



# Strategic Vision for the Child Care Health Consultation System in King County



# Acknowledgements

The Strategic Vision for the Child Care Health Consultation System in King County (Strategic Vision) was developed through a collaborative process guided by a Strategic Advisory Group. We give thanks to the Best Starts for Kids team, Strategic Advisory Group, and all those who participated in interviews to support the development of this Strategic Vision.

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# Background

Best Starts for Kids (Best Starts) builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Child Care Health Consultation (CCHC) is one of 11 Best Starts prenatal to five investment strategies. The prenatal to five investment area aims to reach children and families where they are — in their homes, child care settings, and communities — to support healthy child development and family well-being.

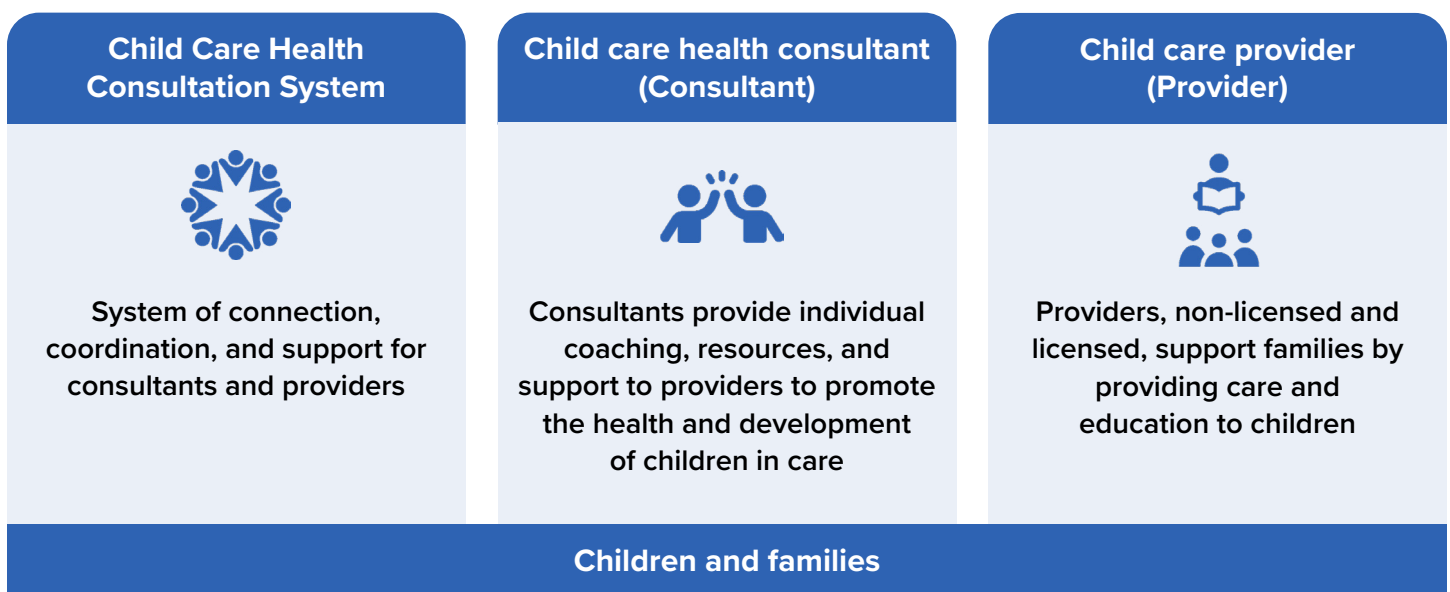
CCHC promotes the health, safety, and development of children and caregivers in child care settings. While engaging in the strategic visioning process, the Strategic Advisory Group had thoughtful conversations about the language used to describe those who provide care and those who provide CCHC services. These discussions honored the struggle of finding language and terms that are inclusive, and embrace cultural humility.

Best Starts defines “child care providers” broadly, including family, friend, and neighbor caregivers (FFN) and providers in license-exempt and licensed child care programs.

- License-exempt providers can include FFN and partial day providers hosted at community-based sites such as churches or homes.
- Licensed providers can include full day programs in community spaces such as churches or community centers, family home providers, and center-based providers.

Child care health consultants (consultants) support providers across a variety of child care locations (sites) and have a diverse range of expertise and backgrounds. Across communities, consultants are also referred to as: community health workers, community liaisons, nurse consultants, etc. Consultants can also be social workers, nutritionists, mental health specialists, and more. [Appendix A](#) provides additional examples of definitions.

*Ultimately, the Strategic Advisory Group concluded that there are many ways to identify the role of a provider and the role of a consultant, and underscored the importance of continued conversations about language and terms, both within and across communities. The following language is intended to be inclusive of this nuance and used throughout this strategic vision.*



In 2018, Best Starts funded Kindering to lead a CCHC Systems Development Project. [Kindering's work](#) included community engagement with child care providers, caregivers, families, child care health consultants, Washington State Department of Children, Youth, and Families, Child Care Resources (now known as BrightSpark), and other individuals and community-based organizations invested in King County's early learning system. The goal of Kindering's work was to create a Road Map of Recommendations to bridge the gaps in King County's current CCHC system. To continue this work, Cardea engaged in a strategic visioning process to develop a strategic vision and goals for the CCHC System in King County.

The CCHC System Strategic Vision includes immediately actionable recommendations and foundational investments needed to build the CCHC system in King County. The Strategic Vision is inclusive of a system that reaches licensed and non-licensed child care providers including child care centers, licensed and non-licensed family homes, and FFN and maintains and supports a diverse range of consultant expertise and experience.\*



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\* Child care providers may self-identify as non-licensed or license-exempt. Some child care providers may be license-exempt while pursuing licensing, and some may be license-exempt without an interest in future licensing. The King County CCHC Strategic Vision is inclusive of all ways in which a child care provider may self-identify.



# Approach

The CCHC System Strategic Vision (Strategic Vision) reflects learning and guidance from Best Starts, the Strategic Advisory Group, and systems experts across the country. Through a landscape review, key informant interviews, and development and engagement of a Strategic Advisory Group, Cardea synthesized findings to generate a Strategic Vision aligned to the inclusive goals of the King County CCHC system.

## Landscape Review and Key Informant Interviews with CCHC Systems Leaders

Cardea conducted a landscape review of CCHC systems and key informant interviews with CCHC system leaders to inform the priority areas, goals, and strategies of the King County CCHC system ([Appendix B](#)). The summary includes a synthesis of information from peer-reviewed and grey literature on CCHC systems, and interviews with CCHC system experts and representatives from state and local CCHC programs.

In early 2023, Cardea worked with Best Starts to identify the purpose of the landscape review and key informant interviews. The purpose of the landscape review and key informant interviews was to:

- Identify the components of national models and resources that can inform or guide the development of the King County CCHC system
- Explore state CCHC systems to learn about best practices that can be applied locally in King County
- Provide information to current and future partners in the ongoing strategy and development of the King County CCHC system

For the landscape review, Cardea synthesized information from Best Starts CCHC programmatic reports including [Kinderling's CCHC system report](#) and the [Best Starts for Kids Child Care Health Consultation Final Evaluation Report](#), as well as grey literature and examples of programs to complement themes emerging from key informant interviews. Based on findings from the landscape review, Cardea identified and reached out to five CCHC systems experts to complete key informant interviews.

## CCHC System Strategic Advisory Group

In April 2023, Cardea convened a CCHC System Strategic Advisory Group. The goal of the Strategic Advisory Group was to build on Kinderling's CCHC systems work and develop a strategic vision that informs initial CCHC system investments in King County. The Strategic Advisory Group included eight members representing public/governmental and community-based organizations that provide CCHC and/or early childhood services in Washington and King County. The Strategic Advisory Group met five times from April to November 2023 to provide guidance on the development of the Strategic Vision. In addition to participating in meetings, each member participated in individual conversations to deepen the process. Using the strengths-based [SOAR framework](#), the Strategic Advisory Group discussed current and future CCHC system strengths, opportunities, aspirations, and results. Strategic Advisory Group members shared their expertise and wisdom to create a shared vision with priority areas, goals, objectives, and initial strategies resulting in this Strategic Vision.

# CCHC System Strategic Vision Overview

## System Vision

We **envision** a collaborative, culturally and linguistically responsive, equity and justice focused, inclusive child care health consultation system that supports every child being happy, healthy, safe, and thriving.

## System Goal

**Create and maintain** a collaborative, culturally and linguistically responsive, equity and justice focused, inclusive CCHC system that has the depth of resources that consultants need to provide high-quality, relationship-centered, supportive services to child care providers and caregivers.

## System-Wide Inclusive and Supportive Strategies

- **Center the knowledge and experience** of providers (licensed and non-licensed), families, and community, and ensure the system is embedded in community
- Maintain a **flexible system** in which consultants can pivot/adjust consultation services to be responsive and relational to provider needs
- Center **self-care and community-care** for providers, consultants, and others who work in the system
- Provide inclusive **language access** in consultation, resources, and system components
- **Partner and collaborate** across Best Starts prenatal to five strategies and the early childhood community

## Considerations for implementation

- Provide compensation to providers/community who support systems building and ongoing improvement work
- Ensure there is motivation/incentive/excitement for consultants to participate in the system and system activities

## Current opportunities in Washington State and King County to align with or expand in continuing to build a CCHC system

- The Washington State Department of Children, Youth, and Families (DCYF) committed \$100,000 in mid-2023 for initial set-up and ongoing maintenance of a Washington CCHC registry.
- The Public Health — Seattle and King County (PHSKC) Child Care Health Program's (CCHP) ongoing language access project is supported by several funders including Best Starts and the King County Office of Equity and Social Justice to update existing child care health resources to be inclusive of license-exempt providers to ensure materials are useful for licensed and license-exempt providers and the families and children they serve. Existing child care health resources are also being translated into Amharic, Arabic, Chinese Simplified and Traditional, Oromo, Russian, Somali, Spanish, Ukrainian, and Vietnamese. New health education materials will be available in Mandarin, Somali, and Spanish. Materials and videos are housed on the [Child Care Health Program website](#).
- Best Starts Basecamp is an existing platform maintained by Best Starts to communicate and share resources as well as community, professional development, and programmatic information with its partners and community.

- Washington state [Early Achievers](#), [Child Care Aware WA](#), [WA DCYF](#), and [BrightSpark](#) use data systems that could provide examples for expanding or using data for monitoring and evaluation.
- Best Starts launched in September 2023, CCHC Reflective Case Consultation to create space for consultants to engage in reflective practice/case consultation and learn and discuss topics related to inclusion of children with disabilities and behavioral support needs in child care ([Appendix C](#)).
- DCYF [trains](#) nurses to provide consultation to licensed child care providers who care for infants.
- The PHSKC CCHP has been the largest professionally-oriented child care health consultation program in the state for more than 30 years providing nurse, behavioral health, nutrition, and community educator services to child care providers in the area. CCHP participates in conversations, supports, and partnerships with Best Starts, private child health consultants, and government systems.
- The PHSKC CCHP is developing a partnership with North Seattle Community College to increase opportunities for training providers, those interested in a pathway to a consultant role, and other capacity-building needs in the child care system ([Appendix C](#)).
- King County child care health consortium is a child care professionals space that was coordinated by PHSKC Child Care Health Program and included attendees from Pierce and Snohomish counties.
- [The Coalition for Safety and Health in Early Learning \(CSHEL\)](#) is a network of Child Care Health Consultants — health professionals of all types, licenses, and degrees (nurses, physicians, dieticians, environmental specialists, behavioral professionals, public health specialists, etc). The work of this networking group is supported by BestStart Washington.
- [Snohomish County Child Care Health Outreach](#) has a child care provider resource and service hub available to child care providers in Snohomish County.
- Best Starts Workforce Development is working with three community agencies — Horn of Africa, El Centro and CISC — to develop and implement community-based workshops that cover the general topics of healthy childhood development, racial equity, and infant and early childhood mental health.
- Washington State’s Help Me Grow network is a Best Starts partner and King County Help Me Grow is a Best Starts strategy that align with goals to create an integrative space for prenatal to five service providers.
- Best Starts hopes to invest in a project to map all prenatal to five services to support referrals and connections in King County.
- Best Starts [Child Care Health Consultation Final Evaluation Report](#) and Results Based Accountability [Best Starts strategy measures](#) provide opportunities and ideas for data collection, monitoring, and evaluation of the King County CCHC system.
- The Best Starts Infant and Early Childhood Mental Health (IECMH) Strategy began a new IECMH certificate program in 2023: “Centering Relationships and Social Justice in Early Childhood.” The certificate program has been created intentionally to reduce barriers to high quality education in foundational IECMH concepts by: offering interpretation; being offered at no cost; not requiring a college degree; offering a release of staff time stipend.

# CCHC System Components

## Support relationship-building between all child care health consultants and child care providers



Focuses on building and strengthening relationships between all consultants and providers to ensure that providers understand the role and scope of consultants and how to access consultation that supports providing culturally and linguistically responsive, inclusive care to children and their families

## Support child care health consultants' connection and relationships



Focuses on building and strengthening relationships between consultants to increase understanding of different program models, services, and other resources for providers and the children and families they serve

## Strengthen the child care health consultant workforce



Focuses on developing and enhancing the consultant workforce through culturally and linguistically responsive training, professional development, and reflective practice to develop the capacity of consultants to support providers in promoting the health and well-being of the children and families they serve

## Co-design and implement supportive systems for monitoring and evaluation



Focuses on optimizing data collection, monitoring, and evaluation to understand the reach of consultants, celebrate successes, and co-create opportunities for sharing learnings and continuous improvement



# CCHC Goals, Objectives, Strategies, and Sample Approaches

Each system component has goals, objectives, and strategies that reflect Strategic Advisory Group conversations about how to begin building the CCHC system to meet the system vision and goal outlined on [page 6](#). The Strategic Advisory Group acknowledged the need for additional conversations to continue building out each system component.



## System Component: Support relationship-building between all child care health consultants and child care providers

### Goal 1: Build and strengthen connections between all consultants and providers

**Objective 1.1:** Increase all providers' awareness of available CCHC services

- **Strategy 1.1.1:** Create a database or registry of resources and services offered across the state/county, allow filtering by support needed and consultant demographics, and include pictures and bios of consultants
- **Strategy 1.1.2:** Develop support for ongoing IT maintenance and regular updates of the registry and services

### Aligned Inclusive and Supportive Strategies

**Inclusive and Supportive Strategy 1.A:** Center the knowledge and experience of child care providers and community in developing the registry, including those for whom English is not their primary language, and provide compensation to those who support systems-building

**Inclusive and Supportive Strategy 1.B:** Establish community consultants as the primary point of contact to support connections and co-consultation with other specialists such as nurse consultants, infant and early childhood mental health consultants, nutritionists, health educators, early intervention providers, environmental health, policy, or inclusion specialists

**Inclusive and Supportive Strategy 1.C:** Ensure the registry is accessible in multiple languages

**Inclusive and Supportive Strategy 1.D:** Partner/collaborate with other Best Starts prenatal to five service providers to share resources and connection points with providers

**Inclusive and Supportive Strategy 1.E:** Collect feedback on the registry from consultants and providers to inform ongoing development and maintenance

**Inclusive and Supportive Strategy 1.F:** Provide in-person or virtual support to providers on how to access the registry and resources

## Sample Approach — Consultant registry

### Where can we house and manage a consultant registry?

- Opportunity — Work with DCYF to explore the possibility of including a King County-specific section of the Washington CCHC registry for Best Starts partners, PHSKC Child Care Health Program, private consultants, and consultation programs throughout King County
- Alternate opportunity — Create a CCHC registry specifically for King County, ideally mirroring the Washington CCHC registry

### What do we include in the consultant registry?

- Consultant information — name and contact of consultant with brief description of their experience and areas of expertise, any identities such languages spoken, availability for consultation, consultation fees, networks/affiliations/connections with other consultants, type of services (e.g., individual, team-based), service locations and format for consultation (e.g., virtual, in-person)

Recommend listing types of providers supported by the consultant to date

*For example:* A section on “Me & my practice” that includes information on approach and values

- Additional information could include space for announcements and/or a calendar of provider trainings, provider group or community building opportunities, and additional opportunities for provider connection

### Who accesses the consultant registry and how do they access it?

- Recommendation — consultant registry that is public facing for providers
  - Consider simple registration to minimize access by bots and other unintended users (e.g., a listserv style sign-up with approval for access)
  - Create the registry in multiple languages and use visuals to ensure navigation is supportive for community-based organizations working with providers who may not easily access the registry

### Examples from the CCHC field and beyond

- Registry examples tailored to licensed child care
  - [Colorado Child Care Health Consultant & Trainer Search Tool](#)
  - [North Carolina “Find a CCHC”](#)
- Consultation and related request forms for providers
  - [Maine Early Childhood Consultation Partnership \(ECCP\)](#)
  - [Child Care Aware Washington child care provider coach form](#)
- [Recommendations for designing a state child care health consultant registry](#)

### Current related opportunities in Washington State and King County

- The Washington State Department of Children, Youth, and Families (DCYF) committed \$100,000 in mid- 2023 for initial set-up and ongoing maintenance of a Washington CCHC registry.
- The PHSKC CCHP's ongoing language access project is supported by several funders including Best Starts and the King County Office of Equity and Social Justice to update existing child care health resources to be inclusive of license-exempt providers to ensure materials are useful for licensed and license-exempt providers and the families and children they serve. Existing child care health resources are also being translated into Amharic, Arabic, Chinese Simplified and Traditional, Oromo, Russian, Somali, Spanish, Ukrainian, and Vietnamese. New health education materials will be available in Mandarin, Somali, and Spanish. Materials and videos are housed on the [Child Care Health Program website](#).

### Additional considerations

- The Kindering CCHC System [Road Map of Recommendations](#) includes additional strategies to build relationships within the CCHC system on page 48. One priority recommendation to increase communication, collaboration, and connection within King County's early learning system is to support a mechanism by which Early Achievers coaches, DCYF child care licensors, and child care health consultants can increase communication and coordinate services



## System Component: Support child care health consultants' connection and relationships

### Goal 2: Build and strengthen relationships between child care consultants

**Objective 2.1:** Facilitate virtual opportunities for consultants to network and engage in peer-to-peer learning

- **Strategy 2.1.1:** Create a menu or database of resources across the state/county
- **Strategy 2.1.2:** Develop support for ongoing IT maintenance and regular updates of a virtual community learning hub
- **Strategy 2.1.3:** Define the purpose and intended use and develop a guide for the virtual hub

#### Aligned Inclusive and Supportive Strategies

**Inclusive and Supportive Strategy 2.A:** Center self and community-care for consultants and providers

**Inclusive and Supportive Strategy 2.B:** Ensure the virtual hub is accessible in multiple languages including Chinese, Somali, Spanish, and Vietnamese

**Inclusive and Supportive Strategy 2.C:** Partner and collaborate with other Best Starts prenatal to five service providers to share resources and connection points with providers



## Sample Approach — Virtual community learning hub for consultants

### Where can we house the hub?

- Opportunity — House the hub as part of the recommended Washington CCHC registry
  - Alternate opportunity — House the hub as part of a CCHC registry specifically for Best Starts partners and the PHSKC CCHP
- Alternate opportunity — Consider opportunities across King County prenatal to five services to house a hub as part of a broader prenatal to five service provider hub

### What do we include in the hub?

- The hub could include a resource menu or searchable database for consultants to access information, resources, and opportunities for individual learning and professional development and live discussion boards for consultants to ask questions, post resources, and connect informally, ideally developed in partnership with consultants

### Who accesses the hub and how do they access it?

- Recommendation — hub with access limited to consultants; hub administrators; and consultation program administrators, coordinators, and managers
  - Consider simple registration to minimize access by bots and other unintended users and to monitor who is using or access the community learning hub (e.g., a simple sign-up form with administrative approval for access to the hub)

### Examples from the CCHC field and beyond

- [North Carolina Child Care Health and Safety Resource Center](#) specific to licensed child care for child care health consultants (includes a “Find a CCHC” consultant list)
- [California Childcare Health Program](#) resources hub specific to licensed child care with resources and materials grouped into sections for families, providers, trainers, and consultants

### Current related opportunities in Washington State and King County

- Best Starts Basecamp is an existing platform maintained by Best Starts to communicate and share resources as well as community, professional development, and programmatic with its partners and community

### Additional considerations

- The Kindering CCHC System [Road Map of Recommendations](#) includes additional strategies to build relationships within the CCHC system on page 48. One priority recommendation to increase communication, collaboration, and connection within King County’s early learning system is to support a mechanism by which Early Achievers coaches, DCYF child care licensors, and child care health consultants can increase communication and coordinate services



## System Component: Strengthen the child care health consultant workforce

### Goal 3: Develop and enhance the capacity of consultants to support providers

**Objective 3.1:** Strengthen recruitment, training, professional development, and reflective practice opportunities for consultants

- **Strategy 3.1.1:** Conduct needs assessment of recruitment, training, professional development, and reflective practice needs for consultant onboarding and ongoing support
- **Strategy 3.1.2:** Design recruitment, training, professional development, and reflective practice opportunities, based on assessment
- **Strategy 3.1.3:** Deliver training, professional development, and reflective practice opportunities to develop and enhance the capacity of consultants to support providers

**Objective 3.2:** Build relationships among child care health consultants, infant and early childhood mental health consultants, and other prenatal to five service providers

- **Strategy 3.2.1:** Host an in-person annual meeting for prenatal to five program networking, connecting, and organizational showcasing

### Aligned Inclusive and Supportive Strategies

**Inclusive and Supportive Strategy 3.A:** Center skill-building around what consultants and providers need, design curricula using a strengths-based approach, provide opportunities for consultants and providers to opt into what opportunities are most supportive for them. Center the strengths of culture and language within skill-building and curriculum development

**Inclusive and Supportive Strategy 3.B:** Co-create skill-building opportunities with consultants, providers, system leaders, and people in the community

**Inclusive and Supportive Strategy 3.C:** Ensure that skill building is culturally and linguistically responsive, including being supportive of consultants who support both licensed and license-exempt providers

**Inclusive and Supportive Strategy 3.D:** Engage facilitators and trainers, including both consultants and providers, with diversity of cultural, language, and professional expertise and include STARS and other trainers who are able to grant continuing education (CE) to meet workforce CE needs

**Inclusive and Supportive Strategy 3.E:** Center self and community-care practices in skill-building opportunities

**Inclusive and Supportive Strategy 3.F:** Partner and collaborate with other prenatal to five service providers and community colleges to facilitate and participate in training and skill building

## Sample Approach — Training, professional development, and reflective practice

### What are ways to support skill building through training, professional development, and reflective practice?

- Align/standardize consultant onboarding across Washington and King County to strengthen understanding of the CCHC system and resources at the state and local level
- Host regular facilitated opportunities that support different types of consultant connection and interests including
  - Didactic sharing of consultation topics with reflection and discussion, facilitated by consultants with a diverse range of skills and experience
  - Consultant self-care and wellness opportunities
  - Peer learning huddles and skill sharing sessions
  - Reflective case consultation discussions
  - Office hours with system coordinator(s)
  - Coaching/mentorship to provide ongoing support to consultants
- Host affinity groups designed by consultants to support peer-to-peer connections, resource sharing, and reflective community space. Consultants may decide to create affinity group structures around: coordination or administration of a team; private consultation; consultation tailored to specific communities or providers; or consultant identity
- Plan and facilitate regular in-person meeting and networking opportunities with space for consultant teams and individuals to gather and connect to build new connections, deepen relationships, and contextualize virtual connections including consideration of a cross-networking opportunity for Best Starts prenatal to five service providers engaged in similar work

### Examples from the field and beyond:

- ECHO models (examples from [University of New Mexico](#) and [Kennedy Krieger Institute](#)) with 10–15 minute didactic information or skill sharing followed by a facilitated discussion that provide an opportunity to bring consultants with different types of skills and experience and who support different types of providers to deliver skill-building sessions
- [North Carolina CCHC Course](#) is a free training course for those hired to work as consultants by North Carolina local jurisdictions that follows national CCHC competencies. The training is provided using a hybrid approach with in-person, applied, skill-building components including shadowing, co-consultation, review of hands-on skill (e.g., medication management), and more. After a consultant completes the training series, the North Carolina CCHC coordinating body requires participation in ongoing professional development activities offered and hosted through the statewide CCHC system to maintain consultation status
- [Colorado consultants](#) have standardized opportunities to come together including 30-minute huddles every other month on range of topics, monthly office hours, and newsletters sharing resources and updates

- [Child Care Aware Kansas](#) developing an orientation process including CE for health care professionals. Kansas Child Care Training Opportunities (KCCTO) created a 50-hour online training course for the Kansas Child Care Health Consultant team as a part of orientation. KCCTO developed the training curriculum around the [Child Care Health Consultant Competencies](#) and child care standards established by the State of Kansas and [Caring for Our Children \(CFOC\)](#). The goal of the online training is to develop consultation skills, become familiar with child care standards in Kansas and CFOC, and develop consultant's professional resource library
- [BIPOC ED Coalition](#) is an example of how a group outside of early childhood rotates opportunities to be responsive to diverse interests (e.g., rotation of policy, programmatic, and professional self-care and wellness learning opportunities)
- The [California Training Institute Curriculum for Child Care Health Consultants](#) is a 6-day curriculum with 17 modules developed for health professionals to become Child Care Health Consultants

### Current related opportunities in Washington State and King County

- Best Starts launched in September 2023, CCHC Reflective Case Consultation to create space for consultants to engage in reflective practice/case consultation and learn and discuss topics related to inclusion of children with disabilities and behavioral support needs in child care ([Appendix C](#))
- The PHSKC CCHP is developing a partnership with North Seattle Community College to increase opportunities for training providers, those interested in a pathway to a consultant role, and other capacity-building needs in the child care system ([Appendix C](#))
- The [Coalition for Safety and Health in early Learning \(CSHEL\)](#) is a network of Child Care Health Consultants — health professionals of all types, licenses, and degrees (nurses, physicians, dietitians, environmental specialists, behavioral professionals, public health specialists, etc). The work of this networking group is supported by BestStart Washington
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- Washington State's Help Me Grow network is a Best Starts partner and King County Help Me Grow is a Best Starts strategy that align with goals to create an integrative space for prenatal to five service providers
- Best Starts hopes to invest in a project to map all prenatal to five services to support referrals and connections in King County

### Additional considerations

- The Kinderling CCHC System [Road Map of Recommendations](#) includes additional strategies to strengthen the child care health consultant workforce on pages 39–42. One priority recommendation is to diversify the multidisciplinary CCHC work force by providing financial support and mentorship to child care providers and caregivers to pursue trainings to enter the field of CCHC as consultants





## System Component: Co-design and implement supportive systems for monitoring and evaluation of consultation services

### **Goal 4: Optimize data collection, monitoring, and evaluation to understand the reach of consultants, celebrate successes, and create opportunities for continuous improvement**

**Objective 4.1:** Continue to build upon and co-design with new partners a data system to collect information that will be useful to child care health consultation programs, consultants, and providers and minimizes burden

- **Strategy 4.1.1:** Develop a measurement strategy and indicators to describe consultation services provided, communities reached, impact on providers, children, and families, and relationship building between consultants and providers

**Objective 4.2:** Facilitate review of CCHC service implementation across the system

- **Strategy 4.2.1:** Share findings, conduct meaning-making reflection sessions with community, and adjust findings as needed
- **Strategy 4.2.2:** Use findings and lessons learned to build understanding across systems about how consultation supports children and community

### **Aligned Inclusive and Supportive Strategies**

**Inclusive and Supportive Strategy 4.A:** Partner and collaborate with community groups and partners who can support development of useful data measures reflective of systemic determinants of equity, relationships, and culture

**Inclusive and Supportive Strategy 4.B:** Ensure evaluation and tracking systems support diverse community needs and preferences including community conversations and other qualitative approaches

## Sample Approach — Data collection, monitoring, and evaluation activities

### How do we co-design and use evaluation?

- A guiding group of partners can design, develop, and refine a Theory of Change that aligns with assessing the most important components of the CCHC and child care systems
  - Using the Theory of Change, a guiding group can move into designing and developing the processes and mechanisms needed to set up data collection, onboard CCHC programs and individual consultants, and implement the structures needed to generate qualitative and quantitative data summaries that connect the data to system and process improvement activities and assess the impact of the CCHC system
  - Existing opportunities for alignment are available to the guiding group, listed below (ex: Best Starts CCHC evaluation materials as well as other national CCHC evaluation plans)
- Recommend that the process includes community conversations to center community voice in determining what is meaningful data for the CCHC and child care systems

### How can we house and manage data and evaluation?

- Opportunity — expand data collection and evaluation efforts through current Child Care Aware data collection processes, ensuring that processes are inclusive of licensed and license-exempt providers
  - Alternate opportunity — house and manage a data collection system with a Best Starts-supported partner
- Efforts should include providing staffing to support the data system, completing system wide evaluation (both quantitative and qualitative), and conducting meaning-making conversations
  - Recommend technical assistance and capacity building resources for CCHC programs and individual consultants
  - Recommend investment in periodic deep-dive evaluation to complete in-depth data reviews of qualitative and quantitative data for additional meaning-making of the outcome and impact of the CCHC system

### How might data collection be structured to assess the CCHC and child care system?

- Data collection should include both CCHC program and individual consultant data that is inclusive of both licensed and license-exempt providers receiving consultation across King County
- Data collection should include intentional, non-burdensome, approaches to child and family data (e.g., conversations with families receiving child care from providers who are participating in the King County CCHC system)

### What might data collection include across the CCHC system?

- Data might include quantifiable measures of service delivery, communities reached, and impact of services for child care providers complemented by conversations with consultants and providers and with families and communities utilizing child care
- Considering the thoughtful inclusion of systemic determinants of equity is critical to centering equity in CCHC systems data collection, monitoring, and evaluation

### Examples from the CCHC field and beyond

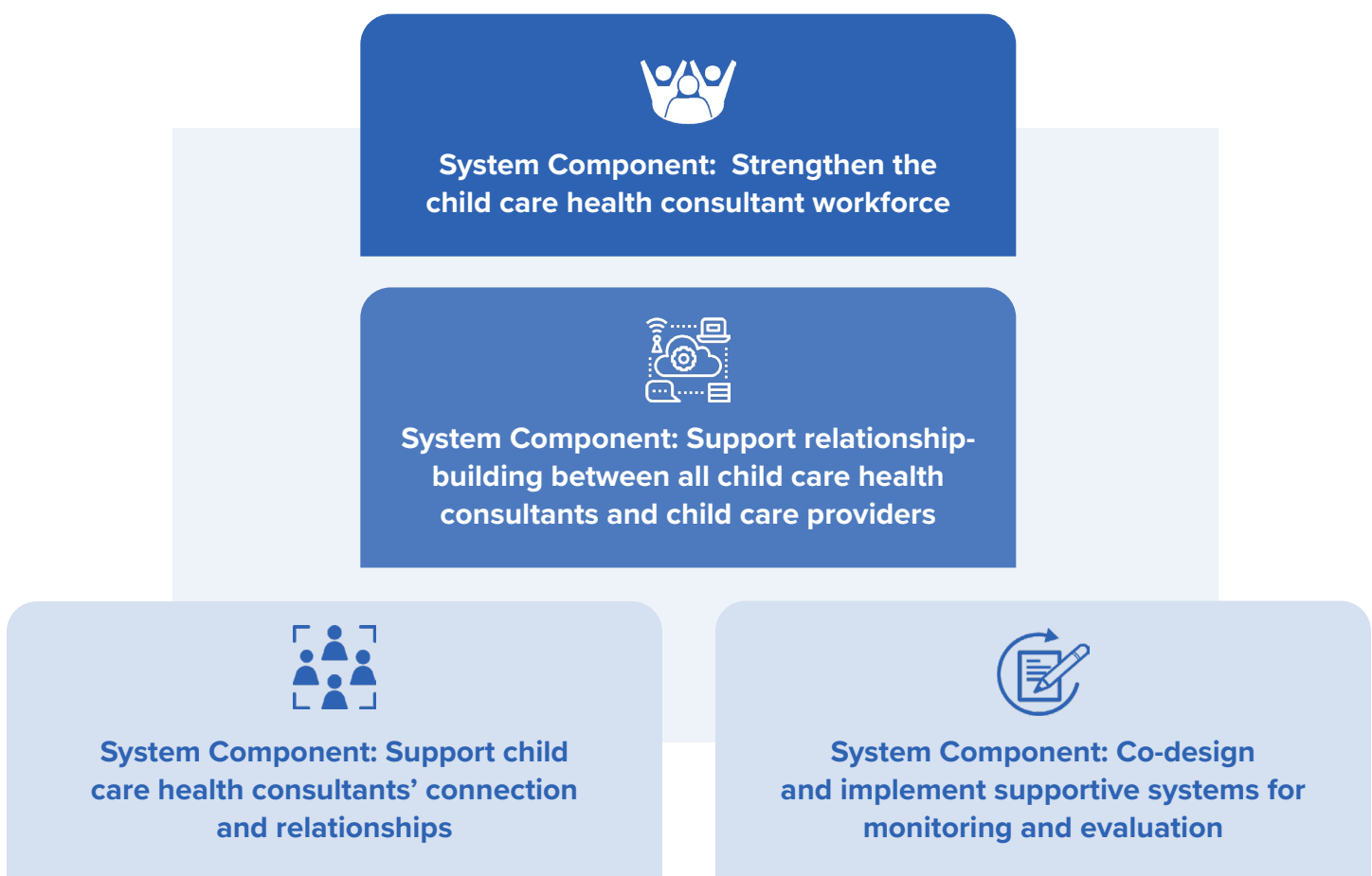
- [Child Care Aware Kansas](#): expanded on current registry system to build out additional data collection capabilities for evaluation of services and impact
- The King County Regional Homelessness Authority (KCRHA) uses a county-wide Homeless Management Information System (HMIS) database for publicly funded programs to input data, modeled on the [Washington state HMIS system](#). Programs use HMIS for program management, program evaluation, and quality improvement, and King County uses the data across publicly funded programs to [generate a county wide dashboard](#). Data upload options exist for public programs that have an existing database. KCRHA convenes a group of program providers, program evaluators, and public and private funders to develop, update, and interpret ongoing data and evaluation processes ([Systems Performance Committee](#))

### Current related opportunities in Washington State and King County

- Best Starts [Child Care Health Consultation Final Evaluation Report](#) and Results Based Accountability [Best Starts strategy measures](#) provide opportunities and ideas for data collection, monitoring, and evaluation of the King County CCHC system
- Washington State [BrightSpark](#), [Child Care Aware WA](#), [Early Achievers](#), and [WA DCYF](#) use data systems that could provide examples for expanding or using data for monitoring and evaluation

# Strategic Advisory Group Recommendations for Implementation

The Strategic Advisory Group discussed considerations for initial implementation of the CCHC system components. The Strategic Advisory Group felt strongly that all components are essential to the CCHC and emphasized that without all components, the vision is not a true system. Additional discussion about a staged approach to implementation led the Strategic Advisory Group to recommend an emphasis on strengthening the CCHC workforce, followed closely or in tandem with the system component to support relationship-building between all consultants and providers.



The Strategic Advisory Group also recommended working closely with providers to co-design and co-create the processes and system components. Having a community-designed definition of CCHC can also be supportive to the drafted CCHC system shared vision and goal that will guide system development. A reference to an initial drafted definition of CCHC is in the [Kinderling CCHC Systems Development Project report](#) (pages 6, 25–26).



# Considerations for Measuring System Building Progress

Best Starts uses the Results Based Accountability framework to support ongoing learning and understanding of the ways in which funded strategies are working well and improving the health and well-being of babies, children, and families in King County. Evaluation of CCHC services began by co-designing an evaluation of consultation services with funded service delivery program partners. For that evaluation, service delivery measures included:

---

**How much did we do?**  
*(all measures reported)*

- Number and type of unique sites provided services (including zip code)
- Number of unique child care providers served through consultations (including demographics)
- Number of consultations conducted and topics covered
- Number of training sessions held and number of participants

---

**How well did we do it?**  
*(at least one measure per program partner)*

- Percent of consultations that covered priority topic(s)
- Percent of providers reporting satisfaction with cultural responsiveness (and other areas of satisfaction)
- Percent of providers who participated in more than one consult

---

**Is anyone better off?**  
*(at least one measure per program partner)*

- Percent of providers who report increased ability to support growth and development
  - Percent of providers who report increased knowledge of community resources and/or other consultation topics
- 

For more on Best Starts child care health consultation evaluation of services approach see the [Best Starts for Kids Dashboard](#), [Best Starts for Kids Child Care Health Consultation Final Evaluation Report](#), and [Executive Summary](#).

As Best Starts works to design and develop the CCHC system in King County, Best Starts and its partners should consider co-designing a systemwide process evaluation to measure progress, in alignment with the systemwide inclusive and supportive strategies ([outlined on page 6](#)). Measures of progress should be useful to CCHC programs, consultants, and providers and minimize the burden of data collection. The following is an example of an approach to co-designing a systemwide process evaluation, followed by examples of measures of progress.

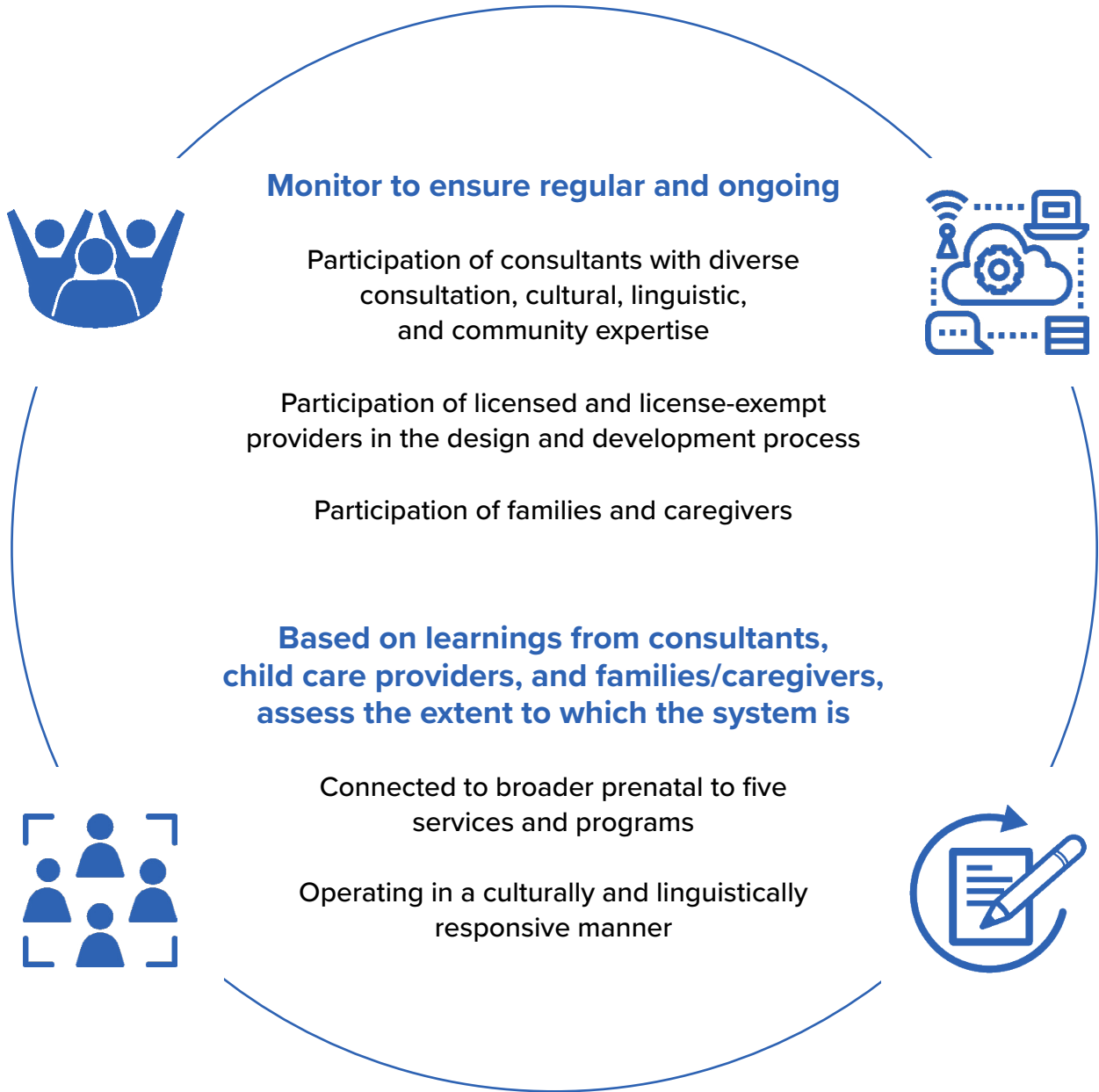
### Sample Approach

Form a diverse group of consultants, CCHC program administrators, and providers to:

- Define group purpose and scope
- Determine an approach to designing measures in alignment with the systemwide inclusive and supportive strategies
- Generate a systems-building process evaluation for the first three years to:
  - Support development of data collection processes
  - Outline implementation plan for data collection
  - Set up strategy for regular review, meaning making, and integration of continuous improvement using process measures
- Generate plan for ongoing process and impact measures for three years and beyond to:
  - Support development of data collection processes
  - Outline implementation plan for data collection
  - Set up strategy for regular review, meaning making, and integration of continuous improvement using process and impact measures
- Planning for a group to continue ongoing monitoring, meaning making, and integration of continuous improvement using process and impact measures

## Examples of Measures of Progress

The following are examples of measures of progress to consider in alignment with the systemwide inclusive and supportive strategies:



# Next Steps

While developing and implementing a CCHC system, additional conversations are necessary to ensure alignment with the strategic vision and goals. Continued conversation with consultants, providers, and community partners to build shared language is essential to founding a relationship-based, inclusive CCHC system in King County. Conversation is also needed to develop a process for measuring progress during implementation of the system components.



# Appendix A

## Example Definitions of Terminology

The Strategic Advisory Group had thoughtful conversations about the language used to describe those who provide care and those who provide CCHC services. These discussions honored the struggle of finding language and terms that are inclusive and embrace cultural humility. Ultimately, the Strategic Advisory Group concluded that there are many ways to identify the roles and define terms, and underscored the importance of continued conversations about language and terms, both within and across communities. The following are examples of existing definitions of terms, however these definitions may vary within and across communities.

### Child care health consultation

[Best Starts for Kids](#) defines CCHC as a collaborative partnership between a trusted child care health consultant and families, caregivers, and child care providers to promote optimal physical and emotional health, safety, and development of children in their care.

[Washington State Department of Children, Youth and Families](#) defines CCHC in alignment with the national Caring for our Children definition the role of a child care health consultant is to support child care providers to promote the health and development of the children, families and staff in their center. A child care health consultant helps the child care provider to create and maintain a healthy and safe environment for the children in their care.

### Child care health consultant

[Kindering's System Work](#) defined consultants as community health professionals, mental health specialists, nurses, nutritionists, health educators, or inclusion specialists.

[The National Resource Center for Health and Safety in Child Care and Early Education](#) defines a consultant as a licensed health professional with education and experience in child and community health and early care and education, preferably specialized training in child care health consultation.

### Reflective practice/consultation

[The Best Starts for Kids Implementation Plan \(2022–2027\)](#) defines reflective supervision/consultation as a practice emerging from the multidisciplinary field of infant mental health, which acknowledges that very young children have unique developmental and relational needs and that all early learning occurs in the context of relationships.

### Community-care

[Mental Health America](#) defines community care as focused on the well-being of individuals being intrinsically tied to the well-being of their larger community. The approach supports connections, intentional actions, and efforts to mobilize individuals to support one another.

### Child care provider

[Best Starts for Kids](#) defines “child care providers” broadly, as inclusive of family, friend, and neighbor caregivers and providers in license-exempt and licensed child care programs. Further definitions for **types of child care providers** include:

**Licensed care:** Any child care center or home child care provider that has an active license to provide child care services by the [Washington State Department of Children Youth & Families](#)

**Child Care Centers:** Child care center early learning program is a facility providing regularly scheduled care for a group of children birth through 12 years old for periods of less than 24 hours a day.

**Family Child Care Homes:** Early learning program licensed by DCYF where a family home licensee provides child care or education services for 12 or fewer children in the family living quarters where the licensee resides.

**Family, Friend, and Neighbor (FFN):** Include grandparents, aunts and uncles, elders, older siblings, friends, neighbors, and others who help families by providing child care. Those providing FFN care do not typically pursue licensing to become larger child care providers. Some FFN providers can receive child care subsidies for the care they provide.

**Partial day providers:** A child care setting that provides child care for half of a day. This means the child care site is completely closed to providing child care for at least half of the day. Partial day providers are usually located in community buildings such as religious buildings, community centers, or community organizations and are non-licensed.



# Appendix B

## Best Starts CCHC Systems KII Summary PowerPoint



### ∞ Project partners



This work is made possible by the [Best Starts for Kids](#) (Best Starts) levy. Best Starts builds on the strengths of communities and families so that babies are born healthy, children thrive and establish a strong foundation for life, and young people grow into happy, healthy adults. Best Starts is the most comprehensive investment in child development in the nation. King County's investments span from prenatal development through young adulthood, building strength and resilience in our communities along the way.



[Cardea](#) is a national, women of color-led organization with 50 years of experience in social impact evaluation, policy advancement, capacity development, and professional learning. Cardea envisions a world in which optimal health and well-being, equity, and justice are realities for all communities.

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- 1 Background
- 2 Landscape
- 3 Key Informant Interview Summary
- 4 References



Best Starts for Kids



Background

Best Starts for Kids



## ∞ Context and Purpose

Cardea is sharing this landscape review and key informant interviews (KIIs) summary to inform strategy development for a King County Child Care Health Consultation (CCHC) system in King County. The summary includes a synthesis of information from peer-reviewed and grey literature on CCHC and interviews with CCHC system experts and representatives from state and local CCHC programs.

The **purpose** of the landscape review and key informant interviews was to:

- Identify the components of national models and resources that can inform or guide the development of a King County CCHC system
- Explore state CCHC systems to learn about best practices that can be applied locally in King County
- Provide information to current and future partners in the ongoing strategy and development of a King County CCHC system

### What was done?

In early 2023, Cardea worked with Best Starts for Kids to identify the purpose of the landscape review and key informant interview summary.

Through the landscape review process, Cardea identified and reached out to five CCHC systems experts to complete key informant interviews.

Cardea reviewed key Best Starts for Kids CCHC programmatic reports including Kinderling's CCHC system report and the Best Starts CCHC deep dive evaluation report, as well as grey literature and examples of programs to complement information gathered from interviews.

Background

## ∞ Terminology

**Child care location (site):** A site refers to a single primary place where child care is provided by any provider type.

**Child care providers (provider):** Providers care for children at sites and can be licensed child care centers; licensed family homes; partial day license exempt; or family, friend, and neighbor care.

**Child care health consultant (consultant):** A consultant directly supports sites and providers and indirectly supports parent(s) and caregiver(s).

**Parent(s) and caregiver(s):** Parents and caregivers are the primary guardians of children in child care.

**Key informant interview (KII):** A qualitative data collection interview with CCHC system experts in states outside of Washington.



Background



## ∞ Landscape Review

Cardea scanned the landscape to identify literature and approaches that outline implementing CCHC systems or networks to inform King County's strategy.

Two themes emerged:

1. Strategies to create a CCHC system or network, and
2. Elements or components of a CCHC system or network



Current Landscape

## ∞ Strategies to Create a CCHC System or Similar Network

As outlined by the National Center on Early Childhood Quality Assurance (2021), strategies to create a CCHC system include:

- Conducting an environmental scan of existing health and safety provider needs and resources to learn about the current landscape
- Creating strategies for CCHC workforce development
- Developing a vision for a CCHC model that works for the state or county
- Developing an equitable action plan for the implementation of the vision
- Using an evaluation for continuous quality improvement

The Administration for Children and Families (2021) similarly shared four stages of successful implementation of a related Infant/Toddler Specialist Network (ITSN)

**Stage 1: Exploration**  
 Determine if ITSN is feasible and whether communities are ready  
 Community needs/strengths assessment  
 Develop ITSN vision, mission goals, logic model, and action plan

**Stage 2: Installation**  
 Select organizational sponsor and administrator  
 Determine resources needed (budget)  
 Explore funding and secure commitment  
 Design and build network, admin, and data structure  
 Build partnerships and collaboration

**Stage 3: Initial Implementation**  
 Identify staff qualifications, roles, and responsibilities  
 Network manager  
 Infant/Toddler specialist

**Stage 4: Full Implementation**  
 Evaluation: select evaluator and design evaluation objectives, goals, questions, methods  
 Support ITSN and specialists by providing ongoing support and reflective practice



## ∞ Examples – Potential Elements of a CCHC System

The North Carolina CCHC System strategic plan lists the following elements of a system:

- **Governance and administration:** governance structure that includes community partners, such as incorporation of CCHC services in child care policies
- **Financing and funding:** resources and funding mechanisms to support maintenance and expansion of access to CCHC services, such as involvement of community partners in funding and administration decisions
- **Assessment and planning:** planning driven by community needs assessment and data analysis, and analysis of common service data elements to understand process and impact
- **Implementation and evaluation:** support for continuous quality improvement through conferences or meetings and learning collaboratives, partnerships and agreements to facilitate coordination and referral, and data used to identify inequities and inform planning, funding expansion, etc.
- **Professional development:** training and coaching or mentoring with support for the development and retention of consultants who are reflective of communities served
- **Monitoring and accountability:** shared understanding of program standards, fidelity, and key data elements including coordinated monitoring to support implementation





## ∞ Examples – Potential Elements of a CCHC System

The Administration for Children and Families (2021) shared the following components to a system/network:

- An articulated **theory of change model to guide network services** that shows a process of anticipated change by identifying desired and/or expected goals, the population, and strategies to reach goals.
- A distinct **focus on specific Infant/Toddler workforce skills, knowledge, and competencies**. Suggested professional learning topics include working with mixed age groups, providing culturally competent care, how to best serve home-based providers, and reflective practices.
- A **variety of network services delivery strategies** including coaching technical assistance, consultation, training and professional development, peer connection, professional support, and community building.
- The use of **relationship-based approaches** that are strengths-based, responsive to providers, offer emotional support and encouragement, ensure provider confidentiality, are culturally sensitive, encourage feedback, and emphasize problem solving and information sharing.

Current Landscape



## ∞ Key Informant Interviews

Through the landscape review process, Cardea identified and reached out to **five CCHC systems experts across four consultation state wide systems** to complete key informant interviews. Interviewees were selected based on criteria related to:

- Having an active system of CCHC services (beyond a resource hub)
- Number of years operating
- Level and diversity of services available to child care providers through the CCHC system

Statewide systems included Colorado, Kansas, Maine, and North Carolina. Interviewees discussed the core functions of a CCHC system, history of building a CCHC system (including successes and challenges), overview of CCHC system operations, and successes of the CCHC system.



Systems Interviews

## Systems Start-up and Development



## ∞ CCHC Systems or Networks Often Begin with Implementation of a Grant or Policy Specific to a System for Coordinated Services

Historically, CCHC systems are not created until **political will, specific funding, or policy initiates the momentum** to build out and operate a system for consultation.

### Examples include:

- COVID-19 pandemic relief dollars
- Maternal Child Health (MCH) block grant funding
- Forming new public-private partnerships
- Task force review of data resulting in policy to create a pilot program addressing a specific identified need
- State department of health grant funding



Systems Interviews

## ∞ Initial Creation of a CCHC System or Network is Typically for a Specific Purpose and Evolves Over Time

### Examples of initial purpose for system or network creation:

- In 1995 the Healthy Child Care American (HCCA) campaign and *Blueprint for Action* was funded nationally by the Maternal and Child Health Bureau (MCHB) started up CCHC which has then been continued through support from the National Training Institute for CCHC. National funding through MCHB grants to states existed between 1997 and 2005
- Washington State was tasked with providing infant early childhood mental health (IECMH) to licensed providers who participate in the Early Achievers program
- The Kansas Department of Health and Environment initiated rapid development of a CCHC system when funding became available during the COVID-19 pandemic (4 months to plan and implement)
  - Began with a hybrid staffing model with early services focused on emergency triage and getting funds to providers to keep their doors open during the COVID-19 pandemic. Added coaching and mentoring model with a larger consultant team. Included a financial support package to get new child care providers licensed
- The Maine Early Childhood Consultation Partnership (ECCP) started as a pilot in five (5) counties in more populated and rural areas in 2021 as a result of a legislation mandate to develop a statewide program
  - Started by purchasing ECCP from Connecticut and then worked with that group on initial start-up and data system support
- North Carolina started in 1995 to serve children from 0-5 in child care with consultants who have a wide variety of backgrounds (health educators and nurses)
  - Started as a small program of geographically dispersed support consultants

Systems Interviews

## ∞ Initial Creation of a CCHC System or Network is Typically for a Specific Purpose and Evolves Over Time

The CCHC system or network then **expands and evolves based on a variety of factors that change over time** such as:

- Expansion or reduction of services
- Funding availability and funder requirements
- Intersecting systems and roles (e.g., Help Me Grow, IECMH)
- Iterations of service models including consultant certification and hiring requirements
- Partnerships
- Policy requirements
- Political will
- Changes to, or elimination of, system or network coordinating role

Most commonly, a system will begin with a specific purpose or pilot at a smaller scale and expand to reach larger geographic areas, meet diverse provider needs, and add formalized supports for consultant skill building and expertise.

Systems also evolved to develop more robust data collection processes and create concrete provider assessment and goal setting processes that help consultants better support providers and monitor progress toward providers' consultation goals.

Systems Interviews

## Systems Core Functions and Supportive Structures

## ∞ Most Interviewees Shared That CCHC Systems Have Five Core Functions

### 1. Team-based approach to consultation in which consultants have:

- Diverse backgrounds in nursing, early childhood development, early childhood education, social work, health education, etc.
- Culture, language, and geographic match with providers
- Approaches to adult-based support with the ability to support child and family emergent needs
- Self-employment arrangements or work for local agencies or school districts
- A service delivery model to follow including consultation approaches, tools, and coordination to support the diverse needs of providers and use a provider-lead process for creating consultation goals

### 2. Standardized processes for consultant onboarding, training, and ongoing support that may include:

- Free training including some credit and some non-credit approaches (e.g., training lasting from half day/5.5 hours to 4-weeks/50 hours)
  - Following national CCHC competency standards
  - Applied learning component (e.g., shadowing, co-consultation, mentor observation)
  - Requirements for professional development offered through the system to maintain consultant status
- Coaching or mentorship structure for ongoing support to consultants
- Monthly or bi-monthly facilitated peer learning huddles, office hours with systems coordinator, resource sharing, annual conferences, and webinars



Systems Interviews

## ∞ Most Interviewees Shared That CCHC Systems Have Five Core Functions

### 3. Ability to connect providers to the consultation system and additional resources and services

- Hub for providers to connect to consultants and to referrals benefitting providers, parents/caregivers, and children

### 4. Central registry and database for cross-system coordination, evaluation, and learning with information about:

- Available consultants and consultative services
- Providers within the region
- Service delivery data including feedback from providers and provider achievement of consultation goals

### 5. System coordination and management

- Coordination and management by dedicated staff
- Support from advisory boards that include representatives from state and local government, children’s hospitals, private partnerships, academic institutions, community-based organizations, other early childhood systems and services, and other nonprofit human services groups



Systems Interviews

## ∞ A Variety of Roles Exist to Support Diverse Skill-building and Sharing Topics with Providers

While there was no consensus on the variety of roles needed to support providers, interviewees noted that **defining the ways in which roles interact is needed across all roles.**

Roles with specific defined focus:

- IECMH specialist/consultant
- Public health nurse consultant
- Registered dietitian

Roles with focus needing additional clarity:

- Community health worker
- Early Achiever coach
- Infant toddler specialist/consultant



Systems Interviews

## ∞ CCHC Systems or Networks Typically Work with Providers Throughout the State and have Varied Consultative Models and Team Structures

Each of the four CCHC systems provide services throughout most, or all, of the state with varying requirements and fees:

- All are **limited to providing services to licensed providers** with two also serve those who are interested in becoming licensed, public elementary schools and after-school programs
- **Consultation participation requirements vary**
  - Two systems require providers to participate in consultation with one requires licensed infant care providers and one requires all licensed providers
  - Three systems do not require providers to participate in consultation. One indicated that providers currently receive a \$5,000 incentive/stipend to encourage voluntary participation for receiving CCHC services although funding for this incentive is ending soon, and one noted that while participation in CCHC services is not a requirement, licensed child care providers are required to put up posters maintained by the CCHC system to help direct providers toward consultation services
- **Consultation costs vary**
  - Three systems (including the two that require providers participate in consultation) require providers to pay for consultation services unless subsidized by local jurisdictions, and rates vary by geographic area, type of service, and consultant
  - Two systems that do not require providers to participate offer consultation at no cost to providers who voluntarily opt in

Systems Interviews



## ∞ CCHC Systems or Networks Typically Work with Providers Throughout the State and have Varied Consultative Models and Team Structures

CCHC systems leaders discussed several **types of consultative models** and associated team structures:

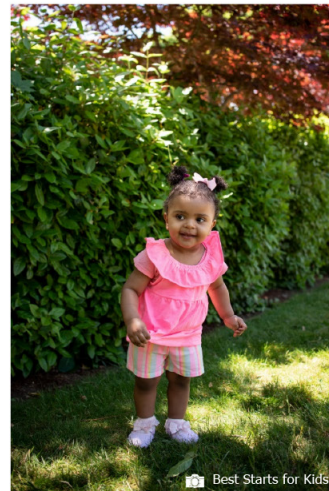
- Child Care Aware Kansas uses a coaching model as a **single, coordinated, statewide team** with one consultant holding the primary consultative relationship with the provider, and other consultants providing support in specific areas as needed through co-consultation. Consultants provide support as needed to providers or use an intensive scale-based approach that includes pre-assessment and ongoing engagement to increase services.
- Maine ECCP uses a **structured model** in which consultants work in a classroom for 12 weeks using a standardized protocol with fidelity assessments to ensure consultants follow protocol.
- The North Carolina CCHC program is a network with a **dispersed consultation model**. Support (including training, ongoing certification, mentorship, and coaching) for consultants is provided and coordinated through the central coordinated public-private partnership, while consultation services are funded and based within local jurisdictions through individual consultants or consultation teams, depending on the geographic area. The central network gathers and maintains data to track systems-level services information.

Systems Interviews

## ∞ Most CCHC Systems or Networks are Partially or Fully Funded by Grant Funding Through State, Local, and Private Funders

Systems leaders shared the following information about funding for coordination, administration, and services within the system or network:

- Health Child Care Colorado receives state and grant funding
- Maine ECCP receives state general, Child Care Development Fund (CCDF), mental health block grant, and Office of Child and Family Services in the Department of Health and Human Services of Maine funds
- Child Care Aware Kansas receives COVID-19 pandemic support funds and grant funding for all coordination, administration, training and professional development, and direct consultation services and hopes to sustain through CCDF funds
- The North Carolina CCHC program is funded through a public-private partnership with state funding in which each county/local jurisdiction decides how to fund direct consultation services. Consultants hired through local jurisdictions participate in all state system training, professional development, and coaching/mentoring at no cost



Systems Interviews

## ∞ CCHC Systems or Networks Coordinate with Other State Child Development Systems and Programs to Support Providers, Children, and Families

Systems and networks use different strategies for support, connection, and coordination between non-CCHC systems, programs, and services. Some strategies include:

- CCHC consultants and other early childhood professionals outside of their system (e.g., IECMH consultants, coaches, nutritionists, infant toddler specialists)
- CCHC systems coordinators and coordinators/program managers for Help Me Grow and Early Childhood Education and Assistance Program (ECEAP), Department of Education, and Child Development Services Part B and C
- Public-private workgroups that include representation from state governance (governor's office, state department of public health, department of human services), Head Start, universities, hospitals, and nonprofit agencies



Systems Interviews

## System Supports and Challenges

## ∞ CCHC Systems or Network Coordinators Discussed Challenges Encountered

### Staffing a CCHC system

- Hiring consultants is difficult, particularly when the position requires a license, graduate degree, or accreditation that is not provided through the CCHC system
- Retaining consultants is challenging, since nurses, for example, can make more money in other positions (one expert noted hiring through Health Departments had historically better retention than other departments or agencies)
- Travel to rural sites is challenging

### Recruiting and keeping providers engaged

- Marketing CCHC services to providers is difficult without a financial incentive or licensing requirement
- Providers often leave their positions, leading to challenges in the continuity of consultation relationships and the ability to sustain change over time
- Providers may not trust consultants who work in the same agencies that manage licensing and child welfare

### Operating and administering the system

- Inconsistent funding creates challenges in sustaining and maintaining continuity of services, specifically when there are changes in where funding is administered
- There are challenges in hiring an appropriate level of administrative staff to manage the system
- There are no systems to track how many consultants are providing services to how many providers, as well as consultation goals and impact
- There is no defined model for consultants to follow in their work with providers
- Some systems have consultant oversight from both the systems/network coordinator and a local agency manager, creating confusion for all parties
- Undefined coordination between different types of roles and/or other early childhood systems creates confusion, and sometimes conflict, between consultants and other roles supporting child care providers and children and families in child care

Systems Interviews

## ∞ CCH Systems or Network Leaders Indicated that Coordination and Centralized Data Systems were Most Supportive for Their Systems

Leaders shared that collaboration, coordination, and partnership with outside agencies and state and local government supported system stability and growth.

- Advisory support from a steering committee/advisory board made up of leaders from public and private agencies
- General partnerships and partner support/advocacy for the CCHC system
- Partnership and buy-in to support ongoing funding needs

Leaders whose systems had coordinated central communication and data systems highlighted that these were supportive for coordination, tracking, and quality improvement.

- Coordination through a centralized system for all parties
- Central data systems to track data and case notes that can be referenced by other consultants as needed
- Monitoring and evaluation data provide insight on CCHC dosage, consultation topics covered, and impact on providers
- Data to inform adaptations to best support providers



Systems Interviews



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References



# Appendix C

## **Additional Context: Current opportunities in Washington State and King County to align or expand in continuing to build a CCHC system**

Best Starts plans to launch CCHC Reflective Case Consultation to create space for consultants to engage in reflective practice/consultation and learn and discuss topics related to inclusion of children with disabilities and children's behavioral support needs in child care. Below is more information about the group.

*Welcome to IMPACT's Reflective Case Consultation! This group merges reflective practice and case consultation, aiming to create a collaborative space for you to explore your work with children, families, and childcare providers. Reflective consultation is rooted in parallel process, which is the principle that a consultant's demeanor shapes and becomes the template for how their client interacts with others. Reflective consultation fosters thoughtfulness and empathy by focusing on relationships, curiosity about our experiences and biases, and attending to the emotional impact of this work.*

*Sessions will be facilitated by Northwest Center Kids IMPACT, which is dedicated to the inclusion of children with challenging behaviors and disabilities in childcare settings. Our WA-AIMH endorsed facilitators bring multidisciplinary backgrounds from early learning, early intervention/early supports, occupational therapy, mental health, and childcare health consultation. IMPACT has engaged in reflective consultation since 2019, and we acknowledge the value of reflective practice for consultants supporting children with disabilities and challenging behaviors, and their caregivers.*

*Each session will begin with facilitators sharing a specific case, exploring challenges and strategies, as well as the reasoning behind each approach so participants build their own toolbox of strategies to feel confident supporting this population. The framework of each session will also include time for group members to present cases from their own caseload for discussion and support. Over time, sessions will shift more towards content and cases brought by participants for collaborative problem-solving and group discussion to discover solutions. The group will meet monthly for 90 minutes via Zoom. Sessions are interactive, and consistent participation is encouraged to foster a community of trust and support. Reflective Case Consultation is open only to Best Starts for Kids — Child Care Health Consultation (CCHC) grantees and supporting team members.*

PHSKC Child Care Health Program is working on developing a North Seattle Community College partnership to increase opportunities for training providers, those interested in a pathway to a consultant role, and other capacity-building needs in the child care system. Below is more information about the partnership strategy:

*Draft CCHC training and dissemination partnership strategy with North Seattle Community College:*

1. *Educate, train, and collaborate with early learning providers around health and safety for their child care (CC) work and the health and well-being of children and families in their programs.*
2. *Educate early learning educators who want to become child care health consultants (CCHC) at the community health worker (CHW) level*
3. *Educate providers who want to become CCHC professionals (Nurses, MHCs, RDs) through collaborations with other programs in the state — inclusive of distance learning.*
4. *Hubs for child care (CC) systems building and other capacity-building needs such as access to broader resources for child and adult health, development, and well-being*
  - a. *Example: Social determinants of health such as housing, food, transportation, and jobs.*
5. *Collaboration across all community colleges in Washington to bring systems into alignment around early childhood development as foundational to community well-being, learning, education, practice, family, socioeconomic justice, and more.*