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King County
Best Starts for
KIDS

Child Care Health Consultation

Strengthening Our System in King County

Summit Three – June 26, 2019

Welcome

- Welcome everyone!
- We are pleased to bring people together
- We appreciate your passion and insights
- We have a great team
- You're part of the team too!

Looking through a Racial Equity Lens

Who benefits?

Are there unintended consequences?

How are power, access, and resources allocated?

Some sources:

- King County Children and Youth Advisory Board Equity Statement
- King County Racial Equity Theory of Change
- King County Racial Equity Definitions
- Early Learning Advisory Council Essential Racial Equity Questions

Introductions

- Briefly share your name, organization, and role

Our Plans for the Day

Agenda

- ✓ Welcome
- ✓ Exploring how we are situated
- ✓ Learning from our colleagues
- ✓ Break
- ✓ Evaluating this effort
- ✓ Envisioning our preferred system (Part 1)
- ✓ Lunch
- ✓ Envisioning our preferred system (Part 2)
- ✓ Break – Gallery walk
- ✓ Selecting some potential early wins
- ✓ Naming next steps

Packet Materials

- PPT Slide Handout
- Summit Outline
- Revised Charge
- Early Findings Document
- Preferred System Framework and Worksheet
- Evaluation

Our Purpose

Develop an accessible system through which different people offering child care health consultation services are connected, supported, well-trained, and working together to address unmet needs and alleviate race- and place-based inequities.

Child Care Health Consultation (CCHC) Summits Outline

	Phase 1—*Listen and Learn*		Phase 2—*Decide and Design*		Phase 3—*Respond and Recommend*		
	Community Engagement Kindering holds community cafes, focus groups, and interviews with providers, caregivers, and families (first for developing findings, then to vet strategies prioritized in summits and developed in work groups)						
	Summit 1 January 27, 2019	**Summit 2** March 24, 2019	**Summit 3** June 26, 2019	**Summit 4** October 23, 2019	**Summit 5** March 25, 2020	**Summit 6** June 24, 2020	**Summit 7** October 21, 2020
During each summit, Kindering and participants will...	Objectives Kindering: • Convenes early learning stakeholders as a call to action	Objectives Kindering: • Present initial findings from public engagement activities	Objectives Kindering: • Present initial findings from public engagement on preferred CCHC system elements	Objectives Kindering: • Present first draft of CCHC logic model	Objectives Kindering: • Present refined CCHC logic model • Present first draft of CCHC Road Map	Objectives Kindering: • Present final CCHC logic model • Present refined CCHC systems Road Map	Objectives Kindering: • Present stakeholder feedback on logic model and systems roadmap
	Summit participants: • Reflect on the history of CCHC in WA • Brainstorm "what most needs to change to realize the system that children need" • Reflect on race equity questions and framework • Establish meeting norms	Summit participants: • Confirm group charge • Begin defining child care, health, and consultation • Respond to Kindering's initial public engagement findings that outline systems gaps • Brainstorm potential solutions for each finding considering how solutions advance racial equity	Summit participants: • Respond to Kindering's initial public engagement findings on preferred system • Organize goals, strategies and actions • Prioritize early-win opportunities • Express interest on early-wins for potential work groups • Consider how choices and action towards the preferred CCHC system advance racial equity	Summit participants: • Respond to and refine Kindering's first draft of logic model for systems change • Work groups present updates and progress of process and early-win projects • Consider how choices and action towards the preferred CCHC system advance racial equity	Summit participants: • Work groups present updates and progress of process improvements and early-win projects • Provide feedback on refined CCHC logic model • Respond to Kindering's CCHC Road Map • Consider how choices and action towards the preferred CCHC system advance racial equity	Summit participants: • Work groups present updates and progress of process improvements and early-win projects • Respond to refined CCHC systems Road Map • Confirm final logic model • Consider how choices and action towards the preferred CCHC system advance racial equity	Summit participants: • Work groups present final report of process improvements and early-win projects • Confirm recommended CCHC systems Road Map • Hear King County's plans for next steps • Consider how choices and action towards the preferred CCHC system advance racial equity **After Summit 7 (12/2020):** Kindering delivers final report of CCHC Systems Development project to King County

Summit 3

Objectives

Kindering:

- Present initial findings from public engagement on preferred CCHC system elements

Summit Participants:

- Respond to Kindering's initial public engagement findings on preferred system

- Organize goals, strategies, and actions

- Prioritize early-win opportunities

- Express interest in early-wins for potential work groups

- Consider choices and actions to the preferred CCHC system to advance racial equity

Community Agreements

- **Participate** - Stay curious, ask questions, and share your thoughts and opinions in ways that work for you.

- **Be present** - We encourage you to be mindful of feelings. Practice good self-care.

- **Practice reflective listening** - Try to understand others' perspectives and confirm that you understand. Assume good intent.

- **Be respectful** – Think about how you interact with others here.

- **Stay focused on children** - We are here to serve children and their families.

- **Embrace discomfort** - Acknowledge and accept that discomfort may help create opportunities for real change.

Building Insights - Those We Have Engaged So Far

Focus Groups	Community Cafés	Interviews	Conferences
• Coalition for Safety and Health in Early Learning (CSHEL)	• Somali caregivers (2 groups)	• County and State early learning representatives and health professionals	Participants completed surveys at the following conferences:
• Snohomish Health District	• Chinese caregivers	• Private health consultants	• Elevate Child Care
• African American Child Care Task Force	• Latinx caregivers	• Other states with CCHC systems	• WA Association for the Education of Young Children (WAEYC)
• Early Achievers coaches (3 groups)	• African American caregivers	• Wellspring Family Services	• CCR Provider Conference
• King County child care licensors and administrators	• Child Care Directors Association of Greater Seattle (CDAGS)	• Odessa Brown Children's Clinic	• Washington State Family Child Care Association
• Public Health-Seattle/King County Child Care Health team	• Educadoras ABC (Spanish-speaking providers)	• Open Doors for Multicultural Families	• Infant and Early Childhood Conference (IECC)
• King County CCHC consortiums (2 groups)	• South King County Family Child Care Home Association	• King County Library Fiestas Program	
• BSK CCHC Service delivery grantees	• Kaleidoscope Play & Learn (KP&L) facilitators		
	• King County Library KP&L facilitators		

Exploring How We Are Situated

Activity 1 – Exploring Racial Equity Terms

- Work at your tables

- Match the definitions to the terms

- Check your accuracy and discuss observations and insights

- Consider sharing

Exploring How We Are Situated

Activity 2 – Explore a Scenario

- Work at your tables

- Review the scenario for your group

- Consider the situation of the family

- Use the prompts to identify options that are available

- Consider sharing

Considering Our Opportunities

Hear from our colleagues

- Private consultants
  - Peggy King
  - Sheila McMahan

KEY ELEMENTS OF MY APPROACH

- Population Health/Public Health:
  - Support the health of the center as a whole.
  - Provide education, mentoring and resources that support the staff.
  - Honor the value of the work that they do.

WHAT MUST A CONSULTANT KNOW AND DO:

- Must know child care structure, challenges, strengths and weakness.
- Must know the WAC and other state/federal laws that apply.
- Must know public health principles that apply to group care.
- Must know research and theory on all the topics you are addressing.
- Must know growth and development and referral criteria.
- Must like people and be able to connect with them.
- Must be culturally humble and be open to learn.
- Must listen first, and then speak.
- Must be able to assess, synthesize and make a plan.

Key Elements of My Approach

▶ Never loose sight of the goal....keeping children safe and healthy!

▶ Meet people "where they are", and work together to increase skills/capacities.

▶ Recognize the strengths in people, and build on them.

▶ Be direct, be clear, and check for understanding.

What a Consultant Must Know and Do

▶ What must a Nurse Consultant know and be able to do to be successful?

▶ Must have a strong clinical foundation.

▶ Have an open mind to accept new ideas and evolving evidence based practices.

▶ Know the various WACs, County Health policies, and Best Practice recommendations from appropriate organizations.

▶ Must be flexible! (But also have good boundaries!)

▶ Must be organized (keeping contracts, payments, visits, documentation, communication, license, insurance, etc. on track).

▶ Must value and respect children.

Questions and Highlights

What questions do you have for our colleagues?

Best Starts for Kids
Child Care Health Consultation Evaluation

Avanthi Jayasuriya, MPH, Evaluation and Program Manager

King County

Best Starts for
KIDS

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CCHC Evaluation Overview

Evaluating BSK Grant Services

- Seven grantees throughout King County

- Two service delivery approaches
  - Community informed
  - Public health

- Process and impact evaluation questions
  - Gathered and informed by how the work has been going and what has been happening in the field so far

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CCHC Evaluation Overview

Evaluation Approach

Evaluation is to understand two different service delivery approaches. Question development was informed by several groups:

- Grantee evaluation plans
- Child Care Health Consultation Evaluation Committee (CEC)
- BSK

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CCHC Evaluation Objectives

Evaluation Objectives

- Describe the core programmatic elements and values of CCHC and the unique programmatic elements of the public health and community-informed approaches

- Identify facilitators and barriers to implementation of the public health and community-informed approaches

- Explore how CCHC contributes to child care provider outcomes, including improving parent conversations, increasing provider knowledge of supports and resources, and increasing provider ability to improve the child care environment

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CCHC Evaluation Questions

Process Questions

- What are the core programmatic elements of CCHC and the unique programmatic elements of the public health model and community-informed pilot approaches? (Type and dosage of training, consultation, resources, other support. Who is being served by the two approaches)

- What are facilitators and barriers to implementation of CCHC?

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CCHC Evaluation Questions

Impact Questions

- How do programmatic elements of CCHC contribute to increasing child care providers' knowledge and use of supports and resources?

- How do programmatic elements of CCHC contribute to increasing child care provider knowledge and ability to:
  - Improve provider/parent conversations
  - Manage challenging behaviors
  - Identify and use developmental screening tools and resources
  - Understand child development and plan developmentally appropriate activities
  - Increase the health and safety?

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CCHC Evaluation Methods

Data Collection

Five Primary Tools to Collect Quantitative Data

- Child Care Provider Intake and Assessment
- CCHC Consultation Summary Form
- Child Care Provider Follow-up Assessment
- Training Log
- Retrospective Pre/Post Training Surveys

CCHC Evaluation Methods

Data Collection

Qualitative data collection of both BSK grantees and child care providers receiving services:

- Focus groups
- Key Informant Interviews
- Open ended questions on the quantitative data collections tools

CCHC Evaluation Methods

What we are doing

	2018		
	October	November	December
Completed in-person site visits with seven BSK grantees	■		
Completed BSK grantee individual evaluation plan development		■	
Gathered information about current data collection tools and systems used by BSK grantees		■	
Drafted evaluation plan (evaluation questions, methods, logic model, logistics). Finalized plan with stakeholder review and feedback		■	■
Data collection tool development – matrix of BSK grantee data collection elements currently in place			■

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CCHC Evaluation Methods

What we are doing

	2019	
	Quarter 1	Quarter 2
Form and convene the CEC	■	
Draft, review and finalize data collection tools with CCHC grantee and CEC input incorporated	■	
Train and support implementation of data collection processes with CCHC grantees	■	
Provide ongoing support and TA for CCHC grantee data collection processes	■	■
Set up data transfer processes with CCHC grantees	■	■
Analyze data		■

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CCHC Evaluation

What's Next?

Developing the final data collection processes to answer the impact questions
- Child Care Provider Follow-up Assessment
- Qualitative data collection

Receiving first data submission for service data from grantees in July

Work to clean/merge/analyze data sets
- Bring back early findings to grantees to review/improve/understand
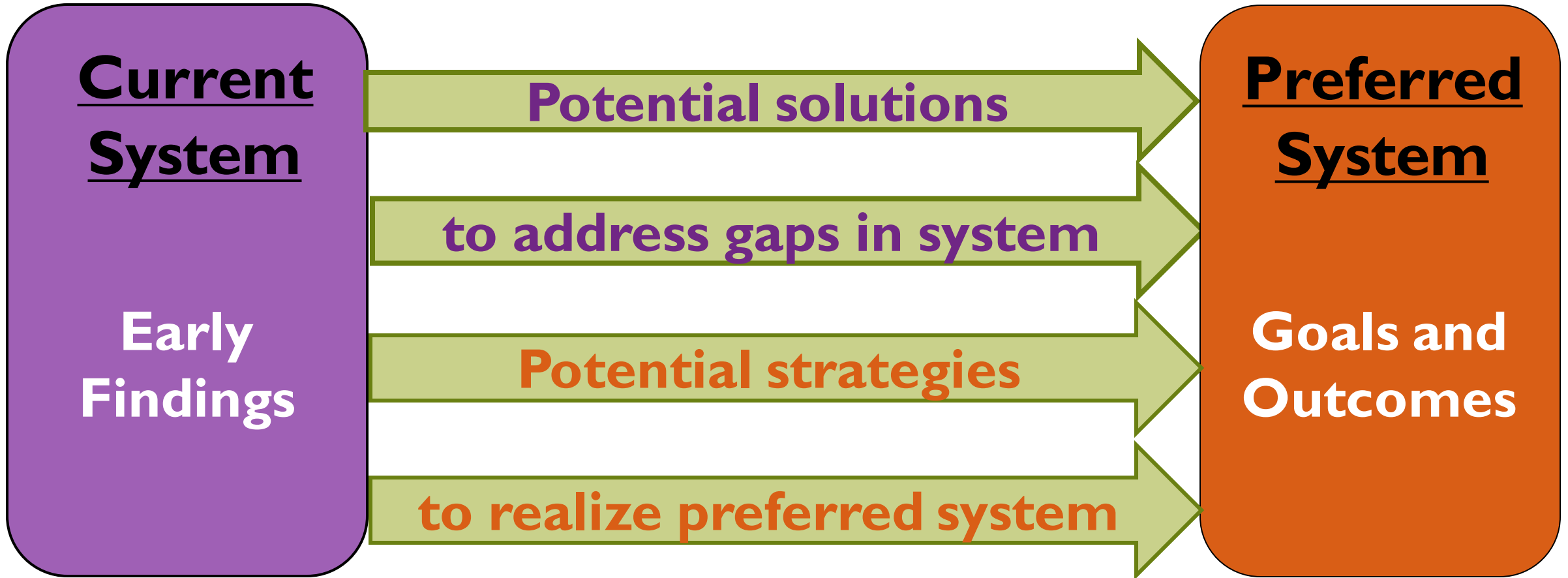
Continue to support data collection

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Thank You!

Designing Our

Preferred System –

Our work-to-date

Five Goal Categories

1. **Equitable**

2. **Supported**

3. **Accessible**

4. **Well-trained**

5. **Working cohesively**

Current System

Finding #1
It's challenging to find a nurse consultant

Support or create online centralized access point

Support and expand – statewide database of health consultants through MERIT

Preferred System

Goal: *Accessible*
All child care providers and caregivers have access to CCHC

First Reactions

At your tables, read and review *Preferred System Goals and Outcomes Framework and Worksheet*

- What is your initial reaction?

- What do you think about how this is organized?

Refining Outcomes Tied to Our Goals

Consider:

- *What outcomes (future state) describe our preferred system?*

- EFFECT *- Do the outcomes reflect more equitable access and outcomes for children, families, providers, caregivers and consultants of color?*

- IMPROVED CONDITIONS *- Do the outcomes reflect changed underlying conditions that allow all children, families, providers, caregivers and consultants to benefit?*

- EQUITABLE CHANGE *– Do the outcomes reflect equal access to power, opportunities, and resources?*

Refining Outcomes Tied to Our Goals

What refinements did you decide to share?

Lunch

Brainstorming Potential Strategies

Please stay in the same groups

Consider your revised outcomes and match the draft strategies below to them

- *Are important strategies and sub-strategies missing?*

- *Are the strategies necessary to achieve the desired outcomes all listed?*

Brainstorming Potential Strategies

Report Out

Consideration & Refinement

- *Might there be any <u>unintended consequences</u> for kids, families, early learning providers, and consultants of color?*

- *When you consider what it takes to <u>work respectfully and effectively</u> with diverse kids, families, early learning providers, and consultants, is there guidance about how a specific strategy should be pursued?*

Getting An Early Win

- Long-term recommendations
- Early actions that we can take between now and October 2020
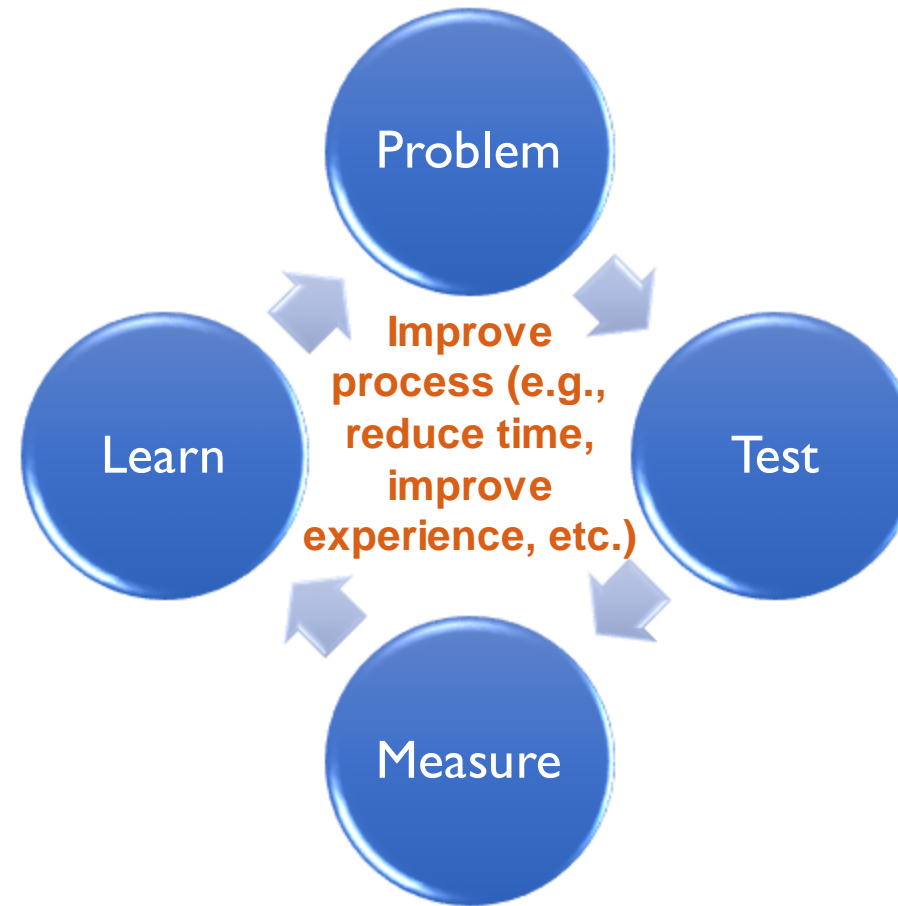- Early wins that might be completed in months

Improvement Principles

- We convene people who ENGAGE in the process to IMPROVE the process

- The focus starts by being clear on the PROBLEM we're trying to solve

- Trystorm - Actively engage in small but frequent changes to learn WHAT works for WHOM under WHICH conditions

- Apply a validated learning cycle

Learning Cycle

- Try again
- Try at another site
- Try with another group

Problem

Improve process (e.g., reduce time, improve experience, etc.)

Learn

Test

Measure

- Change process
- Change team structure
- Try a new tool

Quantify change

Example: "Needless Pain"

Problem: Children are exposed to harm through needle sticks

- Can we eliminate needle pain?

- Will it require longer visits?

- Do patients/families value this?

- Could we lower cost & harm?

- Which methods are most effective?

- Can we scale to other areas?

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Example: "Needless Pain"

Test: 1 needle stick team, 1 week (IV Team)

• Observed patients & families receiving needle sticks

• Designed approach & toolkit

- Standard process (enter the room, set up)

- Family communication & involvement

- Standard supplies (wands, bubbles, numbing cream)

Example: "Needless Pain"

Measure/Learn:

- Lower scores on Pain Scale

- Faster needle sticks

- Almost no redo

- Ready to test in the lab

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Break

Gallery Walk

- Authority to act

- Capacity to move the strategy

- Enough time to complete it before October 2020

Selection of Projects

- Explore prioritized ideas
- Email for feedback/input
- Provide opportunity to participate in at least one early-win project
- Online work groups before summit 4
- Draft logic model for further exploration

Summit 4
October 23, 2019

Objectives

Kindering:

- Present first draft of CCHC logic model

Summit Participants:

- Respond to and refine Kindering's first draft of logic model for systems change

- Work groups present updates and progress of process and early-win projects

- Consider how choices and action towards the preferred CCHC system advance racial equity

Next Steps

- Proceedings from today

- Next Summit

  - October 23rd 9:00a - 3:30p

- Evaluate the day