North Carolina Child Care Health Consultation System Strategic Plan
September 2021

Background

North Carolina has a long history of partnering across state agencies to support child care health consultation (CCHC), and the NC Child Care Health and Safety Resource Center (Resource Center) at UNC-CH has been a national leader in child care health and safety. The Resource Center continues to be the state leader for setting standards, providing training, and offering implementation support for CCHCs. NC DHHS and Smart Start have been the primary funders of CCHC services. Decreased public funding over the last fifteen years reduced the number of communities offering CCHC and more recently the Resource Center began providing direct CCHC services to infant and toddler early care and education (ECE) programs in unserved regions of the state with funding from NC DHHS, Division of Child Development and Early Education (DCDEE). The COVID-19 pandemic has increased the recognition of the importance of CCHC to support ECE programs to be safe, healthy, and inclusive. DCDEE dedicated one-time COVID relief funds to expanding CCHC services using a regional approach, supporting improvements in data collection, and planning for statewide, sustainable services. This funding supported the partners to work together over a six month period to craft a shared state vision and strategic plan.

Strategic Planning and Sustainability Team Members
- DHHS Division of Child Development and Early Education – Kristi Snuggs
- DHHS Division of Public Health - Amy Peterson, Carol Tyson, Chris Bryant, Kelly Kimple
- Local Health Department – Stacie Saunders (Buncombe)
- Local Partnership - Amy Brown (Rowan), Bethany Schaefer (Iredell)
- NC Child Care Health Consultant Association - Chrissy Wolfe
- NC Child Care Health and Safety Resource Center – Jacquie Simmons, Karla Cooper, Lisa Shifflett, Tamar Ringel-Kulka, Theresa Stenersen, Vickie Fennel
- NC Partnership for Children - Amy Cubbage, Angela Lewis, Lakeisha Johnson, Safiyah Jackson

Planning Process

The Team met monthly from April through September 2021 and used a systems approach to developing strategies for each of the CCHC system components – governance and administration, financing, professional development, planning and assessment, implementation, and accountability. Donna White, River Street Consulting, facilitated the planning process.

Service Model

The CCHC Service Model, developed in partnership with DCDEE, NC Resource Center, NC State Child Care Nurse Consultant (NC Division of Public Health), NC Partnership for Children, North Carolina Child Care Health Consultant Association and the National Implementation Research Network at UNC-CH continues to be the guiding document for CCHC practice in NC. This document can be accessed at: https://1drv.ms/w/s!AkuLoVSncOwssGAbe583o0G_h52O?e=VXEGF4

STRATEGIC VISION and MISSION for Child Care Health Consultation in North Carolina, in Service of the Early Childhood Action Plan (ECAP) Vision:

Vision: Children, families, and professionals in early care and education programs experience inclusive, healthy, and safe indoor and outdoor environments promoting their well-being.

Mission: The NC Child Care Health Consultation System assures that all early care and education programs have access to specialized health and safety expertise and resources to promote and maintain high quality and inclusive environments.

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Goals for Child Care Health Consultation System

- **EQUITY** – System finances and maintains equitable access across communities, early childhood professionals, and programs to capacity-building resources and high quality, culturally responsive and inclusive services.
- **QUALITY SUPPORTS** – System maximizes the potential of the workforce and supports high quality services.
- **INTEGRATION** – System integrates child care health consultation as part of the technical assistance supports offered to early care and education programs and with public health and child care licensing requirements.
- **IMPACT** – System maximizes resources, supports efficiency in operations, and is continuously informed by outcomes for programs and for children and families.

System Component: Governance and Administration

Outcomes	Strategies
1.a. A formal collaborative governance structure is in place inclusive of state and local community stakeholders using a systems approach to support community implementation which targets needs and equitable delivery of services and ensures integration with other child care health and safety and quality improvement services.	• Establish collaborative governance structure to lead the NC child care health consultation system. Map out necessary membership, roles and responsibilities, expectations of the governance entity. Determine decision making approach of governance. • Develop an advisory group, subcommittees, and/or ad hoc work groups to expand participation of key state and community stakeholders. • Develop the activities of governance with budget and potential funding sources. • Establish communication systems between the governance structure and current systems for other child care quality technical assistance, child care licensing, and environmental health.
1.b Child care health consultation as a service is understood by policy makers, child care program staff, professionals supporting child care quality, local partnerships, and local health departments and is valued as essential for safe and healthy early care and education.	• Develop clear messaging on the value of child care health consultation and adapt communication approaches for the different target audiences, incorporating data on unserved child care programs. • Leverage the cross agency technical assistance planning process led by DCDEE to clarify the health consultation role as distinct from other technical assistance and plan for increased coordination and referrals.
1.c Child care health consultation is incorporated into state policies for child care.	• Work with DCDEE and the Child Care Commission to explore having the mandatory health and safety professional development for licensed child care programs be provided by child care health consultants. • Determine other specific child care requirements to link with child care health consultation that could be implemented within the current system and policy environment. • For the longer term, determine desired policy(ies) and develop an educational advocacy action plan to seek inclusion of child care health consultation through child care rules or legislation, learning from other states' examples and school health policy successes.

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System Component: Financing Strategies and Funding Mechanisms

Outcomes	Strategies
2.a. Resources and funding mechanisms are in place to maintain and expand statewide access to child care health consultation through a mixed delivery system including community-based and state level-based child care health consultants.	● DHHS will continue to maximize Child Care Development and Maternal and Child Health federal block grant funding. ● Actively engage local partnerships and local health departments to encourage them to continue funding, or to begin funding, child care health consultation. ● Explore partnerships with Head Start and NC Pre-K for expanded health consultation to child care programs.
2.b Community Stakeholders will use comprehensive information on funding sources and funding mechanisms to guide local funding and administration decisions.	● Develop a clear description of funding sources and alternative funding and administrative options for child care health consultation, and distribute to local partnerships, local health departments, AHECs, and other potential community administering agents.

System Component: Assessment and Planning

Outcomes	Strategies
3.a. Community needs assessment and statewide data analysis drive community and statewide planning for identifying service gaps and inequities and targeting service expansion.	● Develop a shared data plan across DHHS, NCPC, and NCCCHSRC, informed by community providers, including the required data elements to be reported and agency roles in collecting, analyzing, and using community data for planning. ● Consolidate and review data for expansion planning including unserved areas, need from the communities, organizations in communities with capacity to lead effort, and funding needs. Find sources for data not currently in hand. ● Develop strategies to identify expansion targets that address inequities in access. ● Determine effective ways to learn NC's needs for health and safety consultation in child care. ● Outline responsibilities, expectations, and activities of the community lead for child care health consultation as part of the statewide expansion plan, including community assessment. ● Facilitate disaggregation of state-level data, including service utilization and needs assessment data sources, to analyze data from the perspective of equity change levers. ● Develop a community assessment process to guide a consistent, collaborative approach in communities, aligned with equity change levers, that is inclusive of community need and the capacity of organizations and workforce. ● Develop technical assistance for local leaders on how to assess community need for child care health consultation services and use of available data sources.
3.b. Common service data elements are reported and centrally analyzed to understand service process and impact.	● Develop a shared data plan across the DHHS, NCPC, and NCCCHSRC, informed by community providers, including the required data elements to be reported and agency roles in collecting, analyzing, and using service data for planning and for communicating service impact, and the frequency of data review by the partners and the governance entity.

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System Component: Monitoring and Accountability

Outcomes	Strategies
4.a. Coordinated monitoring by state agencies support community service implementation.	• Clarify state partner agency roles for monitoring and accountability including distinctions between contract monitoring and program monitoring and agree on cross-agency coordination processes. • Review monitoring and reporting processes in place across agencies and identify best practices for assuring quality services.
4.b. Community funding and hiring agencies have a shared understanding of program standards, model fidelity, and key data elements to be reported.	• Develop various approaches to sharing standards, fidelity, and data elements with community providers in accessible formats, such as guidance documents, webinars, individualized TA, easily navigated website, etc.

System Component: Continuous Quality Improvement, Implementation and Evaluation

Outcomes	Strategies
5.a. Community programs are supported to implement with model fidelity and continually improve services and reporting processes.	• Routinely collect and use feedback from professional development activities and individualized on-boarding for new child care health consultants to improve support for community practitioners and administrators. • Support quarterly regional meetings and annual conference for CCHCs. The CCHC Association to take the lead on scheduling and leading the regional meetings. NCCCHSRC and CCHC Association to take leadership of organizing the annual conference. • Support a learning collaborative for CCHCs to provide continued professional development to meet and maintain CCHC competency. • NCCCHSRC to provide regular supervisor training opportunities to provide direct supervisors of CCHCs guidance on implementation of the NC CCHC Service Model. • Explore including information on implementation science in training and technical assistance as well as information on implementing model components and standards. • Ensure communities have the information and materials needed to plan, implement, and evaluate their services, including appropriate materials to use for outreach to diverse child care program staff.
5.b. Child care health consultation services are implemented within each community's coordinated approach to assuring child care programs are safe, healthy, and developmentally appropriate to promote early learning and wellness.	• Based on statewide agreements from planning with cross-sector partners, offer guidance and technical assistance to providers for developing active community coordination and referral approaches to support child care programs in a wholistic fashion while maximizing the resources and expertise of all technical assistance and regulatory professionals. • Facilitate the development of working partnerships between local health departments and local partnerships to assure consultants have access to public health and early childhood expertise and connection to resources.
5.c. Data is used to spotlight inequities and drive planning to target additional resources where needed	• Explore the variations in implementation support and continuous quality improvement necessary to address the needs of historically disenfranchised communities with more challenging social and economic conditions. • Disaggregate service data to contribute to an understanding of differential participation in services by child care programs and any differing service impacts for programs, staff, and children.
5.d. Community and program data is being used to promote funding expansion of child care health consultation services.	• Map data indicators that feed up to the larger measures in ECAP to demonstrate how child care health consultation is part of impacting these outcomes.

Outcomes	Strategies
	● Establish an impact goal for the child care consultation system, and a shared agenda and process for evaluation across agencies, which can be used for program and system planning, and for building the case for investments in the child care health consultation. ● Assess potential resources to support a shared approach to evaluation that includes assurance of equity. ● Use data in messaging for educational advocacy.

System Component: Professional Development, Training and Technical Assistance

Outcomes	Strategies
6.a. Child care health consultants are well-trained and supported to offer high quality services with model fidelity.	● Continually evaluate and refine Resource Center professional development activities based on feedback and service data to assure professional development opportunities align with the changing needs of child care health consultants to demonstrate identified competencies. ● Coordinate joint and/or complementary professional development offerings between the Resource Center and Association. ● Identify inequities in access and other structural barriers programs encounter to engaging with training and professional development opportunities. ● Identify training and professional development activities addressing individual values, beliefs, implicit biases, and unconscious racism in practice. ● Refine coaching approach to support continual knowledge development and skill-building among consultants. ● Train and support consultants to use telehealth technologies. ● CCHCs are given the opportunity to attend a learning collaborative, a professional development opportunity designed to help them meet and maintain CCHC competency.
6.b. A diverse group of qualified child care health consultants are available to partner with early care and education programs.	● Develop a shared plan to support the development of a pipeline of diverse consultants who are reflective of their communities and retained over time by considering partnering with community colleges and universities, reviewing consultant salary and benefits, and length of contracts which drive position stability.