

## **A. WRAP-UP: Facilitated discussions: Keep the momentum going**

### **What do we need to do to strengthen/keep the momentum going?**

Several factors were mentioned as essential to keep the momentum going:

1. First, attendees commented that it would be helpful to reach out to other disciplines and to let people know about KECCS work (doctors, nurses, private sectors, faith, mental health professionals etc.)
2. Attendees felt that KECCS conferences have been very useful and we should keep having them (even more frequently: shorten times between meetings). Conferences usually lead to new contacts. Regarding this point, more time/breaks that allow for networking opportunities would be appreciated. In addition, the presence of guest speakers, particularly pediatricians led to better understanding of how all the early childhood workers in Kansas are connected and can work together.
3. The re-election of the Governor has already been a huge step, as she is committed to Early Childhood. The next years are critical, as there is an opportunity for an increase in the State's investment. The plan will be very important and it can be used as a framework for funding. Also, due to the support of the governor, the possibility of a separate office for early childhood should be considered. (Something similar to the Office of Health Care and Policy)
4. Make a priority list: Setting priorities is critical right now; otherwise we'll lose focus. We need specific steps to move forward. In addition, we should identify 1 or 2 goals that are reachable at the local level.
5. Focus onto how to get future funding secured.
6. Talk about the information that is being gathered, besides what is being entered in the website. The information needs to be presented in a comprehensive format so people can make use of the data.
7. There needs to be a stronger focus on economic issues and development
8. More family involvement. Parents are a crucial part of the plan and right now they are not fully participants. Parent education is also important.
9. More involvement of the business community (this point will be further discussed in following sections)
10. Celebrate success: look for ways to celebrate success stories on a weekly basis. Success breeds success.
11. Annual retreat: Care for the caregiver

### **What parts of the plan need specific attention?**

1. **Website**: First, the website should be able to give community-specific information. The community level entry is not done as much as statewide entry. Second, making the website user-friendly should be a priority. Those at the local level do not understand what is meaningful data. Moreover, we need to improve the website to make it accessible to business. Businesses need to see the benefits of the group.
2. **KECCS**: The acronym is meaningless to the vast majority of the community

### 3. **Goals:**

- **Goal 1:** It is going to be hard to implement without more drawing in services. We should look at including physicians
- **Goal 2:** More strategies are need for mental health
  1. **2.2** Mental health has no concrete indicators but process indicators
  2. **2.4** Looking and ages and stages
- **Goal 4:** It needs to be fleshed out. Get individuals today who would not mind working on it.
- **Goal 5:** It needs more attention, especially 5.2. As part of strengthening families, early detection by administering KEMPER instrument should be promoted.

**4. Connections:** make connections to keep the system going by interacting with individuals who are not normally in contact.

### **Who should we be reaching? Who are other stakeholders?**

1. **Business:** We need to think a way to structure our meetings so that the information is useful for business. Businesses have the ability to educate their workers. They need to recognize the importance of early childhood. Someone from the business community could come to speak (i.e John Moore, he was instrumental in setting CIF funds).
2. **K-12:** They should be included as partners not just as target population
3. **Parents:** We need to explore better ways to sell the plan to parents. Among other things, the programs should be put into a frame that is familiar to them.
4. **Policy Makers:** This process can be complex and frustrating. The solution may be to talk about programs they care for and to frame them in their contexts; this can serve as a platform.
5. **Physicians and dentist:** the health care industry can be a liaison.
6. **State Board of Education member:** New members may mean new priorities.
7. **Other states, universities, pre-service teachers, faith communities, professionals (direct care) community health centers etc.**

### **How do we reach out to them?**

1. Publishing a newsletter and sharing information with people in their programs
2. Educate them and ask them!
3. Have a closer relationship with AAP (Kansas Chapter of American Association of Pediatricians)
4. We need the Governor's office to help influence other state agencies, including the Commerce Dept.
5. Invite the new Commissioner of the State Board of Ed
6. Use the media to communicate research results

**How do we market the KECCS Implementation?**

1. Mass media campaigns
2. We need to involve some people who are experts in the area (PR/Marketing)
3. The website. Much of the information is distributed through the Internet and people rely more and more on multimedia to find the info they are looking for.
4. Tie it to funding. Core areas of the plan need to have funded; otherwise they should not be on the plan (Similar to Connect KS goals)
5. KECCKS – the name is meaningless to folks – they don't understand what the group does
6. The Governor was influential in getting people to coming to the first meeting – we need to continue to have support from high levels and to maximize the governor's influence on early childhood

**What components of KECCS support your work?**

1. From an administrator's point of view, KECCKS validates the importance of childcare. Administrators feel like this is an important bandwagon that they need to be on.
2. It emphasizes the importance of the efforts currently going on. It is strengthening an already good collaboration.
3. Goal 3 supports SRS
4. The plan provides direction for our work. It helps the Early Childhood community come together and realize that we all have a piece in it.
5. Group work gives opportunity for honest feedback.. Example: Pediatrician gave some good suggestions. Local provider is going to take these suggestions home and meet with local doctors to discuss integration of services

**How can you build upon the efforts of the plan?**

1. We can use it to justify agency and budgeting decisions
2. At a local level, it encourages people to come together because they have invested in this document
3. It is bigger than any one agency
4. It may help service providers as they write new funding proposals
5. We can look at SRS plans, and determine how do they connect to KECCS
6. We can use "Smart Start Grants" to plan????

## **B. Facilitated discussion: Strengthening families**

### **1. Strategies currently used by programs to prevent child abuse and neglect**

The strategies currently being used by programs to prevent child abuse and neglect seem to revolve around five main topics:

- **Information/ awareness:** Both, requiring staff training on child abuse and neglect as well as parent education on developmental issues were mentioned as crucial in preventing child abuse and neglect. Parent education classes help parent not only to understand the development of their children but also to develop skills that may help in overcoming crisis, stress and frustration
- **Assistance to parents in locating resources:** Locating and choosing services from the vast array of existing possibilities may very a burden for parents. Helping parents to locate resources and referring them to specific services by means of multidisciplinary teams merged as crucial in child abuse and neglect prevention.
- **Childcare:** Free childcare, respite care and kindergarten transition into school setting. Respite care for families with children with special needs emerged as specially important. Respite care helps maintain family stability and may provide opportunities for the child to participate in special activities.
- **Home visitation:** Any home visiting program is incredibly important.
- **Heath services:** Mental health (substance abuse, crisis counseling), Hospital home transition program, Smart Start Nurse, prenatal and newborn screening etc.
- **Other:** Interpreter services, transportation, incentives for parents.

### **2. Things that are not happening:**

The focus should be shifted form child abuse to strengthening the family. The work of SRS, Mental health staff as well as childcare providers need to be recognized and their salaries reconsidered. The turnover rate is too high. In addition the support for families needs to come from multiple sources not just from professionals. Finally, raising the minimum wage for families would reduce stress and consequently assist in the effort of preventing child abuse.

### **3. Partners**

The following partners were mentioned during the conversation:

- Families Together
- SRS, School social workers, WIC
- CASA
- Early Head Start
- PAT
- Mental Health folks
- KPER
- Families
- Physicians

- KACCRRRA
- Extension offices
- Healthy Start Home Visitors
- Funding Partners, Childcare

#### 4. **Potential partnerships**

Attendees identified *k-12 programs, business and the community as possible partners*. On one hand, school programs are not necessarily in the preventive model. Moving to a proactive approach instead of a reactive approach and providing schools with resources (i.e. nurses) needed may be helpful. Second, business should be invited to participate and encouraged to pay more/give raises and be family-friendly in their policies regarding leave, flexible hours, job sharing, etc. The Chamber of Commerce should also be encouraged to participate. Finally, more people coming to the table from unrepresented backgrounds would be useful. This may include faith-based organizations, police etc. *Other*: adult mental health partners, domestic violence professionals, local policy makers.

#### 5. **How could these partners be engaged?**

We should all have a common vision and share outcomes to be able to identify what is working and what needs improvement. A common language is needed and the use of jargon and acronyms should be minimized. More important, stakeholders (Key leaders) need to be invited to participate. Assuming that they would refuse to participate is detrimental for our common goal.

#### 6. **Challenges in establishing partnerships?**

- SRS: new sections and continuously changing divisions
- KDHE?
- Collaboration within agencies

#### 7. **Specific strategies the prevention community can implement to support prevention/ early childhood statewide?**

Regarding this point, it was particularly interesting the suggestion of a central “clearing house” for parents to access all services. Instead of talking about SRS, KDHE ... coming up with an Early childhood cabinet to house all the services would be extremely helpful. Expanded funding, (cross-) training and incentives (buy-in) were also mentioned

### **C. Facilitated discussion: KECCS website**

Overall, attendees felt that the idea of the website is great; it has the potential to be a fantastic tool. However, frustrations when entering information as well as the difficulty involved in navigating the website are discouraging people from using it.

#### **Current issues with the website**

Several challenges related to website usage were brought up during the discussion:

1. The website is not easy to navigate. It does not funnel intuitively and is not predictable. The steps are not easily identifiable.
2. It is difficult to figure out how to enter data, and even when users have attempted to do so, they have not been successful. Example: One person said that after spending hours trying to enter data reflecting 3 ½ weeks of work, the data was lost. There is no current way to know whether or not entered data is received and incorporated into the tracking tool. Users would like immediate feedback.
3. Another common problem was that when a web user has an issue with the website (losing data, needing technical assistance), he/she is not attended to by a regular person.
4. People no longer refer local stakeholders to the website, because of these problems. Local people are giving up and they need more assistance.
5. KECCS Plan stakeholders are having difficulty knowing what level of data is appropriate to enter on the tracking tool. Who should be entering data? Anyone? What information is pertinent? What level of data do we want?
6. There is a lot more on statewide data. The community level workers need more technical training. In order to measure change, we need to be able to document work done at the local level.
7. People find still difficult to differentiate between task and activities
8. Currently, when one enters a task or activity, only one goal can be chosen—but this does not accurately reflect the impact of an activity. One task or activity might fit under several goals or objectives.

#### **Suggestions for improvement**

1. The navigation and instructions for entering activities and tasks needs to be extremely simple and guided online.
2. There needs to be a person that a web user can talk to, when they encounter a problem entering data. Technical assistance should be provided through localized training and phone support.
3. There needs to be an immediate, online feedback loop when user tries to enter data, so that the web user can know whether or not the submission was successful. References were made to a “community toolbox” application or website.
4. There needs to be more training and/or assistance on which data is appropriate to add. One recommendation was to divide tasks and activities by state, community, and agency levels.
5. Create a way for a task to be entered under more than one goal or objective.

6. Stakeholders would like to be able to pull data from the website to reflect the work they are doing. It would be ideal to be able to make a list of all of the activities each county/community/agency has done.
7. It is important that the tracking tool information is useful not only at the state level, but also at the local level. (The local agencies need incentive for participating in the tracking tool—there needs to be something that they can gain from the info, also) Right now, it only seems to measure activity of the committee members of ELCC.

**Why do the stakeholders use the website?**

1. Outcomes may be tied to future funding
2. We want to be able to demonstrate our effectiveness
3. We go to the site, because we are told to—to document our work.

**What should the purpose of this website be?**

1. Lead to more resources in child development
2. Measure outcomes, progress, indicators (not doing effectively yet)
3. Planning tool
4. Information resource for parents and community providers. We would like to be able to refer parents and local care providers to this website as well. We need links to all of the programs, within specific categories.

**Ideas for creating a “welcoming front door” to the website:**

1. Algorithms—map of how to negotiate website
2. Steps for users (online map)
3. Easy access for parents—resource directory link: 211 website
4. Easy access to local resources, i.e. “looking for childcare in your area?”
5. Vision/logo/mission

**Other comments:**

Regarding outcome indicators, counties could help provide outcome indicators, if they are just asked. What is the best way to report our progress? We need more outcome indicators from state agencies. We also need more training on outcomes that matter to people providing funding. We need less process indicators and more outcome indicators, tied to hard facts.

### **D. Facilitated discussions: Health Care Consultation Model**

#### **What does HC Consultation currently look like in KS? How is it working?**

1. The HCCM in Kansas is at the beginning stages. It is community based and there is nothing statewide at this point. If providers have a concern right now at the center, they call the local health department. At times, staff will use personal health care providers to answer questions. Communities often do it on their own (seeking out R&R from KACRAA)
2. It is not consistent and not consistently available. There is lack of a communication network: not organized  
**Some efforts going on:**
3. At Early Head Start: (built in health consultation & on site nurse)
4. At Smart Start: at their location, they provide full time nurse (i.e: checking immunization records 71% to 93% within 2 yrs)
5. Part C- IDEA (infant toddler services): some nutritional info for kids (0-3)
6. Food Programs that provide training for providers and programs
7. Oral Health
8. There are a lot of great things that are going on within communities but are PRN in a crisis: IT IS NOT PROACTIVE
9. RMHCM is exciting and intriguing
10. Through NAEYC: one of the added components is that places have access to consultant

#### **Other comments**

1. Accreditation: given now
2. If childcare licensing would occur at the state level there would be great leaps and bounds
3. There is a need for separating CCHC rule and licensing regulation- as best practice

#### **What would a model/approach for HC Consultation look like in KS?**

1. There would be separation of CCHC rule and licensing regulation as best practice
2. It would be community driven, yet accessible to all providers: it depends on the community (who people are going to feel comfortable with)
3. Person out of health department would not be licensing coordinator
4. Take the services where the audience is at
5. Paternal childcare: head start, infant toddler, KACRAA
6. May not be regionalized: it is more personal than that

#### **Then, where are we going to get funding?**

1. Fully funded (so CC would not have to pay)
2. National Support Center has done background research: it needs to be studied now

### **Qualified Workforce**

1. Is it going to be a nurse or someone in early childhood teaching staff: either background would be preferred
2. There is an issue here because there is a shortage in both areas
3. It would be useful to work with a University: Kansas State early childhood, Baker nursing
4. In conclusion, it needs to be the right person to build the relationship with the childcare providers!!!

### **Recommendations/ what would work well?**

1. We should recognize what is already going on and we must create a matrix of services that are already being provided in KS. If something is working well: we don't need to re-invent the wheel
2. We need to look at what has been done in other states
3. We need a task force that we include disabilities group, people in the field who can give you a more realistic picture and state and local perspectives
4. Once the information is gathered, the Childcare Health Consultation would make recommendation to the funders

**E. Facilitated discussion: Parental involvement****Which parent involvement /partnership practices are currently working well?**

1. Kansas Parent Information Resource – providing father information
2. KPER involved with the fatherhood coalition. Initially for Head Start dads but has been expanded.
3. KS Head Start and KPER have a partnership
4. PTA has partnership with other coalitions that are new; initiated through the KPER federal funding
5. IEP process is working well in that it is institutional process. It is mandated; it works well because it is required.
6. PAT – parent educator serves as case management for parent educator and service provider. Helps put funds together
7. Putting parent education in KU Med Center – training the med students to work with families. Parent educator provides the parent ed piece and med student provides the medical piece. Trains med students too.
8. Kansas Learning First Alliance – 23 professional organizations – before there were no early childhood folks. Within the last year, there is better representation in the alliance.
9. Raising a thinking child in Boulder (Blueprints) – purpose of the program: to teach children function socially and emotionally

**Which parent involvement practices should be improved or added?**

1. Maybe we need to look at self-help rather than focusing on delivery of services by professionals. We need to not wait until we have a problem and then go into problem-solving mode but create a system of self-help communities that support each other.
2. Make the connection between AYP and parent educators
3. Isolation continues to be a problem for many families and they don't know how to connect.
4. It is still difficult to reach those families that do not have the self-confidence to bring foreigners to their homes to discuss their issues of interest, their concerns – Parents are reluctant to come to the program and expose their needs - programs need to work to reach those parents
5. Lack of awareness of resources is still a problem. Many have never heard of these programs. PAT, for example, is not great in terms of telling who can receive services.
6. Partnership with adult literacy centers could be strengthened. GED, ELL providers – parents who receive those services don't always make the connection with early literacy
7. Family friend and neighbor care: We don't have a coherent policy with regard alternative care arrangements like these We need to expand our definition of parent to include neighbors and neighbor care.

8. Migrant parents need to be included in the fold. Mechanism needs to be put in place to support these groups.
9. We need to have individuals who can be a good link between families and staff, individuals with great empathy and strong in building relationships/connections, individuals' with values, attitudes

### **What do we want family involvement practices to look like in three years?**

1. There would be universal access to parent education services
2. Community awareness and contact with legislators: Communities need to be aware of the need and impact of services and convey this to legislators
3. Efforts to expand social capital of families (natural, social interactions of families).
4. Support parent-initiated efforts to help one another.
5. Support growth of family education – opportunities for parents to develop skills
6. Workplace changes – more family friendly policies that support on-site daycare. Tax incentives to support families. Family leave policies that support families. Focus on economic justice policies that are family friendly.
7. There would be 24 hrs resources/ after hours / weekends. Help phone talk 24/7 will assist in reducing use of emergency services/shelters

### **What are the opportunities for parent leadership?**

1. PTA – Early childhood: Something needs to change in terms of the class perception of PTA as a middle class group.
2. Head Start and LLRC are required to have parents participating and leading groups.

### **Comments:**

- ✚ There needs to be a reward for taking a leadership role in parenting. Strokes or something else. It may be intrinsic but there must be a perceived reward. WIFIM (what's in it for me)
- ✚ Opportunities need to be authentic. Sometimes parent involvement requirement is not taken seriously. Principals just quickly gather data (a couple parents) to meet requirements. They don't see the benefit. Title I requirements need to be taken seriously
- ✚ We need to go to where parents already are rather than setting up for meetings for them to come
- ✚ Parents involve when children are part of those activities
- ✚ Crisis as opportunities for parental involvement

### **Which families are we reaching and which families are hard to reach?**

#### **Not reaching now:**

1. Teen parents: Some parent educators are working hard to reach teen parents. The problem is that teen parents don't see a need for further education.

2. Bridging services is an issue – Head Start parents see themselves as Head Start and may not look at other service agencies. Some communities are doing a good job of bridging services but not always.
3. Families who believe that they are the only agency responsible for the care of the children
4. Families from mixed cultures – different beliefs/attitudes/values
5. Isolated families

### **Reaching now**

1. High-risk parents
2. Highly educated parents – those that read and get informed - those that value education – and those that have the resources to get involved
3. Parents that work under incentives - attendance (negative motivation)

### **What can be done to communicate more effectively with hard to reach families?**

1. Communication that works for family: Meet parents where they are, learn about their culture, connect to their culture, meet people from their culture, reach one person – words get out. Communicators need critical consciousness. We need to examine where they are coming from and adapt to meet needs of hard to reach populations.
2. Frame parenting education as a systems approach to family life; we are more likely to help families move from a me-centered approach to a perception of their role in the system
3. Have educators of children's ages to be a voice between teens and parents
4. Communicate via e-mail /e-mail-electronic communication

### **Other suggestions:**

1. Increment salary & benefits to maintain great employees
2. Get a consultant to help with parent involvement
3. Administer yearly /questionnaires/surveys /satisfaction surveys to hear what parent have to say
4. Measure changes and knowledge by means of Pre/posttests