

Pierce County Infant/Toddler Regional Service Model (RSM)

SECTION 1: Brief summary description of the I/T Child Care Consultation Regional Service Model

Please give a brief (< 150 words) description of your overall service model, including the following elements in your description:

- Your regional funding focus
- Your consultant pool
- The duration and quantity of consultation services and any key details about the content of planned consultation services (e.g., a specific approach or curriculum).

There will be opportunities to describe more details in later sections.

The main funding focus in the Pierce County Infant/Toddler Region will be on providers serving children who meet at least one of the following high risk indicators: special needs, DSHS subsidy, or foster care/relative placement. Our secondary focus will be based on geography and will be on providers located in First 5 Fundamental's target communities where the free and reduced lunch rates are high. We will utilize a consultant pool of two consultants, both of whom have education and social-emotional expertise. In cases involving health concerns a specialist will be consulted. Each provider will receive approximately 30 hours of service. The steps of service delivery will be recruitment, orientation, assessment, goal setting, training and post-assessment. Our goal will be to build strong relationships between the consultant and provider by offering individualized consultation that leads to an overall increase in the quality of care for infants and toddlers.

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SECTION 2: Service Delivery Strategy

PART A: Provider Funding Focus Strategies

Please briefly describe the providers that will be your focus.
In the Pierce County Infant/Toddler Region, we will focus on providers serving children who meet at least one of the following high risk indicators: special needs, DSHS subsidy, or foster care/relative placement. In addition, we will concentrate our focus on providers located in First 5 Fundamental's target communities which were selected because of high free and reduced lunch rates. However, we do realize that vulnerable children are not confined to particular geographic areas and that there is a need throughout the community for quality child care, so the geographic focus will be secondary to the high risk indicators and we do not intend to restrict our work to only the target areas.
1. Funding Focus Component #1: Please describe why you believe this focus will reach providers that serve a high percentage of vulnerable children (based on DEL's definition outlined in the accompanying Overview document)? ¹
The initial focus on providers serving children with high risk indicators by definition focuses on vulnerable children. The secondary geographical focus will also assist us in serving a high percentage of vulnerable children because the average free and reduced lunch rate in the target communities is over 60% district-wide and over 65% in the elementary schools.
2. Funding Focus Component #2: Please describe how your service delivery model will allow you to achieve your expected outputs for the year within your funding focus. What strategies will help you deliver efficient and high quality consultation to providers that serve vulnerable children?
The service model will allow us to achieve the goal of reaching vulnerable children through coordination and efficiency of efforts. Child Care Aware of Tacoma-Pierce County is responsible for recruiting and also houses our area's Early Achievers program. This will provide access to knowledge of providers serving vulnerable children who meet the high risk indicators, thereby allowing us to target our recruitment efforts. Finally, this pre-knowledge of the providers and children served will allow us to consider the individual consultant's expertise when making assignments. We will also consider geographic location of sites when assigning consultants and scheduling site visits to minimize travel time.

¹ Please reference the DEL Funding Focus for Regional I-T Consultation Efforts Memo, specifically page 4, for a description your regional funding focus.

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PART B: Recruitment

Please describe how your regions will recruit new family child care providers and child care centers and teachers into your consultation program.	
<p>i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?</p>	<p>Outreach and recruitment efforts will be the responsibility of Child Care Aware of Tacoma-Pierce County. CCA has long-standing relationships with many Pierce County child care providers because of their role providing STARS training and project technical assistance to providers. Specifically, two staff members will be involved. Both are steering committee members and one is also the co-chair of the Pierce County Early Learning Regional Coalition.</p>
<p>ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?</p>	<p>We will utilize two types of recruitment strategies. First, we will advertise generally to all licensed child care providers in Pierce County about the availability of the Infant/Toddler consultation services. Child Care Aware sends out a weekly email Friday Letter and a quarterly mailing. Both will be used for general announcements. Second, personal contact will be made to providers known to be serving vulnerable children either through specific knowledge about the provider or location in one of the target areas. We anticipate recruitment for SFY 2014 to be completed by December 2013 and to recruit for SFY 2015 April to September 2014.</p>
<p>iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?</p>	<p>Linking providers involved in Early Achievers with the Infant Toddler consultation was helpful. This was successful because it gave us information about providers serving children with high risk factors to focus recruitment on. We plan on continuing this practice. It did cause some confusion with providers later in the process, when the consultant was not familiar with Early Achievers. We intend to ensure that all the consultants are familiar with Early Achievers for this next period.</p>

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PARTS C: Relationship Building and Goal Setting

	Description	Anticipated Outputs
i. Please describe your strategy for building successful relationships with center directors and teachers prior to the start of consultation.	We feel trust and a personal relationship are very important for successful consultation. Therefore, after recruitment, the initial contact with the provider will be from the consultant assigned to them. The consultant will orient the provider by explaining the process, the expectations of the provider, and the benefits to them. The consultant will also answer any provider questions before the provider agrees to enroll.	
ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to establish goals)? List your expected hourly outputs on this task in the right hand column.	Assessment and conversation with the director and/or teacher are both integral to establishing the consultation goals. The consultant will utilize the ITERS as the assessment tool. As the ITERS covers a broad range of areas, we intend to focus our consultations on Listening and Talking, Activities, Interaction and Program Structure. The consultant will point out that the ITERS is simply a tool to help them work together and not a punitive system. She will also specifically ask the staff about their needs and areas of concern. As conversation is vital to establishing a strong working relationship, the consultant and staff together will review the assessment and establish up to three goals.	How many hours do you estimate your consultants and leads will dedicate towards provider assessment and goal setting activities: Average per teacher receiving consultation: _____ <u>5</u> Total for SFY 2014 _____ <u>135</u> Total for SFY 2015 _____ <u>175</u>
iii. How will your region track consultation goals and progress towards those goals?	We have set up an online project management system to track the goals and progress towards them. After the goals have been established, the consultant will fill out a goal sheet online. After each time the consultant visits a site, she will fill out a visit summary form to record notes about the consultation and progress. Additionally, at each reporting period, the consultant will indicate the progress made on each goal. This way the project manager will be able to easily track progress.	

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PART D: Service Delivery Strategy and Anticipated Outputs

<p>Strategies and Related Activities Please describe the service delivery strategies and related activities that will occur in your region. (e.g., initial meetings, classroom based consultation, provider assessments, classroom observations, modeling, culturally and linguistically relevant practices, parent meetings, proposed provider training, etc.) Please be sure that the description explains how your planned activities are related to your funding focus. <i>[See the DEL IT Consultation Hours Policy (Section 1, Part D) outlined in the accompanying “RSM Overview – Phase 2” document and its footnote.]</i></p>	<p>Estimated Outputs (e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p>Our service delivery strategy will consist of two categories of providers: providers currently receiving service (continuing) and providers who either received service but have a new director and/or teacher or providers who have not yet received service (new). We will provide approximately 200 hours to 29 continuing classrooms and approximately 800 hours to 27 new classrooms.</p> <p>The overall service delivery strategy to new providers will be recruitment, orientation, assessment, goal setting, training and post-assessment. The majority of the process will be handled by the assigned consultant because relationship between the consultant and director and/or teacher is key. The more interaction, the stronger the relationship. Details concerning recruitment, orientation, assessment and goal setting are set out elsewhere in this document.</p> <p>As to training, it will be tailored to each individual classroom based upon their specific needs. Training may include classroom observation, modeling, videotaping, and discussion/feedback sessions with directors and/or teachers. All consultants have training in culturally and linguistically appropriate practices and will tailor consultation strategies to meet the needs of individual providers. For example, if a site needs support for developmentally appropriate activities/approaches, training can be offered on cognitive development and strategies for appropriate activities. Consultants will teach providers how to use the ASQ or CDC developmental screening tool and encourage them to use it for all children. They will also discuss strategies for talking with parents about developmental concerns and provide information on accessing Early Intervention services. When children are already receiving early intervention services, provider may need information about IFSP’s and working with the IFSP team, including working with therapists in their classroom/program. If a provider needs work in building relationships with children the consultant can provide Promoting First Relationships training or refer to CCA’s PFR project. For children in foster care, the consultant might inform providers of services in the community including the BOOST project. At some point during training, materials related to the goals will be purchased for the classroom. The post-assessment will be done by a second consultant, but the results will be presented to the provider by the original consultant.</p>	<p>Overall Consultation Hours in SFY 2014: 900-1200</p> <p>Consultation Hours Per Teacher in SFY 2014: Continuing: 145-195 New: 575-765</p> <p>Consultation Hours Per Director in SFY 2014: Continuing: 35-50 New: 145-190</p> <p>Anticipated # of Infant and Toddlers Reached in SFY 2014: 380</p> <p>Overall Consultation Hours in SFY 2015: 900-1200</p> <p>Consultation Hours Per Teacher in SFY 2015: 720-960</p> <p>Consultation Hours Per Director in SFY 2015: 180-240</p> <p>Anticipated # of Infant and Toddlers Reached in SFY 2015: 265</p>

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<p>The service delivery strategy to continuing providers will generally follow the strategy for new providers, but may have to be adjusted to meet them where they currently are. Essentially, we will close out the continuing sites providing the best quality service we can as efficiently as possible.</p>	
<p>How has your service delivery strategy evolved from SFY 2012 and SFY 2013? What informed those changes (feel free to look back at your previous RSMs)?</p>	
<p>Our service delivery strategy is a more structured schedule to balance out the hours per provider and even out the consultant workload. This will also create a system where providers will begin and complete the consultation process within the year, instead of having many providers rolling over into the next service period. We have reduced the number of different people who interact with each provider to improve the provider's experience and confidence and trust in the relationship. We have reduced the number of consultants to maintain a uniform level of service, to improve communication and make the project management less cumbersome.</p>	

SECTION 3: Consultant Pool, Coordination and Data Collection

PART A: Consultant Pool

Please describe the background and process for building your interdisciplinary consultant pool.

Consultant Pool	DESCRIPTION Please answer the questions from the first column.
i. Please describe your outreach and process for recruiting consultants?	We are actually reducing the number of consultants used because of difficulties in communication and inconsistencies in service delivery. We are going from over 10 consultants to 2 consultants. They are from the previous pool, so recruitment is not necessary.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	Yes, the consultants are highly qualified. Ms. Jones has a BA in Child Development and an MA in Human Development with a specialization in infants and toddlers. She has training in High/Scope curriculum, Promoting First Relationships, Infant Mental Health and the Greenspan Floortime Approach. Ms. McKenzie holds an MA in Human Development, specializing in infants and toddlers and an MA in Mental Health Counseling. She is a licensed Mental Health Counselor and has worked extensively as an ECEAP Education Coordinator, ECEAP Mental Health Consultant, and an ECE and Parent Education Instructor.
iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?	Strong interpersonal skills with the ability to come alongside providers to guide, mentor and encourage them in addition to providing technical assistance. Experience working with programs providing services to vulnerable children, such as low income, those with special needs and/or those in foster care/relative placement.

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iv. What type of specialists will you use (e.g. mental health)? How will they be used?	Both consultants have education and social-emotional experience. They both are also experienced in mental health. Therefore, the only type of specialist we may require would be a health specialist for individual cases where health or nutritional concerns are raised.
Please list name, phone/e-mail and type (education/health/social emotional) of consultants you <i>already</i> know will be in your pool. (e.g. John Smith, Health)	1. Victoria Jones, 253-591-5870, vjones@cityoftacoma.org , education & social-emotional. 2. Candace McKenzie, 253-778-7879, cmckenzie@psed.org , education & social-emotional.

PART B: Coordination and Data Collection – Staff and Partners

Please articulate how you will coordinate your resources, e.g. consultant pool, point of entry with your service delivery strategies. (This section relates to Core Strategy #2 in the Infant and Toddler Child Care Consultation Logic Model and to Table 7 in the Infant-Toddler Child Care Consultation Guidelines.) Who will be responsible for this, and how will they coordinate the process? Please add rows and columns for additional activities that your region intends to implement.

Category of Coordination	Activities: How will you coordinate this?	Responsibility: Agency and staff person responsible
Engaging Providers - communication, coordination and cross-referral (e.g., linking providers to consultants)	One consultant is an employee of Child Care Aware that has long-standing relationships with many Pierce County child care providers. She will be responsible for recruitment and outreach efforts. She will also make the connection between the provider and the assigned consultant.	Child Care Aware of Tacoma-Pierce County, Victoria Jones
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	Each consultant will conduct the orientation and initial ITERS assessment for the providers assigned to them. The post-assessment will be conducted by the opposite consultant with the results discussed with the provider by the assigned consultant.	Child Care Aware of Tacoma-Pierce County, Victoria Jones Puget Sound Educational Service District, Candace McKenzie
Training, supervision and support for consultants	Each consultant is part of an organization which provides individual supervision and support as needed. Child Care Aware holds bi-weekly staff support meetings and monthly forums to discuss challenges and issues that come up in providing technical assistance to care providers. Both consultants will have access to these meetings.	Child Care Aware of Tacoma-Pierce County, Christine Rosenquist Puget Sound Educational Services District, Talena Dixon

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Data collection and reporting	We have set up an online project management system. The consultants will enter information online. Data will then be captured in a spreadsheet. From the spreadsheet, any needed data can be selected for presenting reports.	First 5 Fundamentals, Cindy Huff
Other planned coordination activities (add table rows as necessary)	Overall coordination and progress monitoring will be accomplished by regular project oversight by the project manager. Quarterly meetings will be held with the project manager and the consultants to discuss progress and any issues that may arise. There is also the ability to ask questions, raise issues and hold discussions with the online project management software.	First 5 Fundamentals, Cindy Huff

PART C: Curricula and Training

Please list any curricula and training you will support the delivery of high quality consultation services.

PART C: Resources	Description
i. What training, curricula and content experts will be available to support high quality interdisciplinary consultation?	Consultants will be attending the Infant and Early Childhood Conference, which focuses on children with special needs age 0-5. Consultants will use the Early Learning and Development Guidelines when working with providers. Consultants will use and purchase an Active Learning book for each classroom. As appropriate, consultants will be bringing in materials from the High/Scope curriculum for infants and toddlers; Creative Curriculum; the Reggio Emilio approach; Emotion Coaching; Promoting First Relationships; Children, Nature, and You; and relevant NAEYC publications. Through the partnership with ESD, consultants will have access to Early Head Start, ECEAP, Head Start and SPED coordinators.
ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?	Consultants will generally follow the same service delivery approach outlined in Section 2 above. They will focus on relationship with the provider, use the ITERS for assessment, follow the Early Learning and Development Guidelines, and provide the Active Learning book and materials to support the identified needs. Both consultants will teach providers how to use the ASQ or CDC developmental screening tool. Throughout the project, the consultants will meet quarterly to share and coordinate approaches with each other. Also, ongoing coordination will be facilitated by the social interaction piece of our online project management system.

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SECTION 4: System Building

PART A: System Building Efforts Description

Please describe your systems building efforts and collaborative regional work to support the unique and diverse needs of infants and toddlers, their families, and the systems and services that support them.

PART A: Please give a brief (< 100 words) description of your system building efforts for infants and toddlers in your region.

We have established a steering committee by recruiting additional members to more fully represent the breadth of types of organizations involved in the care of infants and toddlers. The committee will meet quarterly to learn about what others in the community are doing in the field and to discuss ways to join efforts to improve efficiency and the overall quality of care. In addition to reviewing the Regional Service Model and project progress, potential topics of discussion include review of data, best practices, assessment tools, and outreach efforts.

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PART B: Steering Committee Roster and Roles

Please describe your Steering Committee membership and how they reflect your region's rich geographical, racial, and cultural diversity. List the names, contact information and any role, coordination responsibility and/or representation the individual will have on the committee. Add rows as necessary.

PART B: Steering Committee Member Name	Contact Information	Role, Structure and Representation (coordinating role, responsibility)
Carman Benscoter	cbenscoter@cityoftacoma.org	Early Achievers Coordinator
Mary Fischer	mfischer@bethelsd.org	School District, Rural Voices
Michelle Harrison	harrisonm@psd401.net	ESIT, Home Visiting, Isolated Communities
Angela Johnson	angela.johnson@cptc.edu	Head Start, Early Learning Coalition, Technical College
Victoria Jones	vjones@cityoftacoma.org	Child Care Aware
Diane Kroll	dianesk50@hotmail.com	Head Start, ECEAP, ESD
Vicki Lunghofer	tvlungho@rainierconnect.com	Mental Health, Home Visiting
Ben McCracken	bmccracken@bethelsd.org	School District, Rural Voices
Candace McKenzie	cmckenzie@psesd.org	Head Start, ECEAP, ESD
Judy Nelson	jnelson@piercecountylibrary.org	Early Learning Coalition
Heather Robinson	bhrobinson@msn.com	Parent
Cammey Rocco	cammey.rocco@del.wa.gov	Department of Early Learning
Christine Rosenquist	crosenq@cityoftacoma.org	Child Care Aware, Early Learning Coalition
Margi Rudy	mrudy@co.pierce.wa.us	County
Andrea Ryker	aryker@tpchd.org	Health

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PART C: Additional Partnerships

Additional Partnerships you will access for I/T consultation and/or systems building efforts (e.g., Early Learning Regional Coalition). *Add additional rows if necessary.*

PART C: Name of Partnership	Contribution to Work
Pierce County Early Learning Regional Coalition	Co-chairs are on the Steering Committee
Puget Sound Educational Services District	Provide health consultants as needed

PART D: Additional Funds

Please list any additional funding sources (funder, in-kind, any additional funding sources you will access for systems building and/or I/T consultation). *Add additional rows if necessary.*

PART D: Funding Source	Amount	Details (activity that it funds, assumptions, etc.)