Child Care Health Consultation

Strengthening Our System in King County

Summit Four – October 23, 2019

Funded by King County Best Starts for KIDS
Welcome!
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

Please briefly share your name, organization, and role
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.
Our Plans for the Day

Agenda
✓ Welcome
✓ Draw on our diverse life experiences
✓ Learn from our colleagues
✓ Break
✓ Consider our draft logic model
✓ Lunch
✓ Discuss provider insights
✓ Hear work group updates
✓ Break
✓ Discuss Early Achievers health elements
✓ Check our assumptions
✓ Evaluate
✓ Naming next steps

Packet Materials
• Agenda
• PPT Slide Handout
• Draft Logic Model
• Evaluation
<table>
<thead>
<tr>
<th>Summit 1</th>
<th>Summit 2</th>
<th>Summit 3</th>
<th>Summit 4</th>
<th>Summit 5</th>
<th>Summit 6</th>
<th>Summit 7</th>
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<tbody>
<tr>
<td><strong>Objectives</strong></td>
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<tr>
<td>Convenes early learning stakeholders as a call to action</td>
<td>Present initial findings from public engagement activities</td>
<td>Present initial findings from public engagement on preferred CCHC system elements</td>
<td>Present first draft of CCHC logic model</td>
<td>Present refined CCHC logic model</td>
<td>Present final CCHC Road Map</td>
<td>Present stakeholder feedback on logic model and systems roadmap</td>
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<td><strong>Summit participants</strong></td>
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<td>Convene on the history of CCHC in WA</td>
<td>Confirm group change</td>
<td>Respond to Kinderling’s initial public engagement findings on preferred system</td>
<td>Respond to and refine Kinderling’s first draft of logic model for systems change</td>
<td>Work groups present updates and progress of process improvements and early-win projects</td>
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<td>Brainstorm “what most needs to change to realize the system that children need”</td>
<td>Begin defining child care, health, and consultation</td>
<td>Organize goals, strategies and actions</td>
<td>Provide feedback on refined CCHC logic model</td>
<td>Respond to refined CCHC Road Map</td>
<td>Respond to Kinderling’s CCHC Road Map</td>
<td>Respond to Kinderling’s CCHC Road Map</td>
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<tr>
<td>Reflect on race equity questions and framework</td>
<td>Prioritize early-win opportunities</td>
<td>Prioritize early-win opportunities</td>
<td>Confirm final logic model</td>
<td>Consider how choices and action towards the preferred CCHC system advance racial equity</td>
<td>Confirm final CCHC Road Map</td>
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<td>Establish meeting norms</td>
<td>Express interest on early-wins for potential work groups</td>
<td>Consider how choices and action towards the preferred CCHC system advance racial equity</td>
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**After Summit 7 (12/2020):**
Kinderling delivers final report of CCHC Systems Development project to King County
Summit 4

Objectives

**Kindering:**

• Present first draft of 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 referred CCHC system advance racial equity
Provider Summit

• Saturday, November 2nd
• 9:30am - 12:30pm
• Renton Community Center
• Breakfast, $25 gift cards and 3 STARS hours available for caregivers and providers
• Somali, Spanish, and Cantonese language interpreters on site
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.
Purpose: Consider how our identities impact us

• For each prompt, move to the identity that resonates with you
• Notice the choices of others
• Share with the group if you choose

Drawing on Diverse Life Experiences
Intersectionality

The interconnected nature of social categorizations such as race, class, sexuality, and gender identity/expression as they apply to a given individual or group. This is regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
Purpose: Consider how our identities impact us

• For each prompt, move to the identity that resonates with you
• Notice the choices of others
• Share with the group if you choose

- Race
- Ethnicity
- Sexual orientation
- Immigrant experience
- Ability
- Socio-economic status
- Education
- Age
- Faith/religion

Drawing on Diverse Life Experiences
Drawing on Diverse Life Experiences

Discussion

• What did this activity reveal about yourself or bring up for you?
• What was it like to choose only one identity?
• Were there any identities you felt were missing?
Learning from Our Colleagues’ Experience

Kindering
• Jenna Peterson
• Davique D. Humphrey
• Michele DiMeo

Sisters in Common
• Colleen Hollis
• Illica Cartier

Consultant Questions
- Approach - What are key elements of your approach to supporting children’s health?
- Role – What must a consultant be able to know and do to be successful?

Provider/Caregiver Questions
- What is working now in the consultation services you are receiving?
- What would you like consultation services to look like?
- Are there additional supports you are not getting that you would like?
Sisters in Common – Our Approach

**Practice cultural humility.** We step back and allow others to define their own identity and culture, instead of assuming we know about their values, beliefs and behaviors based on groups we think they might belong to.

**Provide culturally responsive services.** 99% of our staff (community health workers and consultants) come from the cultural groups of the caregivers we serve. They speak the same language and can translate and interpret information (e.g., health care information, changes in political policies impacting refugee and immigrants, court information, etc.) A majority of the caregivers do not read or write in their home language or English. Some English-speaking caregivers have low-literacy skills.

**Address social determinants of health (SoDH) of the family, friend and neighbor (FFN) caregiver and the children.** SoDH are the conditions in which people are born, grow, live, work and age that shape health. These include factors like socioeconomic status, education, neighborhood and physical environment, employment, social support networks, and access to health care. Addressing social determinants of health is important for improving health and reducing long-standing disparities in health and health care.

**Meeting FFN caregivers where they are, not where WE want them to be.** We are a community-informed model, which provides flexibility in meeting the needs of FFN caregiver, such as: number of visits; length of visits; and, time (evening, weekend) of visits. Staff can also choose rather than being required to take off a holiday they do not celebrate (for example, Easter).

**Provide education/learning opportunities for FFN caregivers.** We support them in sustaining environments where children are physically and mentally healthy, flourishing, resilient and kindergarten ready. Opportunities also promote the FFN caregiver self-sufficiency.
Sisters in Common – What a Consultant Must Know and Be Able to Do

• **Practice Cultural Humility.**

• **Provide and utilize culturally responsive practices and solutions** (interpreters, family dynamics, use of clergy, etc.).

• **Understand what the social determinants of health (SoDH) are and how addressing them is critical for improving health and reducing long-standing disparities in health and health care.**

• **Meeting caregivers where they are, not where WE want them to be.** In behavioral health we have a saying: “The best treatment is that which the client is willing to do.” That saying can be applied to child care health consultation services as well.

• **Have the ability to be flexible** - This is a community-informed model and changes are made when our data indicate a change is positive for the caregiver and the children in their care.

• **Be part of an innovative team** that is able to develop and try innovative practices that improve the health and well-being of FFN caregivers and the children in their care. Work together with community members to support the reduction of long-standing disparities in health and health care.

• **Have extensive knowledge in their area of expertise, supported by diverse experiences.** Some require licensing and/or degrees and/or certification (health-including behavioral health, child development-including working with children who have developmental delays, etc.).
Programmatic and classroom consultation services to build competence and confidence in providers caring for young children through:

• Observations and individualized on-site support for directors and teachers.

• Quality trainings and hands-on workshops for directors and teachers.

Topics include: Health/safety, challenging behaviors, promoting positive interactions, environmental support, developmental screening and referral support and more.

- Building relationships
- Being collaborative
- Individualized care
- Understanding different perspectives (cultural sensitivity) how beliefs and values shape behaviors.
- Information gathering
- Observation

- Sharing ideas clearly and soliciting ideas from others
- Developing hypotheses in collaboration
- Planning intervention in collaboration
- Supporting step-by-step change
- Encouraging reflection
Kindering - Role – skills to be successful

• Ability to build positive relationships with teachers, directors and families using a strength-based lens

• Consider all levels of influence regarding child and teacher’s behavior (cultural, developmental, family dynamics, support systems)

• Ability to wonder with provider rather than use an expert stance

• Ability to observe, synthesize observation, and develop goals based on observations

• Trauma-informed lens

• Reflective lens - participate in ongoing reflective practice

• Cultural humility – understanding and continual reflection of implicit bias

• Deep knowledge of child development and age appropriate practices

• Positive attitude, patience, reliable and respectful

• Multi-disciplinary teammate

• Be a member of the community
Questions and Highlights

What questions do you have for our colleagues?
Break
What is a logic model?

Our theory about:

Resources (time, $, systems)

Strategies
- Activity
- Activity
- Activity

Outputs
(more people trained, more caregivers reached)

Outcomes
Short → Long

Goal/Vision
Why do we need a logic model?

• To allow us to test our assumptions and beliefs about what will make the difference and for whom

• To organize our thinking about what will be needed in King County’s child care health consulting system Road Map

• To help us to agree on the most important steps

• To frame our recommendations to the County
Early Findings

Current System

Potential solutions to address gaps in system

Potential strategies to realize preferred system

Goals and Outcomes

Preferred System

Summit 2

Summit 3
Organizational Changes

• Strategies → Activities
• Outcomes → Short-term outcomes
• Goal Categories → Long-term outcomes
• Outcome categories
• Activity themes
Outcome Categories

• Equitable
• Supported
• Accessible
• Well-prepared
• Working cohesively
An **Equitable** System of CCHC

- Supported
- Accessible
- Well-prepared
- Working cohesively
Examples of Moving Information

• “Increase outreach in multicultural communities/populations working in related fields to pursue CCHC work.”

• “Support community-based organizations to provide CCHC.”

• “Child care providers and caregivers have access to child care health consultation regardless of their ability to pay.”
Strategy Themes

• Role clarity and training
• Data and evaluation
• Hub/centralized access point and alignment with Help Me Grow
• Outreach and support for diverse communities to pursue field of CCHC
• Increased variety of modalities to reach caregivers and providers
• Increased funding and resources
• Community of practice
First Reactions

At your tables, read and review the Draft Logic Model

• What is your initial reaction?

• What do you think about how this is organized?
Around the World

• Move among the charts organized by outcomes in the logic model
• We hope you’ll give some thought to each of the outcome areas
• Talk with others and consider/confirm/comment on/question the last group(s) comments

✓ Are these the right activities to reach the outcome? If not, what would you change or add?

• Consider what you might like to share about your exploration
Lunch
### Strategies

#### Related Findings

1. Increase outreach in multicultural communities/populations working in related fields to pursue CCHC work

   1. Early college/high school workforce development

2. **(7 votes)** Create and provide more trainings in various languages

3. **(3 votes)** Support community-based organizations to provide child care health consultation

4. **(3 votes)** Go beyond language accessibility to include other modalities. For example, Somali community prefers visual and audio resources.

#### “Preferred System” Goals and Outcomes

**Equitable**

- **Goal:** Services are delivered equitably across the County and alleviate race and place-based inequities.

  **Outcomes:**
  1. Child care providers, caregivers, and families have access to child care health consultation services in all areas of the County. *No wrong door.*
  2. Child care providers and caregivers have access to child care health consultation regardless of their ability to pay.
  3. Child care health consultants are reflective of the diverse communities within the County and supports are available to other CCHC’s to provide culturally-appropriate CCHC.
  4. Health and safety resources and materials are available in languages that caregivers and providers speak.
  5. Child care health consultants feel supported when caring for children with behavior, disability or health conditions. Child care health consultation supports child care providers and caregivers in serving all children and works to eliminate the expulsion of children.
  6. Flexible, ample, and mandatory funding supports equitable access where needed.

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#### Related Findings

3. Increase funding for consultation

   1. **(13 votes)** Support and expand – advocacy for increased funding through legislature

   2. **(2 votes)** Pursue new action – explore/seek out additional funding sources

B. **(2 votes)** Disseminate information about child care health consultation to high schools, colleges, community college programs, vocational-tech schools and within college specific departments (i.e. nursing)

   1. Increase advocating for scholarships

   2. Articulate role and pathway (to include different expertise)

   3. Periodic/regular check on data to access quality and quantity of CCHC

#### “Preferred System” Goals and Outcomes

**Supported**

- **Goal:** Child care health consultants have the resources to support the demand and need for their work.

  **Outcomes:**
  1. There is adequate funding to support a multidisciplinary child care health consultation workforce that sufficiently meets the needs of caregivers and providers.
     - Technology and tools for TA
       - Coordinate with other health consultants (i.e. how to connect with teams that are not connected with each other)
  2. Potential consultants are informed about what they need to know and do to become a child care health consultant in the County.
• Authority to act

• Capacity to move the strategy

• Enough time to complete it before October 2020
<table>
<thead>
<tr>
<th>Related Findings</th>
<th>Strategies</th>
<th>“Preferred System” Goals and Outcomes</th>
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</table>
| #1, 4, 5, 6, 7, 8, 10, 13, 19, 20 | A. Increase outreach in multicultural communities/populations working in related fields to pursue CCHC work
   1. Early college/high school workforce development
   (7 votes) Create and provide more trainings in various languages
   C. (3 votes) Support community-based organizations to provide child care health consultation
   D. (3 votes) Go beyond language accessibility to include other modalities. For example, Somali community prefers visual and audio resources. | **Equitable**
| | A. Goal: Services are delivered equitably across the County and alleviate race and place-based inequities. | **Equitable**
| | Outcomes:
| | 1. Child care providers, caregivers, and families have access to child care health consultation services in all areas of the County. No wrong door.
| | 2. Child care providers and caregivers have access to child care health consultation regardless of their ability to pay.
| | 3. Child care health consultants are reflective of the diverse communities within the County and supports are available to other CCHC’s to provide culturally-appropriate CCHC.
| | 4. Health and safety resources and materials are available in languages that caregivers and providers speak.
| | 5. Child care health consultants feel supported when caring for children with behavior, disability or health conditions. Child care health consultation supports child care providers and caregivers in serving all children and works to eliminate the expulsion of children.
| | 6. Flexible, ample, and mandatory funding supports equitable access where needed. | **Supported**
| | B. Goal: Child care health consultants have the resources to support the demand and need for their work. | **Supported**
| | Outcomes:
| | 1. There is adequate funding to support a multidisciplinary child care health consultation workforce that sufficiently meets the needs of caregivers and providers.
| |   ○ Technology and tools for TA
| |   ▪ Coordinate with other health consultants (i.e. how to connect with teams that are not connected with each other)
| | 2. Potential consultants are informed about what they need to know and do to become a child care health consultant in the County. |
Clearly define child care health consultation’s scope of work

Support and expand advocacy for increased funding through legislature
Organizing as Work Groups

- Voted at June Summit: End of June
- Sent Video Message: End of July
- Held Orientation Session: First week of September
- Meeting #1 for each Workgroup: End of September
- Meeting #2: October…
Work Group #1
“CCHC Scope of Work”

Participants:
1. Aerika Street
2. Avanthi Jayasuria
3. Caitlin Young
4. Colleen Hollis
5. Elizabeth Carley
6. Heather West
7. Janet Fraatz
8. Jennifer Helseth
9. Jessica Cafferty
10. Lizzy Menstell
11. Melody Stryker
12. Sara Rigel
13. Sharon Shadwell
14. Steve Shapiro

Conversation focused on 4 questions
1. What do you think is included in a Scope of Work?
2. What is NOT included in Scope of Work?
3. What already exists that we can build on/learn from?
4. What information/data would we need to collect?
Themes

- **Who** are CCHC’s serving (“customer”)?
  - Different communities have different consulting needs
- **What** programs & services do they offer?
- **What** is the CCHC team model (RN, nutritionist, etc.)?
  - What is the role of a the CCHC “team?”
- **What** are their responsibilities?
  - When is it “direct” service vs “in support of”?
- **What** competencies are required?
- **With whom** would CCHC’s need to partner (for example, Early Achievers coach)?
# CCHC Scope of Work Design Canvas Tool

<table>
<thead>
<tr>
<th>Co-Creators</th>
<th>Programs &amp; Services</th>
<th>Service Team Model</th>
</tr>
</thead>
</table>
| (For whom we are creating value) | (What are we trying to solve?  
What programs & services do we offer?) | (What is the purpose/role of the team?  
Who is on the team (roles)?  
High level responsibilities (per role)?  
Scope of practice?) |

<table>
<thead>
<tr>
<th>Key Partners</th>
<th>Key Competencies</th>
</tr>
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</table>
| (Who are our key partners?  
Which key resources do we need from them?  
Which key activities do they perform?) | (Which key competencies are required?  
Which are shared?  
Which are role-based?) |
Clarifying the Scope

Findings (Barriers and Gaps):

#10 = Some types of CCHC that work well in one community may not work well in another

#16 = Unclear whose role & responsibility it is to support child care providers in meeting early learning health & safety standards and practices

Group Focusing Question:

Would the “Scope of Work” be different based on who CCHC’s are serving?

• Family, Friend, Neighbor
• Licensed Care Centers
• Family Home Provider
• License-Exempt Part Day
Proposed Next Step

Friends, Family & Neighbor

Licensed Care Center

Family Home Provider

License Exempt Part Day
Co-creators and stakeholders brainstorm/design multiple scope of work models

They choose models to test

Identify riskiest/unknown parts of those models

Test those parts to learn:
- What is workable?
- What is needed from a system?
Exercise

We would appreciate your thinking & feedback!

At your table, discuss and record your conversation on the chart for the following 2 questions:

1. What do you like about the proposed approach?
   - CCHC Scope of Work themes/components
   - The 4 co-creators
   - Design approach

2. What would you like the work group to consider?
Work Group #1
CCHC Scope of Work
Next Meeting

TBD

In-person
Before end of the year
Work Group #2
Support & Expand Advocacy for Funding

Participants:
1. Aerika Street
2. Janet Fraatz
3. Jenna Peterson
4. Jennifer Helseth
5. Melody Stryker
6. Sara Rigel

Conversation focused on 4 questions
1. What IS the current state of advocacy and funding?
2. What already exists that we can build on/learn from?
3. What information/data would we need to collect?
4. What is NOT part of this workgroup?
Work Group #2
Advocacy
Next Meeting

Next Wednesday, Oct. 30th
11:00-12:30a

(Via Zoom)
https://zoom.us/j/276882312?pwd=QWtyakhLV1NQSGrBTm93d2o3Rk5ydz09
Using Process Improvement Practices to Move the System
Levels of Improvement

**Community Level** - Focused on population-level change. Involves multiple systems/communities engaged in a common issue.

- Can be paired with research (evidence-based practices/models)
- Focus of community-level improvement is to test the efficacy of the practice & model AND/OR how best to implement & adapt the practice/model for your specific conditions

**Organization-wide Level** - Focused on changing system outcomes *within* the boundaries of an organization (e.g., school district, school building, etc.)

- Always includes multi-departmental/site, cross-functional change

**Process Level** - Focused on core processes to deliver the outputs of your day-to-day work (e.g., classroom, your team)

- Can include cross-functional change within a cross-section of the organization
Process-Level Improvement

1. Typically an agreed upon process already exists

2. It exists to create something for someone(s); an agreed upon output/outcome
   1. Decision
   2. Schedule
   3. Goal
   4. Intake
   5. Plan
   6. Diagnosis

3. There is an agreed upon level of service or performance
   • Quality
   • Delivery
   • Safety
   • Cost
Exercise

At your table, review the current strategies in the draft logic model:

• Are there any strategies listed that are good candidates for process improvement based on the criteria shared?
• If so, what are they?

It must meet 2 of 3 criteria

1. Typically an agreed upon process already exists
2. It exists to create something for someone(s); an agreed upon output/output
   1. Decision
   2. Schedule
   3. Goal
   4. Intake
   5. Plan
   6. Diagnosis
3. Has an agreed upon level of service or performance
   • Quality
   • Delivery
     Safety
   • Cost
Improvement Starts by Clarifying the Problem

• A gap between what is currently happening...

• And what could/should be happening

• Quantifiable

• Observable

• Impact on Performance
Deceptively Simple Question

What is the problem we are trying to solve?

(What is the actual performance?)

- Quality
  - # of errors/rework
  - # of participants dropped out

- Delivery
  - Time to complete
  - Labor hours to do the job
  - # of people involved

- Safety
  - # of injuries
  - Level of harm

- Satisfaction/Engagement
  - Satisfaction score
A Good Problem Statement

**Is NOT**

▼ **A vague, general or non-specific statement.**

“It takes too long to process invoices.”

▼ **The reverse of the “solution” you have in mind.**

“Standards are lacking and need to be implemented.”

▼ **A lack of something, such as lack of a specific countermeasure.**

“Contract team does not have strong inspection steps creating lots of re-work.”

**IS**

▲ **A GAP described in terms of observable performance.**

“It currently takes 6 hours to process each batch of invoices.”

▲ **A GAP stated in terms of measurable performance.**

“The time to process 1 invoice ranges from 5 to 15 minutes per employee.”

▲ **A GAP stated in terms of impact on performance not blame.**

“45% of contracts were returned for editing due to incomplete or inaccurate information.”
Improving the Ability to Locate Consultants

**Obstacle/Gap:** Providers and caregivers currently engage in 7+ different ways to find consultants, identify their capacity, learn their rate, and confirm where (location) they serve.

**Potential Goal:** Providers and caregivers engage in 1 method to find available consultants
Designing Process

Map the Current Process
What are **ALL** the ways providers and caregivers currently find consultants?
What are the barriers?

![Current Process Diagram]

Map a Future Process
What are **ALL** the ways providers and caregivers could find consultants?
Ideal output/outcome?
Level of performance?

![Future Process Diagram]

**Ideas:**
- Online portal
- Web app
- Google doc
- Printed registry
- Phone hotline

= Close the Gap
Exercise

At your table, review the current strategies

1. Which one would you work on?

2. What would you propose as a “Problem Statement?”
Checking Our Assumptions

• Might there be any unintended consequences for kids, families, caregivers, and consultants of color?

• What might mitigate these potential consequences?
Next Steps

• We appreciate your thoughtful comments on the evaluation

• We’ll provide a summary of today’s conversation

• The logic model will be refined between now and our next meeting
Objectives

**Kindering**
- Present refined CCHC logic model
- Present first draft of CCHC Road Map

**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 draft CCHC Road Map
- Consider how choices and action towards the preferred CCHC system advance racial equity

Summit 5
March 25, 2020