Summit 4- Logic Model Feedback

October 23, 2019

Supported:

- Add "reflection peer support" to 3rd short term outcome ("Child care health consultants have opportunities for coaching, mentoring, and networking with other child care health consultants.") and reflective supervision (e.g., feedback loop)
- Add county financial support for providers who can't afford CCHC
- Remove "strengthen career pathways" and keep it well-prepared
- 1st define "entity" and "private consultant"
- Acknowledge secondary supports for consultant. E.g., do visit with CC provider for one thing and other things come up. How can they be supported to address those other things?
- How is equity measured for long-term? (E.g., need for differentiated supports for CCHC POCs?)

Accessible:

- Question: who is determining licensure, credentialing, and training of CCHC?
- Question: who is identifying community leader? (Outside opinion may not = inside opinion)
- Workforce issue: What is compensation of consultants?
- What is the definition of accessible? Who decides that?
- Trainings: ensure they are accessible for providers (time of day, location, etc.)
- Develop funding model to offer living wages to consultants without adding cost burden to providers
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Well-prepared:

- Gain a formative, in depth understanding of child care providers' needs → data and evaluation
- Embrace more diverse perspectives on what it is to be a consultant
- Short term outcome and activities re: relationship development customization (responsiveness, flexibility, required of consultants)
- Who decides training, licensure, and credentialing?
- Be distinct about experience and expertise (e.g., a CC provider or consultant can have experience working with Somali family but cannot speak with all Somali families; not expert)
- Content specialist and coaching competencies are 2 different things
- Where is equity in long-term outcome? What are our goals related to equitable, well-prepared workforce? What would that look like?

Working Cohesively:

- Lots of focus on working cohesively with external folks (licensors, etc.)- how do we integrate and work cohesively across different types of CCHCs?
- Utilize WA compass to connect providers with H.C.
- Possibly eliminate "merit" #2 activity
- Community of practice needs support
- From working cohesively:

- The 2nd bullet of activities ("Support, create, or coordinate cross organizational hub and/or online centralized access point; support and expand statewide database of health consultants through MERIT (service description, consumer and quality).") needs to be in accessible
- Put activity in evaluation outcome it applies to
- Move 3rd bullet activity ("Develop centralized 24-hour call line aligned with Help Me Grow and supported by referral protocol for entities interfacing with diverse caregivers.") to accessible
    - Question: is 24-hour line for both providers and families? It should be (which means 2 different data systems)

Provider Videos—Comments from Audience

- FFN's are isolated
- Make CCHC more integrated
    - System is cut up
    - More choices? But does fragmentation impact inclusion?
- Personalized support for child care providers (not just customized)
- Providers want space to talk together
- Providers want in-classroom support (not just at care setting off to side)