Child Care Health Consultation (CCHC) Summit One

Notes from Small Group Sessions

For the small group sessions, we asked participants to re-sort themselves into three groups, three different times. Each time we explored the same question, but in a peer group with similarity on a particular demographic characteristic. Our intention was to see different and additional things each time we consider the same question. The purposes of this exercise were to deeply understand the conditions that need to change to meet the needs of all children and close opportunity gaps, explore how our different "situations" influence the gaps we see and prioritize, and develop an overall picture of what needs to change.

*****These notes have been transcribed verbatim as they were captured on the flip-charts at Summit One. Please excuse brevity and/or lack of clarity. We will have a chance to review and synthesize these findings at Summit Two.***

Question: What most needs to change to realize the system that children need?

<table>
<tr><th colspan="3">Session One—Role in Early Learning</th></tr>
<tr><th>Providers</th><th>Consultants/Coaches</th><th>System planner/Supporter/Other</th></tr>
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Better understanding of current process
Better promotion in existing system (among licensors, Early Achievers coaches)
More trainings in home language
Consider "Assets" and gain of culture
Lens—Child and provider (avoid labeling)
Understanding of cultural norms
Promotion in many ways (Paper for community outreach)
Currently highly internet reliant
Organizational collaboration
Sustainable funding and policy
More coaches to leave less provider burden
Better pre-training for providers

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CCHC training and support
Networking—understanding who you can call for needs outside of your own scope
Awareness of programs at low- or no-cost
Increase accessibility
Barriers are cost and lack of awareness
Increase in cohesion between other systems
Early Achievers, licensing, CCHC—bring out of silos
Increase understanding of different missions/goals of each
Develop common language
Mutual/coordinated care
Expand CCHC to all child care rooms and not just infant room
Example of MERIT improving system
Provider should not be responsible for locating support
Should be system
Cultural differences and language barriers create disparity in access and awareness

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Significant increase of funding to be sustained over time and political and leadership changes
Inventory of available services, identify gaps, hub/registry of services for Resources & Referrals
Open to new ways of consultation
Knowing history/expertise
What we need isn't just replacing what we have
Pipeline, professional development to on-board, sustain, and staff to grow into leadership
Child care provider and health consultation leadership
Support to child care providers for financial self-sufficiency, literacy and empowerment
Professionalize
Data outcomes not just outputs
Child and family level

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Session Two—Number of Years in the Field		
Less than 5 Years	**6-19 Years**	**20+ Years**

• Include available services in new director orientation
• STARS hours during on-boarding—incentivize access
• Come back to relationship/trust building
  ○ Include trainings in orientation for new providers and health consultants
• Some systems don't allow providers to move further (in registering) without sensitive/inaccessible information
  ○ Immigration concerns
• New WAC's (child care licensing requirements)—trainers aren't trained yet—roll out could be improved
• Shift our views of children away from deficit to strength-based
  ○ Include families—look at the whole
  ○ Increase value of education (increase pay, supports, etc.)
    ▪ Increased funding for supports
• Don't separate upbringing/community from child, family, and educator experience
	• Track outcomes at child/family level (so much red tape, but need to be respond in moment)
	• Data
	  ○ OK with getting services but not as OK with collecting data
	  ○ Education on why it matters
	  ○ Data system cross-communication
	  ○ Be thoughtful on what to collect
	• Quality and efficacy
	  ○ Ask service recipient how consult was
	  ○ Did it change behavior
	• Child care director has to communicate with provider why it matters
	  ○ So much to do and make the case why it matters
	• Continuity of care (wait months for nurse consult, can same nurse come back?)
	• Need psychologist back—no replacement for Lenore Ruben
	• Who specializes in what areas
	  ○ "multi-disciplinary" means what?
	  ○ Experts:
	    ▪ Translators
	    ▪ Immigrant and refugee populations
	  ○ Inventory, Hub, Resources and Referrals
		• Transparency of stages within HIPPA
		  ○ Appropriate players access to documents
		  ○ Co-staffing? (confidential, funding limitations, workload, how are private consultants paid?)
		• Outreach to community—characteristics of consultants
		• Break work/work flow silos
		• Expectation for the system
		  ○ Timeframe, public and private, pay points
		• Reframe referral strategy

Session Three—Race and Ethnicity		
People Who Identified as a Person of Color	**People Who Identified as White, Group 1**	**People Who Identified as White, Group 2**
• More impact versus intent • More males and men of color working with kids	• Cultural representation—reflective of providers	• Recruitment/selection systems • Better at identifying comparable qualifications ○ International degrees, experience

◦ Overcoming stigma of men and men of color in the workforce • More people of color in decision-making positions • Openness on qualifications—i.e. comparable experience versus education level ◦ Outreach and recruitment—where are you going for recruitment? • Screening ◦ Tendency to over-examine kids of color • Linguistic and cultural understanding • Proactive and preventative versus reactive ◦ i.e. you have to be poor first to get financial assistance/social supports • Financial literacy for staff • Access to affordable child care ◦ The cliff of eligibility—just over eligibility threshold=very hard. Severe situation with no help • Stigma of child care choices ◦ i.e. in unlicensed care=bad quality versus great choice/normal to have baby with grandma • Important to look at the strengths of families—use a strength-based approach versus focus on deficits	◦ Develop pipeline for diversity and languages ▪ Scale and expand current systems • Expand our view of qualifications—"Who can be a CCHC" ◦ Not every child, family, or provider needs the same thing ◦ Move to portfolio/practice versus "check-box" • Provide mentorship as equals • Lean into relationships first, with multi-disciplinary team behind you • Use technology to support private CCHC's (who don't have access to a multi-disciplinary team) • Resource sharing—expand private funds to the public (ie Best Starts for Kids for private CCHC's) • Cost for CCHC creates barriers for providers—cost=burden • Support private CCHC's—insurance, increased supports, etc. • Return Healthy Child Care WA	• Increase training and competence in HR systems • Representation/visibility in high school/college feeder system • Promote more "bottom-up" grassroots strategy adoption (responsive/emergent) • Shift thinking away from "problem" • Increase tolerance for long-term nature of work • Benefits accrue to others