregivers shared their own experiences facing discrimination based on their language, and they desire to find programming that immerses their children in the English language. One mother shared, "I don't want my daughter or any other immigrant experiencing that. Sometimes I can ask for English or when they look at us with racism, 'Why don't you speak English?'" Not all Spanish-speaking families are immigrants, and immigrant parents face barriers in addition to the language. Some families who come to the United States have children who are born here, so their household comprises mixed citizenship statuses. This creates barriers to accessing programs when citizenships status is a requirement. These families had a few suggestions for making programs more inclusive:

- Having someone who speaks Spanish and that understands the culture of immigrant families is available to help navigate the network of education and health services in Baltimore.

- Financial support for medical care or prescriptions if they are unable to access insurance because of citizenship status.

Social Services, Housing, and Employment

Bureaucracy and waitlists for public services. Housing, welfare, and employment services are important safety net supports for families. Parents of young children are impacted by a system of care that they experience as fragmented, bureaucratic, and not family-friendly. Parents described several challenges that make it difficult for parents to know what social supports exist or how to access them. They included:

- Affordable, quality housing options are limited, and families can spend years on a public housing waitlist. Many do not see it as a realistic option because it takes so long. Families described experiences with landlords who ignore their concerns. "It would be better if they had people there that weren't just doing a job, they actually cared about people's needs."

- Accessing temporary financial assistance, such as SNAP and WIC, can be complicated and lengthy. Men are often unable to access services for their families. Social service agencies demand a lot of information and continue to rely on outdated application tools, such as paper forms and fax machines.

- One parent shared this experience accessing services: "You are sending in the stuff, you don't have knowledge of what you need. So, someone to walk you through that process, a case manager or caseworker...the process would be less hard and you would get the approval that you need up front instead of guessing if they are going to accept it. If they don't accept it, you are automatically disqualified."

Inadequate financial resources to raise a family (employment, a living wage, etc). Parents described several barriers to stable employment and earning enough money to raise a family. Key barriers to employment and earning a living wage included: limited employment opportunities available in the neighborhoods where parents live; an abundance of low-wage retail and fast-food positions; and background checks that disqualified. One father shared, "McDonald's is always hiring, but [it is] not enough money. You have to go to Amazon and work six days a week to make enough money."

The pandemic brought additional barriers to financial stability. One father expressed frustration with vaccination and masking mandates that disqualified him and others who disagreed with the requirements. Delayed unemployment benefits and waitlists for approval during the pandemic placed added financial burden on families.

To address these barriers to financial stability, parents offered the following recommendations:

- Information and support about credit, finances, and homeownership

- Training and recruitment for high-paying career options

- Family care packages with supplies for their children, such as soap, towels, diapers, and school uniforms

Neighborhood and City Development

Disparities in neighborhood conditions. Parents acknowledge the disparities that exist across Baltimore zip codes. Some neighborhoods have access to clean parks, public libraries, stable housing, and grocery stores. Other neighborhoods are plagued with high-priced convenience stores, vacant houses, unsafe and unclean playgrounds, lack of basic services, and poor or limited educational and employment options.

While they experience year-long waits for housing and long commutes to services outside of their neighborhoods, they wonder why the city lets buildings on their block sit empty and unused. Gentrification was flagged as an unwanted economic development strategy that places pressure on legacy homeowners to sell their homes to make way for new residents. It is important to families that when revitalizing spaces in their neighborhoods, the resources are solely for those who currently live there, and not for gentrification efforts. Many families have pride in their neighborhoods and want to be able to stay where they are.

Parents and caregivers have dreams of revitalizing vacant buildings and neighborhoods. Parents suggested the following investments for themselves and the broader community:

- Housing for people who need it in their neighborhoods

- Recreation centers

- Grocery stores

- Child care programs

Fragmented transportation system. Families shared experiences of transportation barriers in Baltimore City if they don't have access to a car, or if they only have one car for the family. Transportation is a barrier to accessing programs because it is time-consuming and inconvenient to take public transportation. One parent shared how parents support each other

to address the problem of transportation as a barrier to school attendance. "Transportation would be a big thing for students. We live in South Baltimore and my kids go to school in East Baltimore. We have a car, but with other school parents who need transportation, [we] email each other and help each other out because there is no transportation."

Families travel outside their neighborhood for child care, recreational activities, health services, and work. Many parents wish for access to a holistic, complete set of services in their neighborhood to avoid transportation barriers. Below are additional ideas that parents have to address transportation issues:

- Offer transportation for all students who attend school outside their neighborhood
- Utilize networks of parents to organize carpools with families who have cars and live in the same areas
- Family-friendly shuttle vans for transportation to activities, appointments, and work
- Separate bus options for students after school to avoid rush hour on public transportation

Access to family-friendly attractions and events. Parents rated local attractions like Port Discovery, The Maryland Zoo, and Baltimore Museum of Art, and the Aquarium as high on their list of places they like to go with their children. They sought out opportunities to visit these and other attractions when they had discounted or free admissions. Closer to their neighborhood, families mentioned frequenting their nearest branch of the Enoch Pratt Free Library, pre-pandemic. Some were not aware that the libraries had reopened to the public. "I love the library, and I didn't even know they were still open. We used to go all the time to get some quiet time while I did job applications, but yeah, I did not know you were open. So it's stuff like that." Parent ideas to build upon these family-friendly assets included:

- Revitalizing the area surrounding Port Discovery, making it safer for families
- Host family-friendly events during hours that allow working parents to join their children—evenings and weekend options
- Work with parents of children with disabilities to create events that can accommodate physical, behavioral, and cognitive diversity
- Bring family-friendly events into neighborhoods offering equitable access to programming

Absence of recreational options for all ages. As children age, the primary options for recreation are connected to the neighborhood school. Parents expressed concern about the lack of neighborhood recreational programs for school-age youth. One parent shared, "It might cut down on a lot of crime if we give these kids something to do, something to be a part of," and "What's hard for me is that there aren't many programs available for Baltimore City kids. They had after-school programs and centers for me when I was a kid. That would be helpful now." Parents recommended the following improvements in recreational options:

- Opportunities for art, music, and sports programs
- Access to Boys & Girls Club or Big Brothers Big Sisters; bring back PAL Centers
- Affordable or free opportunities for parents who have multiple children

- Programs that are accessible virtually because of transportation barriers if they can't be offered locally to neighborhoods
- Programs that connect older students with younger children as mentors

Personal Support System

Reliance on peer support and social media networks. Parents have many sources of information that they go to when looking for programs and services for their children. These sources vary widely across parents, but one thing that they all have in common is that they trust information about services that come from their support network. If caregivers know that a friend or family member took their child to a program, they are more likely to look into that service for themselves.

Parents reported that information about services is difficult to access through outdated websites and long hold times to speak to a person. To make access to information easier, parents suggested these ideas:

- Use social media like Facebook, Instagram, Tik Tok, Eventbrite, and Next Door to share information
- Keep websites updated with events, changes to services, and program requirements
- Have a person trusted by the community available to help parents navigate wraparound services

Lack of family-centered support networks. Many parents and caregivers cited their strong, yet sometimes small, support networks that are critical in raising their children. While families rely on those, others are looking for that support and do not have access to it in Baltimore. One mother said how important it is to "have a village, I had that with my first son 20 years ago. It's noticeable when you are doing it again and you don't have any support. I want to have a community of people where I can say, 'Hey let's go to the park, let's go have parent conversation, can we carpool, do you need a moment or an evening, let's swap tips.'"

Parents and caregivers in these conversations often offered their support to those in the group who felt they did not have it. They swapped contact information and began sharing resources that they had used themselves to fill a need. One parent offered, "I am here in Baltimore if you need me. I know how important it is to have that [support] as a parent to save you and the children." To support parents who may feel isolated or that they need to connect with a community, organizations should build systems to connect parents through social activities where people can meet one another.

LESSONS FROM OTHER ECCE SYSTEMS

In a brief examining four state case studies of cross-system collaboration, ZERO TO THREE identified six key practices to successful cross-system collaboration: Design and implementation of projects, cross-system leadership, partnerships and collaboration, dedicated staffing, funding, and evaluation (**ZERO TO THREE, 2019 January 8a**). This section summarizes insightful strategies from three of these state-level cross-system collaboration initiatives, and other state and city-level initiatives working to improve services and outcomes for caregivers and children prenatal to five to inform ECACs policy actions. Links are provided to resources on specific projects and exemplars for more information.

New Jersey: Creating a central intake hub to connect families to a variety of ECCE and other resources. Like HCAM has in Baltimore City, New Jersey has created a hub for a single point of entry for accessing services. New Jersey's system has a centralized process for conducting health screenings and referrals to a wide range of services, including prenatal care, child care, nutrition support, housing, primary care, mental health, and substance use and addiction treatment. As with Baltimore City, home visiting programs paved the way for this work to develop. Some key strategies that have led to the successful development of New Jersey's central intake system include:

- **Hiring an outside facilitator to help everyone agree on common language and messaging.** From the outset of its work on central intake, New Jersey has prioritized effective communication at all levels—among state departments, counties, and between counties and the state. They found it helpful to use an outside facilitator in the beginning to help everyone agree on common language and messaging.

- **Standardized screening and referral forms and an online data sharing system.**
  - Providers use one of two uniform screening and referral forms, the Perinatal Risk Assessment for pregnant women and the Community Health Screener for all others, to initiate referrals through the central intake hubs. The assessments ask questions about risk factors related to physical and mental health and psychosocial issues.
  - Results of the screening assessment are entered into the central intake online system, alerting staff to contact the family and then make referrals to appropriate services.
  - Programs use a centralized data system (SPECT) to accept referrals and track information about families' participation. If a family is involved with more than one system or provider, the SPECT allows everyone to see relevant information so that services can be coordinated. The SPECT also makes it easy for individual counties and the state to assess how well central intake is working.
  - The shared data system ensures there is a feedback loop to referring agencies so they can monitor the status of a referral and follow up if necessary.

- **Establishing a community advisory board that drives decision making.** When counties received their first central intake grant, the lead's first step was to create a central intake advisory board to map existing community resources and develop a

decision tree showing when and how families would be referred to different programs. The community advisory board includes parents and providers.

- **Innovative use of funding.** New Jersey leveraged several federal grants, including Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), Linking Actions for Unmet Needs in Children's Health (LAUNCH), and Race to the Top–Early Learning Challenge (ELC) grants, as well as state funds, to support expansion of the hubs.

- **Cross-system collaboration.** The program is jointly managed by the Department of Health (DOH) and Department of Children and Families (DCF), and each county has a designated lead agency/organization, determined through a competitive process.
  - New Jersey also created a full-time shared position at the state level, between DOH and DCF, to oversee implementation of central intake.

- **Continuous Improvement.** Agencies involved are constantly testing how to improve the system.
  - Meetings are held quarterly at the state and county levels to share lessons learned, celebrate success, and discuss how the system is working.
  - The central intake coordinator in one county is texting families instead of calling them to see if that decreases the time it takes for them to connect.
  - One hub hired a marketing and sales professional to increase public awareness about the role of central intake (**ZERO TO THREE, 2019 January 8b**).

Colorado: Creating a two-generation approach to service delivery. Colorado has embarked on a mission to embed two-generation approaches into state and community systems that serve children and families. In statute, Colorado has a statewide system of family resource centers providing comprehensive whole-family services. State agencies apply a two-generational lens to examining practices and programs, such as child support enforcement and work preparation programs. Counties maintain autonomy in decision-making and service delivery. Colorado's work is built off of the two-generation approach framework developed by **Ascend at the Aspen Institute**. The state has embedded a two-generation program coordinator position to lead the cross-sector work. The state has also hosted a conference to identify stakeholders and develop opportunities for collaboration, and developed a Two-Generation Action Plan to guide the work.

Under the direction of the two-generation program coordinator, cross-agency offices and divisions have been rethinking how they work with families. They have increased their collaborative efforts around profession development, accountability, program design, and braiding funding to create programs that meet the needs of families holistically. Initiatives launched using this approach include the following:

- Using a MIECHV innovation grant to integrate education and employment services into home visiting through the **MIECHV Working Together Project.**

- Creating a family-centered approach to collecting child support by providing a case manager to help noncustodial parents find work and overcome barriers to employment in the **Colorado Parent Employment pilot program**. Maryland currently has a similar program, the **Noncustodial Parent Employment Program**, but the program does not currently operate in Baltimore City. However, there is a program in Baltimore County, **The Winning Fathers Program**.

- The establishment of an Opportunity Framework that identifies indicators of opportunity across a lifespan. The framework establishes common goals across agencies so that agencies can focus on developing cross-agency evidence-based programs to meet the goals (**ZERO TO THREE, 2019 January 8c**).

Washington: Strengthening partnerships between Temporary Assistance for Needy Families (TANF) and home visiting systems. In an effort to take a two-generation approach to supporting new parent participants in the state WorkFirst employment program (the employment and training portion of TANF), the state developed a home visiting pilot for these TANF recipients. A cross-agency group identified evidence-based home visiting as a priority because of its focus on strengthening parent-child relationships and enhancing parents' abilities to promote their babies' healthy development. With dedicated funding from the state, the pilot has expanded home visiting capacity in pilot jurisdictions and has connected agencies more closely with each other, allowing them to develop a shared language and strengthen referral pathways:

- Building relationships among TANF and home visiting program staff and their respective state agencies was an integral first step. Giving agency and program staff opportunities to meet, discuss their work, and learn about each other has helped bridge the divide between early learning and anti-poverty programs in the state.

- Developing a shared client management database that both systems can use for referrals and tracking participation in services was extremely helpful (**ZERO TO THREE, 2019 January 8d**).

Lessons from Head Start and WIC collaboration. The USDA's Food and Nutrition Service (FNS) and the U.S. Department of Health and Human Services' Administration for Children and Families Head Start programs have developed **resources** spotlighting successful approaches to collaboration between the WIC program and Head Start. One of the resources is a **brief** highlighting key components and examples of successful partnership, including establishing partnership agreements, information sharing, cross-program referrals, and cross-training. **FNS awards competitive grants** to states to support special projects and innovation in state WIC programs. Local jurisdictions can partner with their state agencies to develop collaborative projects to streamline WIC services and improve customer service. To date, Maryland has not been a recipient of a WIC special project grant.

Washington, DC: Utilizing an Early Head Start-Child Care Partnership (EHS-CCP) grant to better serve infants and toddlers. Washington, DC has leveraged an **EHS-CCP grant** to develop a neighborhood-based Quality Improvement Network to "build capacity, increase access, and enhance the quality of care for infants and toddlers" in DC (**OSSE, n.d.**). The DC Office of the State Superintendent of Education (OSSE), the lead agency for the grant, collaborates with other district child and family service agencies to develop a coordinated system of care for the city's infants and toddlers. Caregivers are part of the decision-making process. OSSE funds two lead agencies to serve as hubs for 15 child development centers and 18 child development home centers serving 600 children. The program provides coaching support for staff to help improve their practices and comprehensive services for children and families including mental health, nutrition, and early intervention. Children on TANF, in foster care, experiencing homelessness, or receiving special needs are the highest priority for

enrollment. Current EHS-CCP grantees include Alabama, California, Delaware, Georgia, Pennsylvania, DC, and the Commonwealth of the National Mariana Islands.

RECOMMENDATIONS

Ensuring that children enter school ready takes the efforts of a system developed around parent and caregiver needs that can adapt and shift during these unprecedented times. Collaboratives like the Baltimore City ECAC play a vital role in ensuring that there is a strong, accessible safety net of programs and services available to parents and caregivers. The recommendations below are a synthesis of the analysis of the ECCE system in Baltimore City, a review of the literature on strategies for systemic improvement, and parent and caregiver recommendations. They describe ways the ECAC members can work together to shift power to families, disrupt racial and economic disparities, and advocate for system-level changes.

- **Advocate for and support the child care system as it rebuilds**
- **Help build connections between child care providers and other components of the ECCE system**
- **Continue to strengthen cross-system collaboration by integrating data sharing and health screenings, and agreeing on shared language and assumptions**
- **Elevate parent and caregiver voices and leadership**
- **Help caregivers navigate the continuum of care in Baltimore City (e.g., hire more community health advocates and family liaisons)**
- **Examine ways to use existing funds to create innovative cross-agency programs that support the whole family**
- **Advocate for more collaboration at the state level**
- **Advocate for family-centered budget and policy priorities**
- **Hold accountability to parents and caregivers**

ADVOCATE FOR AND SUPPORT THE CHILD CARE SYSTEM AS IT REBUILDS

Child care providers need more opportunities to connect with other components in the ECCE system and to reach families. However, the system first needs help recovering in order to be there for caregivers and children to access. To that end, ECAC should consider working toward supporting ongoing efforts of Maryland Family Network, the Baltimore Child Care Resource Center, the Baltimore City Child Care Coalition, and MSFCCA, and consider recommendations from the Abell Foundation report on child care including:

- Finding ways to access more professional development support for providers to help them develop their business practices.
- Exploring ways to access more funding to support the child care industry and increase pay for child care workers, including advocating for funding from the city, engaging the private sector, and advocating for a higher subsidy reimbursement rate.

- Advocate for streamlining the Maryland Child Care Scholarship application form for families, providing support for caregivers to complete it, and creating an informational campaign to help destigmatize it and let working families know—who may not be aware—that they are eligible to apply.

HELP BUILD CONNECTIONS BETWEEN CHILD CARE PROVIDERS AND OTHER COMPONENTS OF THE ECCE SYSTEM

As child care providers try to recover, ECAC can help bridge the divide with other components of the ECCE system by:

- Leveraging existing partnerships to find ways to connect child care providers with other ECCE partners.

- Exploring grant opportunities such as the EHS-CCP grant to foster innovative collaborations that support children and caregivers, particularly infants and toddlers.

CONTINUE TO STRENGTHEN CROSS-SYSTEM COLLABORATION BY INTEGRATING DATA SHARING AND HEALTH SCREENINGS, AND AGREEING ON SHARED LANGUAGE AND ASSUMPTIONS

Data sharing, streamlining health screenings, and coming to agreements about key terms and assumptions about services have helped other systems improve their services. Also, in follow-up focus groups, some parents suggested that the streamlining of services should be a top priority for the ECAC. ECAC should consider:

- Finding ways to streamline data systems, enrollment forms, and health screenings across programs and services where possible,

- Finding ways to make the system more culturally responsive, and

- Aligning communication across agencies and programs so caregivers are receiving the same messages and information, with particular attention to messaging on Pre-K. Creating a list of ECCE services with eligibility criteria may help service providers connect caregivers with services and streamline messaging.

ELEVATE PARENTS AND CAREGIVER VOICE AND LEADERSHIP

Other jurisdictions have found success by including caregivers in system-level decision making. ECAC should consider finding ways to include caregivers in its work, inclusive of teen parents, fathers, and the Latinx community.

Parents and caregivers with networks in their communities are in a position to recruit others to advocate for the programs and resources that they love. Driven by a desire to see their children succeed in life, many caregivers expressed interest in making change happen for their city in the examples below:

- *"There has to be a conscious effort for when decisions are being made like health that the people who are most affected need to have a seat at the table when those decisions are made [and] not after the fact."*

- *"Give us the money to do what we need to do, let us start opening businesses, and let the money stay in our community. It's a systematic makeover that we need. Gatekeepers need to go."*

- *"They should give us the power to do this, make sure a representative from our community oversees it. We would be more invested if we knew that. Parents have said we can do this. Parents want to do this."*

By partnering with the parents and caregivers from the focus groups, the ECAC can build a base of parents and connect them to others with similar life experiences. Parents and caregivers could become the biggest assets of the ECAC, and they are ready to contribute to a larger strategy for change.

HELP CAREGIVERS NAVIGATE THE CONTINUUM OF CARE IN BALTIMORE CITY (E.G., HIRE MORE COMMUNITY HEALTH ADVOCATES AND FAMILY LIAISONS)

Parents and caregivers spoke highly of the informed staff at child care centers, Head Start, and Early Head Start that helped them find local resources when their family needed them. This safety net does not extend to families that do not qualify for subsidized child care, and it weakens as children get older. As a collective, the ECAC can map out a continuum of care for children from preconception to age five, and beyond. This can include strategies to strengthen referral and case management of wraparound services for families.

The community health advocates hired to work as a liaison between HCAM and Judy Centers have been instrumental to connecting more expectant mothers to prenatal care and home visiting services. ECAC should consider exploring ways to increase the number of community health advocates and/or creating more liaison roles for caregivers to help navigate them through the ECCE system.

EXAMINE WAYS TO USE EXISTING FUNDS TO CREATE INNOVATIVE CROSS-AGENCY PROGRAMS THAT SUPPORT THE WHOLE FAMILY

Caregivers need support in a variety of areas including economic, social, and health to have the tools they need to help their children thrive. The city has many programs with a two-generation approach that provide and link caregivers to wraparound services, but not enough to meet the demand. ECAC should consider examining existing programs and funding sources and look for ways to create innovative programs for caregivers and families that combine resources across multiple agencies to help families holistically address systemic barriers.

ADVOCATE FOR MORE COLLABORATION AT THE STATE LEVEL

Baltimore City ECCE leaders are working hard and making great strides at increasing access and opportunities for Baltimore City families, but more work can be done at the state level to facilitate local efforts. As such, ECAC should advocate for increased collaboration among state-level agencies to increase data sharing, streamline data management systems, and improve state-level consumer education websites that can raise up the work of individual jurisdictions and help local jurisdictions better serve caregivers and children.

ADVOCATE FOR FAMILY-CENTERED BUDGET AND POLICY PRIORITIES

Parents and caregivers do not trust Baltimore City to prioritize quality in their children's education and development. The ECAC could play a role in building this trust by advancing policy initiatives that come directly from parents. Potential budget and policy priorities include:

- Access to quality, affordable child care
- Paid maternity and paternity leave
- Investment in K-12 education and recreational programs
- Language accessibility
- Sustained investment in public health insurance
- Family-centered behavioral health resources
- Address the bureaucracies that impact access to housing and employment
- Removing citizenship status requirements

HOLD ACCOUNTABILITY TO PARENTS & CAREGIVERS

Many parents and caregivers in initial focus groups and follow-up focus groups asked when they could see changes come from the feedback that they shared during the focus groups. They wondered what action would be taken and when to expect real change. It is recommended that the ECAC create ways to inform parents and caregivers about the progress of recommendations and any system-level changes. This can occur through formal parent participation in the ECAC and/or through informal communication pathways with interested parents.

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APPENDIX A

Provider Interview Participants

PSA interviewed a total of 39 ECCE system leaders and providers. System leaders include key staff from the Family League, Mayor's Office of Children and Family Success, Maryland Family Network, the Maryland State Family Child Care Association, and Baltimore City Child Care Resource Center. BCHD program providers include staff from partner provider organizations, including Baltimore Medical System and Johns Hopkins Bloomberg School of Public Health.

Provider Type	Number
BCHD program provider	8
Child care provider	6
City Schools/ Judy Center provider	2
Community-based organization provider	1
HCAM staff	4
Head Start provider	2
Home visiting provider	10
System leader	6

Exhibit reads: PSA interviewed eight staff members from BCHD programs, including staff from partner provider organizations.

Select ECCE Support Organizations

Provider	Description
Catholic Charities	**Catholic Charities** works to support children and families. Among its support programs is the **Esperanza Center**, which serves as a hub to welcome and empower immigrants in the city, and offers health care services, legal services, community referrals, education (especially English for individuals who speak other languages), and family reunification.
Department of Social Services (BCDSS)	**The BCDSS** offers several programs to children and families including the Supplemental Nutrition Assistance Program (SNAP), the Maryland Children's Health Program (MCHP), and the Child Care Scholarship, which offers financial support to eligible families for child care.
Family League of Baltimore (Family League)	**Family League** is a nonprofit that works to support data-informed, community driven solutions in education, health, and economic opportunity. Among its range of services, Family League is the designated lead agency of the ECAC, the co-lead agency of the B'more for Healthy Babies initiative, directs the city's portfolio of home visiting programs, and operates parent engagement school readiness programs and initiatives.
Maryland Family Network (MFN)	MFN offers services for child care providers, children and families, and ECCE advocates. They operate **Locate: Child Care** funded by MSDE. MFN also runs **Family Support Centers**, which job and education support to parents and offer child care for young children.
Planned Parenthood	**Planned Parenthood** offers family planning services, STD testing, and other health care services to individuals both with and without insurance or Medicaid.
The Baltimore Doula Project	**The Baltimore Doula Project** offers support to families throughout pregnancy, including: abortion support, birth support (both virtual and in-person), and prison support at the Maryland Correctional Institute for Women. Services are offered on a sliding scale based on household income. The organization also offers doula services at Planned Parenthood and Whole Woman's Health in Baltimore City.
The Family Tree	**The Family Tree** offers services including: parenting classes, home visiting, family counseling, a Parenting HelpLine, and support for child care providers. Family Tree also operates the **Baltimore City Child Care Resource Center,** which offers support and technical assistance to providers.
United Way	The United Way of Central Maryland offers two **Neighborhood Zones** in Baltimore City (in Brooklyn and Poppleton), offering multi-generational services to high school students, including an on-site Family Center with child care, housing and employment assistance, a dropout prevention program, mental health services, and access to healthy food.

Appendix B1: Parent Focus Group Data and Demographics

Focus Group **Update**

16
OF FOCUS GROUPS COMPLETED

64
OF PARTICIPANTS
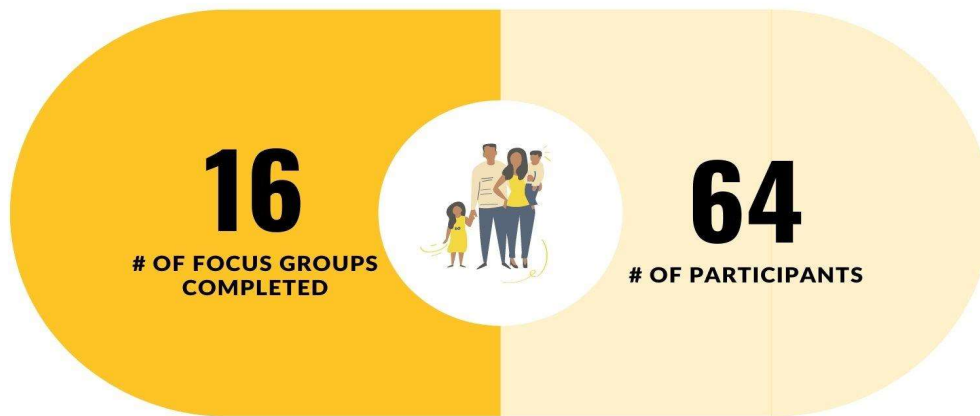
Geographic Reach

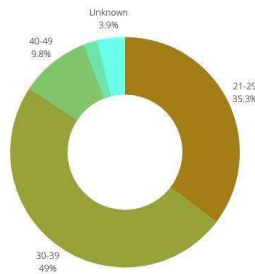|	
21201: 5	21223: 4
21205: 3	21225: 6
21206: 1	21227: 1
21212: 3	21229: 6
21215: 7	21230: 1
21216: 1	21231: 1
21217: 2	21236: 1
21218: 5	21237: 1
21222: 1	21244: 1*

N = 50   *Baltimore County

Demographics
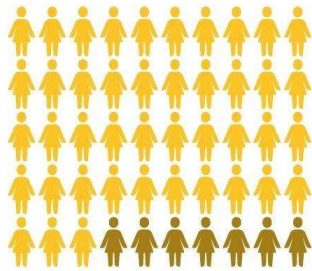
Race

Majority African American

African American: 43
Hispanic/Latino: 2
American Indian/Alaskan Native: 1
White: 2
Unknown: 2

Age

Majority Age 30-39

21 to 29: 18
30 to 39: 25
40 to 49: 5
50 to 59: 1
Unknown: 2

Age chart labels:
Unknown 3.9%
40-49 9.8%
21-29 35.3%
30-39 49%

Gender

94% Women
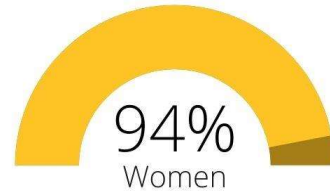
Men: 3   Women: 47

Groups included mothers, fathers, grandmothers, siblings and early childhood providers

Interest in ECAC Efforts

84%

Majority of participants expressed an interest in helping with the future of the ECAC.

Appendix B2: Baltimore-Area Programs and Services

During the focus group sessions, parents described their experiences with the organizations and programs listed here.

Early Childhood and Recreation				
Dayspring Head Start	http://www.dayspringbaltimore.com/head-start/	410.563.3459	Day1Sp@aol.com	Child Care, Early Childhood Education, Head Start
Bryn Mawr Little School	https://www.brynmawrschool.org/	410.323.8800		Child Care, Early Childhood Education, Summer
Kidz Stuff	https://www.kidzstuffchildcare.org	410.728.0652	info@kidzstuffchildcare.org	Child Care, Pre-K, Early Childhood Education, Summer
St. Vincent de Paul	https://www.vincentbaltimore.org/	410.662.0500	info@vincentbaltimore.org	Child Care, Early Childhood Education, Summer, Head Start, Early Head Start
Loyola Early Learning Center	https://www.loyolaearly.org/	443.563.2589	office@loyolaearly.org	Pre-K, Early Childhood Education
City Springs Elementary School	https://citysprings.school/	410.396.9165		Pre-K, Charter School. Summer
Baltimore Childcare Resource Center	https://familytreemd.org/bcccrc/	410-889-2300	childcare@bcccrc.org	
Enoch Pratt Free Library	https://www.prattlibrary.org/	410-396-5430	crc@prattlibrary.org	Summer, Enrichment
Child Care Scholarships (DHS)	https://dhs.maryland.gov/child-care-scholarship-ccs/		CCSCentral2@maryland.gov	Financial Support, Child Care
Southeast Early Head Start	https://www.kennedykrieger.org/community/initiatives/southeast-baltimore-early-head-start	443-923-4300.		Child Care, Early Childhood Education, Early Head Start
Community Works Early Head Start	https://www.bonsecours.com/about-us/community-commitment/community-programs/baltimore/baltimore-community-works	410-801-5100	Community_Works@bshsi.org	Early Head Start

Port Discovery	https://www.portdiscovery.org/	410-727-8120	info@portdiscovery.org	Summer, Enrichment
Free Fall Baltimore	https://www.freefallbaltimore.org/	410-752-8632	BOPACommunications@promotionandarts.org	Enrichment
University of Maryland Baltimore Community Engagement Offices	https://www.umaryland.edu/oce/center/opportunities/	410-706-8260	Community@umaryland.edu	Community, Enrichment, Workforce Development
Wraparound Services				
Maryland Infants and Toddlers	https://referral.mditp.org/	410-396-1666		Developmental Milestones, Information & Resources
Baltimore Infants and Toddlers	https://health.baltimorecity.gov/node/705	410-396-1666	BITP2@baltimorecity.gov	Developmental Milestones, Information & Resources
Autism Speaks	https://www.autismspeaks.org/	1-888-288-4762	help@autismspeaks.org	Community, Autism Information & Resources
Center for Urban Families	https://www.cfuf.org/	410-367-5691		Workforce Development, Fatherhood Support, Community, Information & Resources
Promise Heights	https://promiseheights.org/	410-706-6404	promiseheights@ssw.umaryland.edu	Community, Information & Resources
Judy Center	https://marylandfamiliesengage.org/judy-center-hubs/	410-767-0675	amy.beal@maryland.gov	Developmental Milestones, Community, Information & Resources
Baltimore City Recreation & Parks	https://bcrp.baltimorecity.gov/welcome-rec-parks			Summer, Enrichment
Safe Streets	https://www.catholiccharities-md.org/services/safe-streets-baltimore/	Sandtown-Winchester: 667-218-2001/443-912-3093		Safety

		Brooklyn-Curtis Bay: 667-600-2289/443-912-3085		
Baltimore Regional Housing Project	https://brhp.org/	410-223-2222		Housing
The Soul Center	https://soulcenterbaltimore.org/	410-580-5160		Jewish Community
Union Baptist Church	https://www.unionbaptistmd.org/	410-523-6880	office@unionbaptistmd.org	Church
Baltimore Healthy Start	https://baltimorehealthystart.org/	410-675-2125		
Healthcare				
Porter Dental	https://www.porterdental.com/	443-241-2516	contactporter@porterdental.com	Dentist
University of Maryland Medical System Pediatrics	https://www.umms.org/health-services/pediatrics	410-328-5887		Pediatrics
Mt. Washington Pediatrics	https://www.mwph.org/	410-578-8600		Pediatrics
Therapy Spot	https://www.baltimoretherapyspot.com/	410-358-1997	info@thetherapyspot.biz	Physical, Occupational, and Speech Therapy
Kennedy Krieger	https://www.kennedykrieger.org/	888-554-2080		Pediatric Specialists
PACT (Kennedy Krieger)	https://www.kennedykrieger.org/community/initiatives/pact	410-298-7000		Pediatric & Medical Care, Homelessness
B'More for Healthy Babies	https://www.healthybabiesbaltimore.com/		info@healthybabiesbaltimore.com	Information & Resources
Johns Hopkins Children's Center	https://www.hopkinsmedicine.org/johns-hopkins-childrens-center/	410-955-5000		Pediatric Specialists
Good Time Family Care	https://goodtimefamilycare.com/	410-325-5700		Pediatrics

Medical Assistance (DHS)	https://dhs.maryland.gov/weathering-tough-times/medical-assistance/	855-642-8572		Financial Support, Medical Insurance
Employment & Financial Support				
BGE Assistance Program	https://www.bge.com/MyAccount/CustomerSupport/Pages/BillPaymentAssistance.aspx	800-332-6347		Financial Support, Utility Assistance
P-EBT (Pandemic Electronic Benefit Transfer)	https://dhs.maryland.gov/p-ebt/	1-833-330-7328		Financial Support
SNAP (Supplemental Nutrition Assistance Program)	https://dhs.maryland.gov/supplemental-nutrition-assistance-program/	443-423-6400		Financial Support
Energy Assistance	https://dhs.maryland.gov/office-of-home-energy-programs/how-do-you-apply/	1-800-332-6347		Financial Support
WIC (Women, Infants, & Children)	https://health.baltimorecity.gov/node/171	410 396-9427	WIC@baltimorecity.gov	Food Access, Information & Resources