

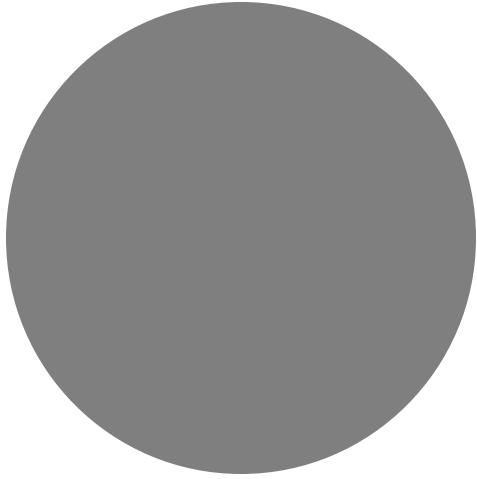


# Child Care Health Consultation

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Strengthening Our System  
in King County

Summit Four – October 23, 2019



**Welcome!**

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# 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

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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

Child Care Health Consultation (CCHC) Summits Outline

	Phase 1—Listen and Learn		Phase 2—Decide and Design		Phase 3—Respond and Recommend		
During each summit, Kindering and participants will...	<b>Community Engagement</b>						
	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)						
	<b>Summit 1</b> January 27, 2019	<b>Summit 2</b> March 24, 2019	<b>Summit 3</b> June 26, 2019	<b>Summit 4</b> October 23, 2019	<b>Summit 5</b> March 25, 2020	<b>Summit 6</b> June 24, 2020	<b>Summit 7</b> October 21, 2020
	<u>Objectives</u>	<u>Objectives</u>	<u>Objectives</u>	<u>Objectives</u>	<u>Objectives</u>	<u>Objectives</u>	<u>Objectives</u>
	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Convenes early learning stakeholders as a call to action</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present initial findings from public engagement activities</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present initial findings from public engagement on preferred CCHC system elements</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present first draft of CCHC logic model</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present refined CCHC logic model</li> <li>Present first draft of CCHC Road Map</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present final CCHC logic model</li> <li>Present refined CCHC systems Road Map</li> </ul>	<b>Kindering:</b> <ul style="list-style-type: none"> <li>Present stakeholder feedback on logic model and systems roadmap</li> </ul>
	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Reflect on the history of CCHC in WA</li> <li>Brainstorm “what most needs to change to realize the system that children need”</li> <li>Reflect on race equity questions and framework</li> <li>Establish meeting norms</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Confirm group charge</li> <li>Begin defining child care, health, and consultation</li> <li>Respond to Kindering’s initial public engagement findings that outline systems gaps</li> <li>Brainstorm potential solutions for each finding considering how solutions advance racial equity</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Respond to Kindering’s initial public engagement findings on preferred system</li> <li>Organize goals, strategies and actions</li> <li>Prioritize early-win opportunities</li> <li>Express interest on early-wins for potential work groups</li> <li>Consider how choices and action towards the preferred CCHC system advance racial equity</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Respond to and refine Kindering’s first draft of logic model for systems change</li> <li>Work groups present updates and progress of process and early-win projects</li> <li>Consider how choices and action towards the preferred CCHC system advance racial equity</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Work groups present updates and progress of process improvements and early-win projects</li> <li>Provide feedback on refined CCHC logic model</li> <li>Respond to Kindering’s CCHC Road Map</li> <li>Consider how choices and action towards the preferred CCHC system advance racial equity</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Work groups present updates and progress of process improvements and early-win projects</li> <li>Respond to refined CCHC systems Road Map</li> <li>Confirm final logic model</li> <li>Consider how choices and action towards the preferred CCHC system advance racial equity</li> </ul>	<b>Summit participants:</b> <ul style="list-style-type: none"> <li>Work groups present final report of process improvements and early-win projects</li> <li>Confirm recommended CCHC systems Road Map</li> <li>Hear King County’s plans for next steps</li> <li>Consider how choices and action towards the preferred CCHC system advance racial equity</li> </ul>
							<b>After Summit 7 (12/2020):</b> Kindering 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 2<sup>nd</sup>
- 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

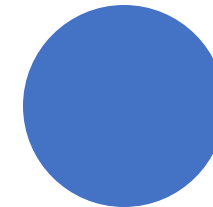
- **Participate** - Stay curious, ask questions, and share your thoughts and opinions in ways that work for you.
- **Be present** - We encourage you to be mindful of feelings. Practice good self-care.
- **Practice reflective listening** - Try to understand others' perspectives and confirm that you understand. 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
- 

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

## **Drawing on Diverse Life Experiences**



# Intersectionality

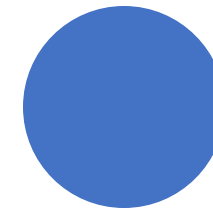
*The interconnected nature of social categorizations such as race, class, sexuality, and gender identity/expression as they apply to a given individual or group. This is regarded as creating overlapping and interdependent systems of discrimination or disadvantage*

## **Purpose: Consider how our identities impact us**

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- Race
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## **Drawing on Diverse Life Experiences**

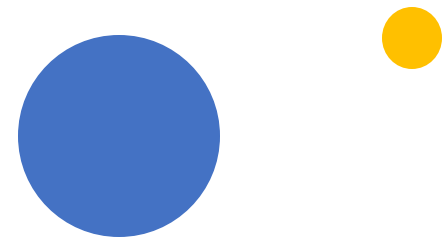


# Discussion

- *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?*
- 

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

# Drawing on Diverse Life Experiences



# Learning from Our Colleagues' Experience

## Kindering

- Jenna Peterson
- Davique D. Humphrey
- Michele DiMeo

## Sisters in Common

- Colleen Hollis
- Ilicia 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.).

# Kindering - Approach

Jenna Peterson & Davique D. Humphrey

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?*



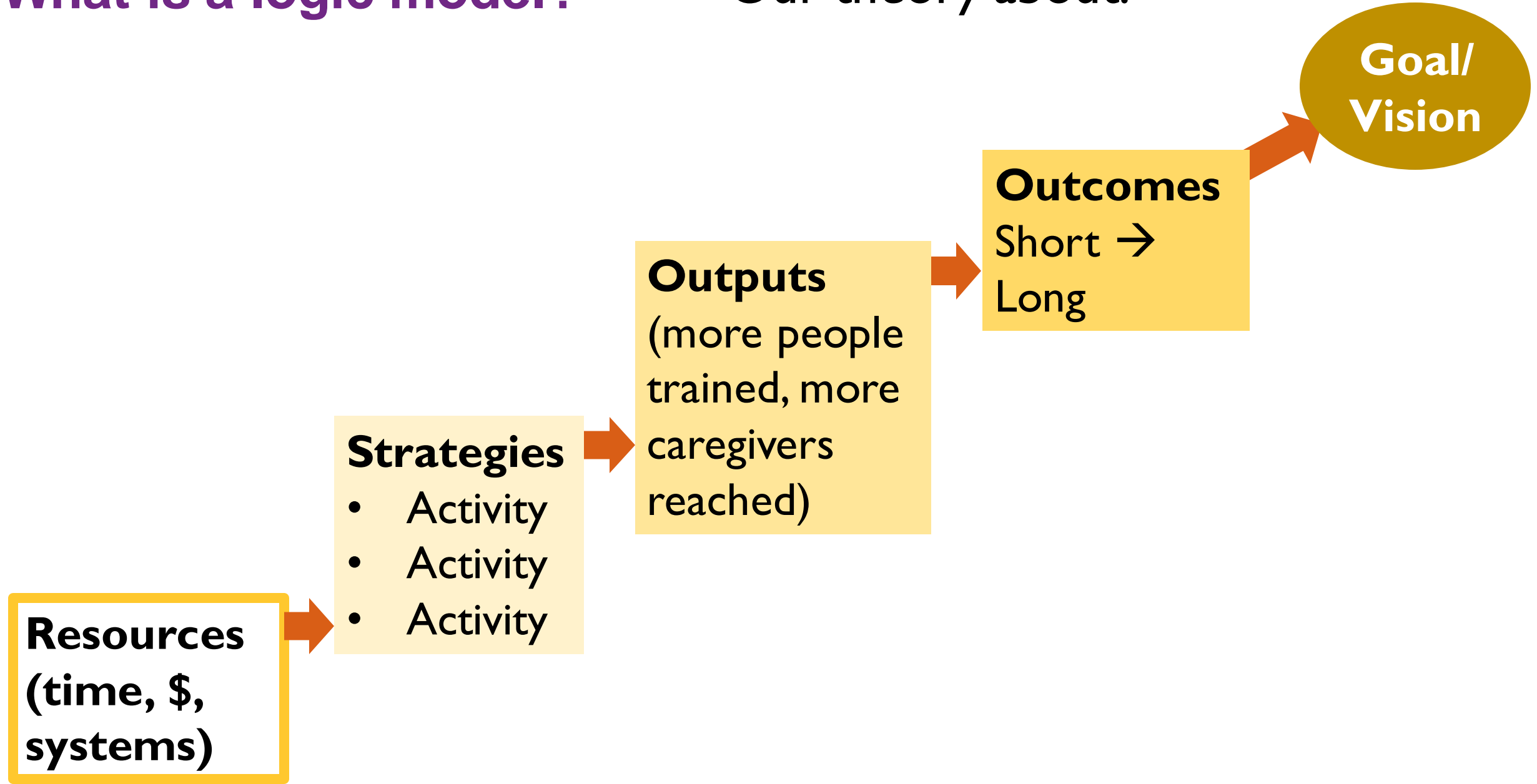
**Break**



**Considering the Logic of Our Action – Draft Logic Model**

# What is a logic model?

Our theory about:



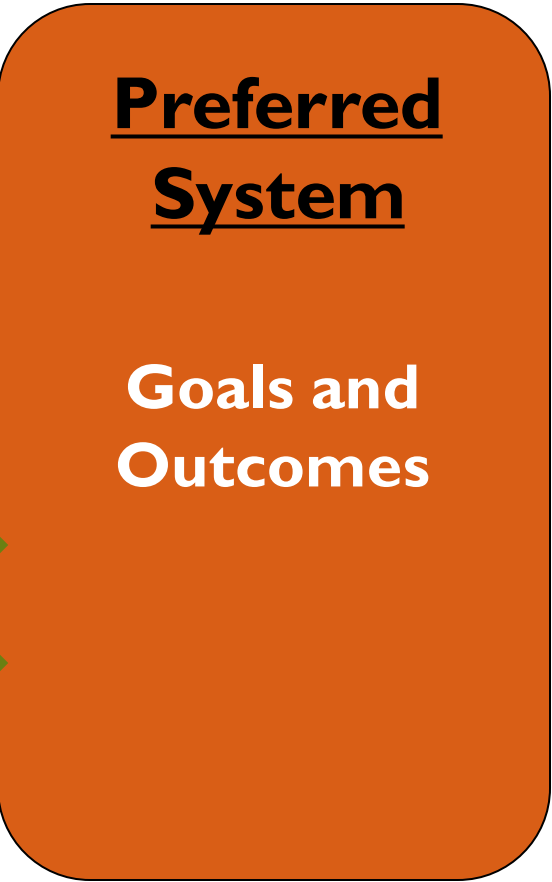
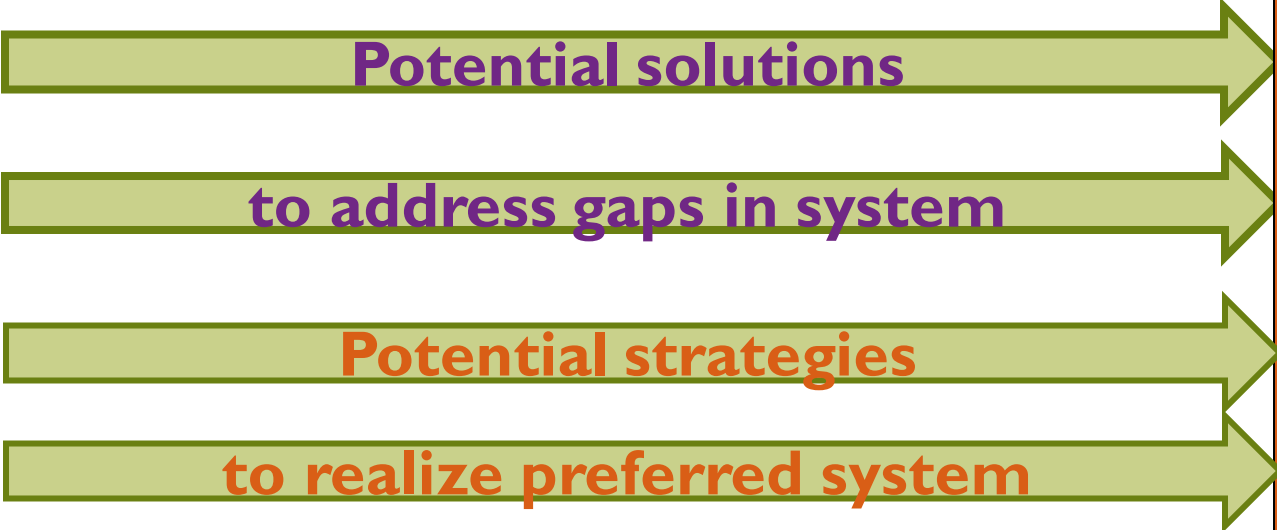
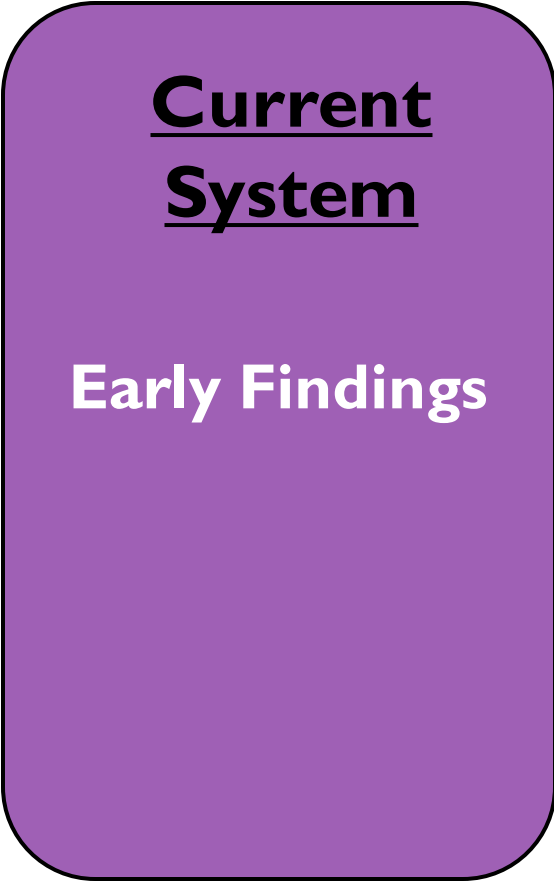
# Why do we need a logic model?

- 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



**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





**Draft Logic Model**

**Report Out**





**Lunch**

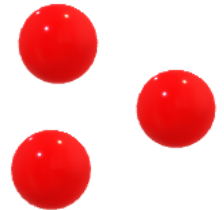
Child Care Health Consultation Systems Development  
Preferred System Framework and Worksheet

Updated 7-3-19 with Summit 3 participant feedback and revisions in red.

Participants were also asked to select a strategy that they believe the Summit Work Group has the authority, capacity, and time to complete as early actions towards an improved system of CCHC. Indicated by (# votes).

Related Findings	Strategies	"Preferred System" Goals and Outcomes
<p>#1, 4, 5, 6, 7, 8, 10, 11, 18, 20</p>	<p>A. Increase outreach in multicultural communities/populations working in related fields to pursue CCHC work</p> <p>1. Early college/high school workforce development</p> <p>B. (7 votes) Create and provide more trainings in various languages</p> <p>C. (3 votes) Support community-based organizations to provide child care health consultation</p> <p>D. (3 votes) Go beyond language accessibility to include other modalities. For example, Somali community prefers visual and audio resources.</p>	<p><b>Equitable</b></p> <p><b>A. Goal: Services are delivered equitably across the County and alleviate race and place-based inequities.</b></p> <p><u>Outcomes:</u></p> <ol style="list-style-type: none"> <li>Child care providers, caregivers, and families have access to child care health consultation services in all areas of the County. No wrong door.</li> <li>Child care providers and caregivers have access to child care health consultation regardless of their ability to pay.</li> <li>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.</li> <li>Health and safety resources and materials are available in languages that caregivers and providers speak.</li> <li>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.</li> <li>Flexible, ample, and mandatory funding supports equitable access where needed.</li> </ol>
<p>#4, 5, 7, 8, 14</p>	<p>A. Increase funding for consultation</p> <ol style="list-style-type: none"> <li>(13 votes) Support and expand – advocacy for increased funding through legislature</li> <li>(2 votes) Pursue new action – explore/seek out additional funding sources</li> </ol> <p>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)</p> <ol style="list-style-type: none"> <li>Increase advocating for scholarships</li> <li>Articulate role and pathway (to include different expertise)</li> </ol> <p>C. Periodic/regular check on data to access quality and quantity of CCHC</p>	<p><b>Supported</b></p> <p><b>B. Goal: Child care health consultants have the resources to support the demand and need for their work.</b></p> <p><u>Outcomes:</u></p> <ol style="list-style-type: none"> <li>There is adequate funding to support a multidisciplinary child care health consultation workforce that sufficiently meets the needs of caregivers and providers. <ul style="list-style-type: none"> <li>Technology and tools for TA <ul style="list-style-type: none"> <li>Coordinate with other health consultants (i.e. how to connect with teams that are not connected with each other)</li> </ul> </li> </ul> </li> <li>Potential consultants are informed about what they need to know and do to become a child care health consultant in the County.</li> </ol>

- Authority to act
- Capacity to move the strategy
- Enough time to complete it before  
October 2020



Child Care Health Consultation Systems Development  
Preferred System Framework and Worksheet

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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

<p><b>Co-Creators</b> <i>(For whom we are creating value)</i></p>	<p><b>Programs &amp; Services</b> <i>(What are we trying to solve? What programs &amp; services do we offer?)</i></p>	<p><b>Service Team Model</b> <i>(What is the purpose/role of the team? Who is on the team (roles)? High level responsibilities (per role)? Scope of practice?)</i></p>
<p><b>Key Partners</b> <i>(Who are our key partners? Which key resources do we need from them? Which key activities do they perform?)</i></p>		<p><b>Key Competencies</b> <i>(Which key competencies are required? Which are shared? Which are role-based?)</i></p>

# 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

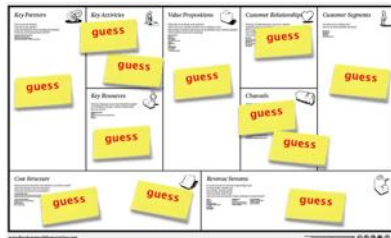
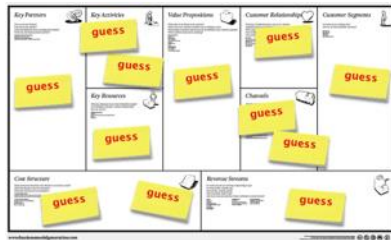
## Group Focusing Question:

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

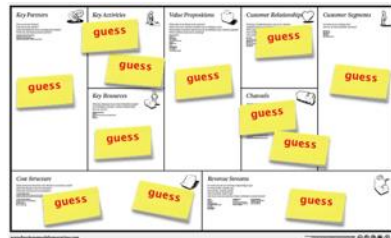
- Family, Friend, Neighbor
- Licensed Care Centers
- Family Home Provider
- License-Exempt Part Day

# Proposed Next Step

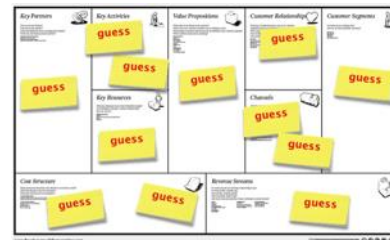
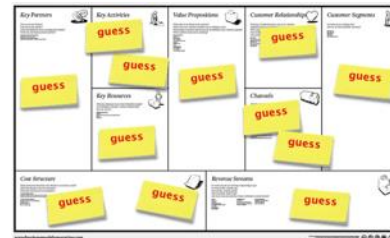
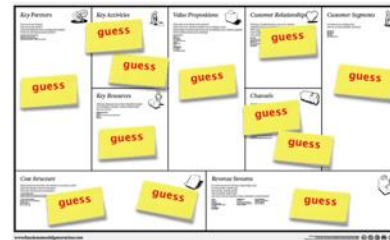
Friends, Family & Neighbor



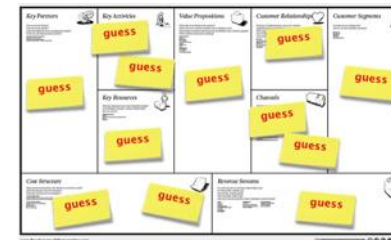
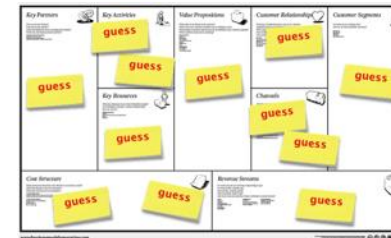
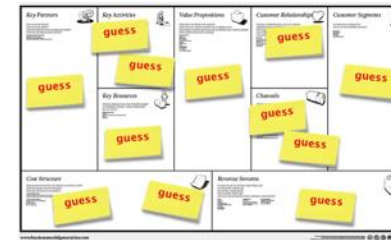
Licensed Care Center

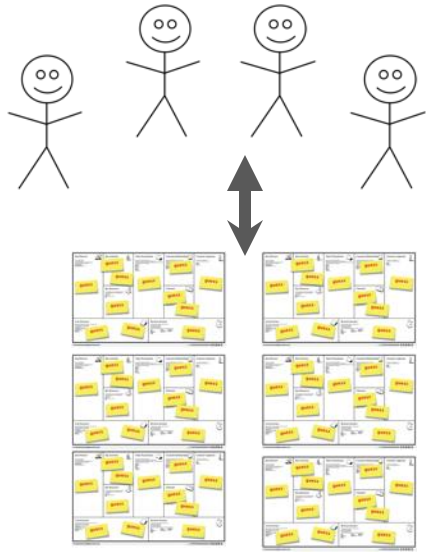


Family Home Provider

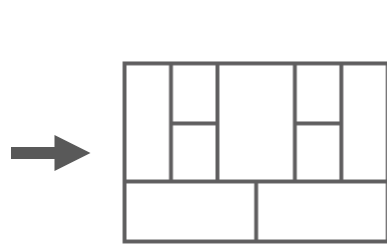


License Exempt Part Day

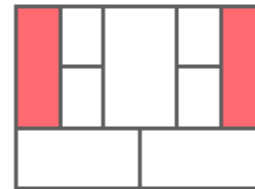




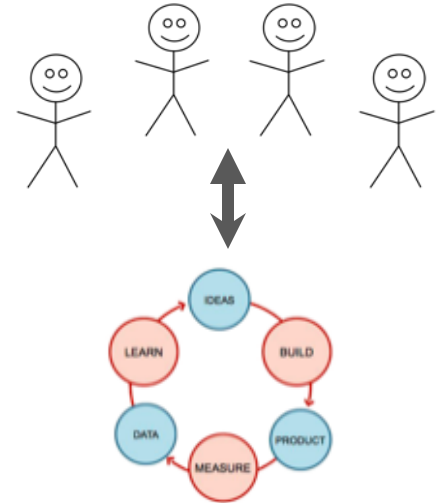
Co-creators and stakeholders brainstorm/design multiple scope of work models



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. 30<sup>th</sup>**  
**11:00-12:30a**

**(Via Zoom)**

<https://zoom.us/j/276882312?pwd=QWtYakhLV1NQSGhBTm93d2o3Rk5ydz09>



# 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

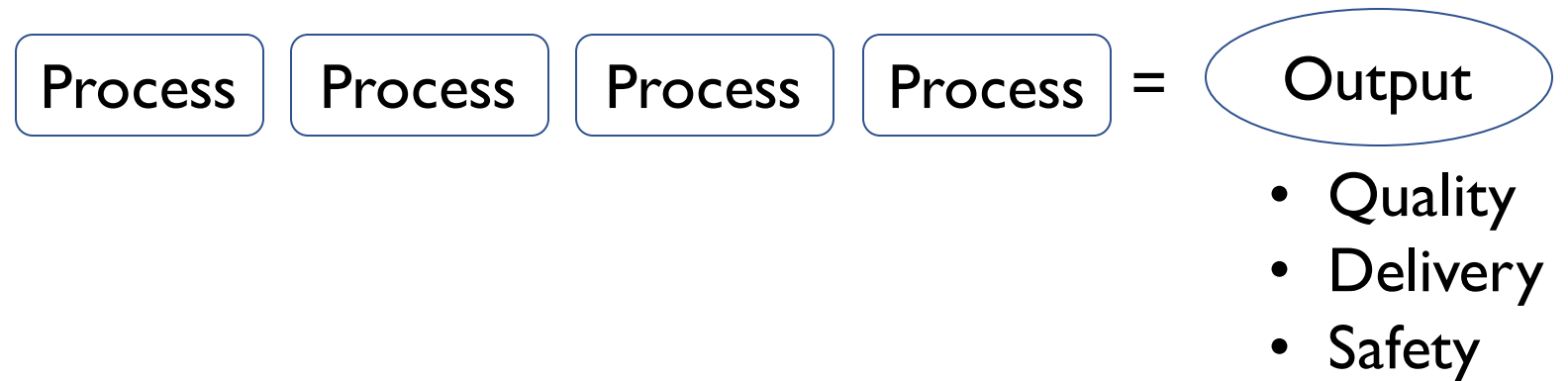
**Process Level**- Focused on core processes to deliver the outputs of your day-to-day work (e.g., classroom, your team)

- 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/outcome**
  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.

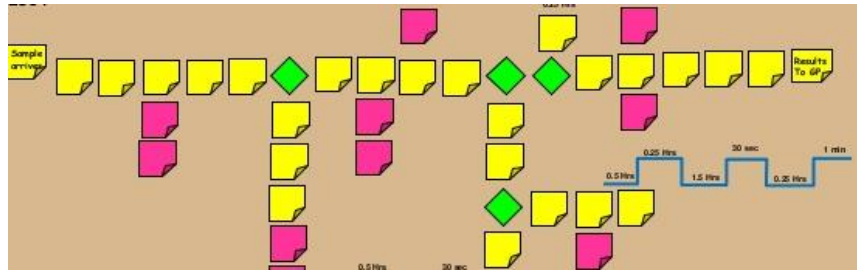
**Potential Goal:** Providers and caregivers engage in 1 method to find available consultants

# Designing Process

## Map the Current Process

*What are ALL the ways providers and caregivers currently find consultants?*

*What are the barriers?*

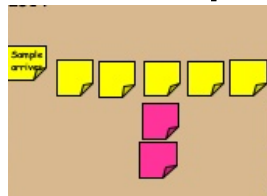


## Map a Future Process

*What are ALL the ways providers and caregivers could find consultants?*

*Ideal output/outcome?*

*Level of performance?*



## 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

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- 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



# Summit 5

## March 25, 2020

## 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