

Title: System Building Across Programs

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Erin Oldham, Ph.D., Principal Researcher, Glenwood Research, L.L.C.
Janice Cooper, Ph.D., Director, Child Health and Mental Health, National Center for Children in Poverty, Columbia University

SUMMARY OF PRESENTATION

Examples of how panelists have experienced systems working together to serve children and families.

Sherry Guarisco- Louisiana has work around Early Comprehensive Systems and Infant Toddler initiative. ECCS initiative is called Bright Start initiative which called for a Quality Rating system. QRS allowed for examining linkages. Important piece was understanding all of the roles each state worker and partner took. Just passed a School Readiness tax credit as part provides a tax credit for providers serving subsidized children and for educational attainment. Also have tax credits for business that would like to contribute to a center or CCR&R. The ECCS initiative gave a strong foothold to return to after hurricane Katrina to continue building a strong early childhood system.

Cheryl Mitchell- Vermont in 1998 enacted legislation bringing together state agencies to conduct research about well being. Worked with Child Research Center of AAP. Learned that family providers relied on their private pediatrician for health needs/questions. Child care providers are not formally connected with health care information. Physicians noted that families are most stressed when their child care arrangements are not working well. Important acknowledgement of the central role of child care.

Peggy Ball- In NC during the welfare reform in '94 included child care to focus on systems building. Also thought about children's health needs in this transition. This brought about the creation of Smart Start. Smart Start uses health consultants to go out to child care centers. The consultants focus on child immunizations and limiting communicable diseases. Currently have 92 child care health consultants over 100 counties. Some are paid through Smart Start or state Department of Health.

Janice Cooper- Focused on mental health consultation. Also using evidence-based practices. In terms of financing, using Medicaid and other financing strategies for mental health consultation.

Erin Oldham- Colorado project examined if children in child welfare had access to early intervention and child care services they need. 107 interviews with a range of service providers as well as biological and foster parents for the child. Looked at collaborations across systems serving children in foster care. Found that there was little collaboration between child welfare system and early education programs. There was some collaboration with early intervention services. Also found a lot of county variation across the state. Counties with single-point of entry systems appeared to work better.

Challenges:

Erin Oldham- Caseworkers not focused on school readiness. There was a lack of awareness about the impact of quality child care. Caseworkers were much more focused on the child's immediate needs. Providers also felt that due to confidentiality issues of foster children they felt it was a disservice to not know more about the situation of the child.

Janice Cooper- Challenge to start to understand the quality of mental health consultations. What's happening during the consultation interaction? Have made some advances in financing mental health services in early childhood, but needs to be more. Pediatricians don't always have a developmental perspective particularly around very young children. Pediatricians and mental health professionals need to collaborate more. Child care workers and mental health professionals also need to be collaborating more as well. Also need a wider look from the individual child to families in communities.

Cheryl Mitchell- holistic approach worked very well in addressing families at risk. Parents were seen as integral to make changes in systemic problems. Funding streams to support this holistic approach became difficult. Medicaid supported certain aspects, welfare funded other programs, and economic development money other programs. The funding stipulations created many different staff members working with families. Staff were "tripping over each other." Currently trying to figure it out.

Sherry Guarisco- bringing on many new partners, so it's a challenge to continue to educate and figure out roles. Hard to figure out cultures of agencies and have a shared purpose. Heavily focused on social-emotional development of children. Currently, have several mental health consultants. Trying to integrate these consultants in the community through community based organizations.

Peggy Ball- when partnering with other systems it's hard to communicate the connections. Explaining the statistics about the children child care works with could help then for other systems to talk about to begin to coordinate.

SUMMARY OF DISCUSSION

In Delaware, early childhood services are divided among four state departments. There's

little public will to pull together. Not sure what pieces to institutionalize first? Janice suggested that if you can bring in your state early childhood champion with credit to build a vision with a few benchmarks to go after. Eva suggested also celebrating what the state has already done to build further momentum. Peggy noted important not to institutionalize too much and recommended staying flexible.

Child care providers really do need training considering their essential role.

Confidentiality is a challenge around sharing information about the child across programs. Cheryl found that doing “touch points” training is effective in learning how to appropriately share information across programs. Janice noted that if confidentiality is impeding coordination then legislative action at the systems level may be needed.

KEY POINTS

Cheryl Mitchell- providing lunch for building partnerships is really helpful and building relationships individually. Know when to ask and when to assume. Need to assume the expertise of colleagues. Need to reinforce that all involved in partnerships (including parents and family child centers) are important, not just assumed experts.

Sherry Guarisco- look first within your department for parent’s perspectives. Also need to think about who needs to be at the table without a rush to try to get things done. Also have to keep attention to detail such as acknowledging all partners’ names.

Janice Cooper- think about how a service like mental health consultation can be included in a quality initiative and tying quality to funding. Demystifying outcomes and connecting that to quality. Also bringing mental health training to providers to improve quality.

Erin Oldham- child care providers need more general awareness about the needs of foster care children. Agencies also need written guidelines for coordination that can be passed on to caseworkers, particularly due to high turnover.

Peggy Ball- prepare yourself to not miss an opportunity. For example, the creation of the health consultants resulted from listening about other experiences about health consultants in counties and hearing the need for improving ITERS scores. Having the open and regular contact within the large state system of researchers and practitioners was essential.