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).

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<th>Related Findings</th>
<th>Strategies</th>
<th>“Preferred System” Goals and Outcomes</th>
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| #1, 4, 5, 6, 7, 8, 10, 11, 18, 20 | A. Increase outreach in multicultural communities/populations working in related fields to pursue CCHC work  
   1. Early college/high school workforce development  
B. (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. | A. **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. |
| #4, 5, 7, 8, 14 | A. 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)  
C. Periodic/regular check on data to access quality and quantity of CCHC | B. **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. |
### Notes:
- Group conversation to acknowledge expertise of community leaders
- Partner with leaders in community to provide more culturally appropriate/relevant/responsive consultation.

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| #2, 5, 6, 7, 9, 11, 14, 17, 18, 20 | A. Support, create or coordinate online centralized access point  
1. *(8 votes)* Support and expand – statewide database of health consultants through MERIT (service description, consumer and quality)  
2. *(2 votes)* Ensure diversity of modality (phone, virtual)  
3. Align with Help Me Grow | **Accessible**  
C. **Goal:** All child care providers, caregivers, and families across the County have access to high-quality and culturally-responsive child care health consultation services.  
**Outcomes:**  
1. Child care providers and caregivers know how child care health consultation can benefit and support the health and safety of their early learning environments.  
2. Child care providers and caregivers know how child care health consultation supports them in caring for all children with diverse needs and abilities.  
3. Child care providers and caregivers know where to go to find a child care health consultant.  
4. Multidisciplinary teams of child care health consultants (across discipline, level and role) are available to meet the diverse needs of providers and caregivers. **Start sentence with goal of serving children best.**  
5. Child care health consultants are available on demand and in-person at provider and caregiver request. **Question about the definition when discussing strategies. Scan of what is available. Needs assessment of demand. Are services that are needed adequately funded?**  
6. Child care providers and caregivers know where to turn when they have concerns about a child’s development, health, nutritional status or behavior.  
7. Consultants have access to consistent opportunities for networking and support. |
| | B. *(8 votes)* Disseminate information about child care health consultation to child care providers and caregivers, including FFNs  
1. Pursue new action - create referral protocol for entities interfacing with diverse caregivers (i.e., Kaleidoscope Play & Learn, Imagine Institute, Child Care Resources, etc.) +Au Pairs (CC task force change) |  
D. **Goal:** Child care health consultants are credentialed, licensed and/or trained and have experience to meet the variety of health and safety needs of providers, caregivers and children in care.  
**Outcomes:**  |
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| #4, 5, 10, 11, 13, 14, 15, 16 | A. *(1 vote)* Create cross organizational hubs (Hub might also be a place for providers to choose CCHC to work with)  
1. Pursue new action - establish which entity can act as a resource for private consultants  
2. Expand multidisciplinary team approach to support private consultants | **Well-Prepared**  
D. **Goal:** Child care health consultants are credentialed, licensed and/or trained and have experience to meet the variety of health and safety needs of providers, caregivers and children in care.  
**Outcomes:**  |
B. **(13 votes)** Clearly define child care health consultation’s scope of work
   1. **Support and expand** statewide CCHC training
   2. Combine “Statewide CCHC training” with “Create and provide more trainings in various languages” - Create continuum of training and supports, variety of topics like anti-bias, etc.
C. Create and provide more trainings in various languages
   1. *i.e.* racial equity/anti bias, nutrition/physical activity, strength-based approach and practice, etc.
D. Support community-based organizations to provide child care health consultation
E. **Pay for reflection time.**

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| **A.** **(6 votes)** Strengthen collaboration between licensing, Early Achievers coaches and child care health consultants *(include multi-disciplinary teams)* | **Pursue new action**- set up regular meetings with providers and those supporting them to clarify roles, responsibilities and expectations of each entity | **Working Cohesively**
| **B.** **(1 vote)** Increase resource sharing between licensing, Early Achievers coaches and child care health consultants | **Pursue new action**- establish protocol or mechanisms to share current/updated information in between meetings | **Goal:** Child care health consultants work cohesively within the larger system that support quality early learning environments and practices. |
| **C.** **(1 vote)** Build coalition of providers and caregivers in harder to reach areas- Expand development of virtual consultation | **Create a common data system showing snapshot of services provided by consultants and other entities** | **Outcomes:**
| D. Create a common data system showing snapshot of services provided by consultants and other entities | **Develop centralized 24 call line (embedded in Help Me Grow?)** | 1. Child care health consultants are readily available to support health and safety practices in early learning and caregiver settings though consultation, training and the provision of resources. *(e.g., mental health services)*
2. Early Achievers coaches and DCYF licensors know the role of child care health consultants and the services they provide to support and improve quality in early learning and caregiver settings.
3. Early Achievers coaches, DCYF licensors and child care health consultants have ways to communicate about shared programs. *(e.g., community of practice)* and coordinate their approaches and services *(get paid for coordinated efforts).* Involve ECE faculty and ECE teacher preparants *(community of practice)*
4. Programs that work or interface with family, friend and neighbor caregivers *(examples include: DCYF’s subsidy program, Kaleidoscope Play & Learn, The Imagine Institute, SEIU and community agencies representative of FFN cultural groups)* are aware of child care health consultation as a resource. *(Utilizing existing program- e.g., Help Me Grow)*
5. Reach caregivers, families and consultants of all cultures, race and language
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<td>• Collaboration skill set must be supported via training, coaching, accountability and structures</td>
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<td>• Clarify role of and relationships among nurse practitioners and community health workers and community-based providers</td>
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