

## Northeast Regional Service Model (RSM) Worksheets

***Northeast region***

***RSM SFY 14 &15***

### **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 model will focus on delivering I/T CC Consultation Services to providers who have not received consultations in the past year as well as those who lack funding through alternative programs. In addition, the RSM for Northeast Washington will target new providers and providers who serve families enrolled in “Working Connections”. The program will also support and collaborate with our communities’ QRIS/*Early Achievers* activities in our region for the mutual benefit of both projects.

The consultant pool will include professionals across many disciplines depending on provider needs. Consultants will include generalists with expertise in health, safety, environment, and social, emotional and behavioral issues. Public health nurses and other specialists will be added to the pool as needed. We will recruit and support providers who may not be prepared to participate in *Early Achievers*, and also target providers who may be newly involved with *Early Achievers* and require specific I/T consultations that can be offered through the I/T CCC project. The technical assistance will not duplicate or supplant either project’s funding focus. Rather, we believe that the I/T program will provide seamless service and leverage additional support to providers. Very specific content will be delivered that will completely align with the I/T plan and deliverables. We recognize that this will involve enhancing our internal documentation process to ensure that clear communication and coordination of supports occurs between the *Early Achievers* coordinator and coaches as well as with the I/T project intake and consultants. We are fortunate that our community has a very strong and mutually supportive relationship with Child Care Aware of Eastern Washington, where our regional *Early Achievers* (EA), coordinator is based. The I/T administration is a member of the EA Steering committee and the EA coordinator reciprocally is a member of the I/T steering committee.

The duration and quantity of consultation services will be designed based on individual needs and may range from 10.5 – 20 hours for durations of up to 6 months. The service delivery model will utilize classroom observation and assessment to develop a quality improvement consultation plan that includes action steps and a progress monitoring timeline. Our regional consultation service model will include a focus on improving attachment relationships and interactions between caregivers and infants. In addition to a promoting high quality care giving, health and safety practices, we will utilize a

## Northeast Regional Service Model (RSM) Worksheets

technical assistance focus on attachment that aligns with portions of the ITERS and CLASS tools. These tools are used to develop our consultation plans. This attachment focus will be emphasized in the onsite consultations, training and technical assistance provided.

### SECTION 2: Service Delivery Strategy

#### PART A: Provider Funding Focus Strategies

Please briefly describe the providers that will be your focus.

NEWESD 101 will target infant and toddler providers in the following groups: (1) Providers who have not received infant and toddler consultation training services in the past year from various sources including Child Care Aware of Eastern Washington and regional/county health districts; (2) Providers who have been referred by the Department of Early Learning, child care licensing and who agree to consultation supports that are beyond compliance with MLR; (3) Newly licensed childcare; and (4) Providers who accept children receiving “Working Connections” benefits.

**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)?<sup>1</sup>

A large part of the NEWESD 101 service area contains high poverty rates as evidenced during the planning and assessment project conducted two years ago. Specifically, six of the seven counties (Adams, Ferry, Lincoln, Pend Oreille, Spokane and Stevens) contain free- and reduced-lunch rates exceeding 30% and as high as 75%. All of the counties, except Whitman, contain higher-than-state-average rates of children under age five living in poverty. Since poverty rates are so high throughout the region, this program will focus on it as the primary risk factor facing infants and toddlers. Before services are delivered, part of the screening process will include identifying whether or not the provider accepts children receiving “Working Connections” benefits. This project will offer consultation supports to strengthen Infant/Toddler caregiving foundational best practices and help providers to build their confidence and willingness to participate and improve their rating in Early Achievers.

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

### Northeast Regional Service Model (RSM) Worksheets

**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?

During the last revision to the RSM, the Northeast Region added an additional funding strategy focus that addresses those Infant/Toddler childcare providers who are participating in EA. Infant/Toddler project consultants work with I/T teachers and I/T classrooms, with a goal of increasing the quality of care. Infant/Toddler project consultants work in coordinated collaboration with EA coaches to align I/T and EA activities.

Additional targeted focus will occur within the three northern counties of our region (Stevens, Ferry and Pend Oreille). These rural counties have minimal licensed childcare facilities and few resources. This project will provide consultation support (one on one as well as focused trainings) that is greatly needed in these counties. We will utilize Child Care Aware of Eastern Washington (resource and referral and Early Achievers), Steering committee partners and INWELA (regional coalition) members support to outreach and recruit providers to this project. We will also build on our consultant pool in these counties to increase the ability to offer timely consultations that minimizes traveling distances for consultants.

### 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.

i. Who will primarily be involved in outreach and recruitment efforts (e.g. leads, steering committee members, community agencies)?

Recruitment efforts will include:

- Flyers identifying available services, target population, sponsoring agencies, information line: (1-800).
- Flyers will be disseminated to Regional and County Coalitions, Health Districts, Child Care Aware, Early Head Start, Child Care Licensing, Provider Associations, Community Colleges; through newsletters, web-pages, community partner internal systems.
- Services introduced at local and Regional Coalition meetings, Child Care Licensing meetings, Early Head Start, Head Start and ECEAP meetings, QRIS Advisory Committees, ICC meetings, Early Childhood Advisory Committee at Community Colleges of Spokane, Economic Advisory groups throughout region and health district regional meetings.

ii. What is your primary strategy and anticipated activities to conduct outreach and recruitment?

Engaging providers will be an on-going effort. We will encourage providers to self-refer or seek support through three different points of entry. Providers can also be referred to consultation services in cooperation with an existing community partner or through Child

**Northeast Regional Service Model (RSM) Worksheets**

Care Licensing.

**Self-Referral:**

Providers contact local Child Care Aware of Eastern Washington Office (this may occur through the support of EA technical assistants or coaches):

- Intake completed and eligibility established
- Provider information communicated to the consultation coordinator
- Consultant Coordinator establishes contact with provider and schedules initial assessment
- Initial assessment conducted, results provided to consultant coordinator who connects appropriate consultant to provider

Provider contacts Lead Agency:

- Provider information is gathered by consultant coordinator
- Information provided to Child Care Aware of Eastern Washington and entered into system; provider eligibility established
- Same system as above

**Outside Referral:**

Child Care Licensing staff refer provider to Child Care Aware of Eastern Washington for consultation services.

- Child Care Aware of Eastern Washington contact provider and establish eligibility
- Child Care Aware of Eastern Washington refer to Lead Agency
- Lead Agency contacts provider; conducts initial assessment, results compiled with licensing report/request and provided to consultant coordinator
- Consultant Coordinator connects appropriate consultant to provider
- Provider receives copy of the consultant activity report (with goals and progress) that they may choose to share with licensing staff.

Outside Community Partner referral (in cooperation with provider) will follow same process as a self-referral.

iii. What did you find particularly successful or an area you could improve upon from your recruitment in SFY 2012 and SFY 2013?

We utilized the support of our steering committee partners, particularly Child Care Aware of Eastern Washington, as their child care resource and referral agency has an established data bank to track information on providers. Additionally, partnering with their Early Achievers' coaches provided more comprehensive services to providers.

### Northeast Regional Service Model (RSM) Worksheets

Improvement strategies will involve a targeted focus on recruitment in the Tri-County area (Stevens, Pend Oreille and Ferry). As EA begins implementation beyond Spokane county in our region, we will be able to demonstrate the ways that I/T CCC support EA pathways and providers.

### 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.	The intake process includes a survey that ORS designed. The survey information is shared with consultants during orientation and individualized meetings. The consultant then arranges for a mutually agreed upon time to meet and begin the relationship with the provider from a listening stance which seeks to encourage and support providers to share what their priorities and hopes are for consultation. This sets up a positive parallel process between consultant and provider that highlights responsive attachment strategies. This responsive attachment model will go on to be reinforced during consultations and training with caregivers.	How many hours do you estimate your consultants and leads will dedicate towards provider assessment and goal setting activities:
ii. What process is in place to establish consultation goals with the consultation recipients (please include name of assessment to establish goals)?  <i>List your expected hourly outputs on this task in the right hand column.</i>	To establish goals for the consultation services, consultants begin by observing the classroom by utilizing either all or specific elements of the ITERS (Infant Toddler Environment Rating Scales), depending on provider's needs. As a result of the observation coupled with the provider's initial goals for the consultation, together program goals are developed using the SMART goal (Specific, Measurable, Achievable, Realistic and Timely) framework.  Additionally, with permission from the provider, the goals are shared with the EA coach (given that they are a participating provider). The goals and subsequent activities can then be aligned with those of the center director's goals that may address the classroom, teacher and/or child.	Average per teacher receiving consultation: <b>3-5/hours</b>  Total for SFY 2014: <b>Range 108-180 hours</b>  Total for SFY 2015: <b>Range 108-180 hours</b>
iii. How will your region track consultation goals and progress towards those goals?	Currently data is gathered from consultants following each consultation session. Follow-up calls are made if necessary. The data is reported on a Consultant Activity Report (CAR). This report then is provided to Child Care Aware who supports the data collection in conjunction with the lead agency data assistant.	

### Northeast Regional Service Model (RSM) Worksheets

	<p>To assist in tracking consultations and progress on multiple data points, an excel spreadsheet was recently developed. The next step would be to include specific goals and progress towards those goals to this current tracking system. The information is reviewed and summarized quarterly and provided to the Steering Committee and the Regional Coalition as well as to fulfill contractual periodic survey reporting requirements.</p>	
--	---	--

### PART D: Service Delivery Strategy and Anticipated Outputs

Strategies and Related Activities	Estimated Outputs
<p>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>(e.g., provide a basic range for consultation hours, teachers/directors served and infant and toddlers reached)</p>
<p><b>Strategy #1</b></p> <p>Northeast region service delivery strategy will be as follows:</p> <ol style="list-style-type: none"> <li>1. Initial meetings and ITERS assessment to begin goal setting process 3-5 hours per teacher/classroom.</li> <li>2. Classroom consultations (range of 5-15 hours per teacher/classroom).</li> <li>3. Group consultation specific trainings (up to 25 hours per year).               <ul style="list-style-type: none"> <li>• Topics as determined by consultation goals but based on our last two years of consultation will most likely include:                   <ul style="list-style-type: none"> <li>○ Setting up developmentally appropriate infant and toddler environments.</li> <li>○ The importance of attachment and utilizing positive care giving strategies that emphasize responsive, attuned and language -rich interactions. (<i>Relationships: The Heart of Development and Learning</i>. National Training Institute for Child Care Health Consultants from the Federal Office of Child Care, May 2010).</li> </ul> </li> </ul> </li> </ol>	<p><b>Overall Consultation Hours in SFY 2014:</b> Range 180 - 545 hours</p>
	<p><b>Consultation Hours Per Teacher in SFY 2014:</b> Range 137 - 417 hours</p>
	<p><b>Consultation Hours Per Director in SFY 2014:</b> Range 43 - 128 hours</p>
	<p><b>Anticipated # of Infant and Toddlers Reached in SFY 2014:</b> range 900-1000</p>
	<p><b>Overall Consultation Hours in SFY 2015:</b> Range 180 - 545 hours</p>
	<p><b>Consultation Hours Per Teacher in SFY 2015:</b> Range 137- 417 hours</p>
	<p><b>Consultation Hours Per Director in SFY 2015:</b> Range 43 - 128 hours</p>

### Northeast Regional Service Model (RSM) Worksheets

<ul style="list-style-type: none"> <li>○ Considerations around positive climate and regard for children’s perspective as described in the CLASS tool.</li> <li>○ Understanding the needs of infant and toddlers individually and in group settings and strategies to support self-control and positive peer interactions. Including using attachment relationship strategies to support children’s emotional connections and social skills. (Butterfield, et. al. (2003) <i>Emotional connections: How relationships guide early learning</i>. Washington, DC: ZERO TO THREE Press.)</li> </ul> <p>To ensure that we meet the 75% and 25% requirement regarding consultation hours per teacher/classroom, we will modify our current tracking system to support the monitoring of this requirement. We will work closely with existing providers to track the services that have been received thus far and ensure alignment with this new I/T consultation policy. As we engage with new providers, we will share the expectations from the beginning of the consultation relationship.</p>	<p><b>Anticipated # of Infant and Toddlers Reached in SFY 2015: range 900-1000</b></p>
<p><b>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)?</b></p>	
<p>Our service delivers strategy has essentially remained the same based upon the needs and focus that surfaced from the initial planning and development meetings that occurred at the beginning of this project. From the start of this project, we designed a delivery model that provided from 10-15 hours of consultation. The research conducted by ORS has affirmed that this model contributes to positive consultation results. We have modified our range of consultation hours to include up to 5 additional hours (range 10-20) based upon some of the provider needs that we have experienced these past two years. The additional service delivery change that has occurred has resulted from the ramp up of Early Achievers activities across our state and within our region. We are now closely aligned with Early Achievers T/A and coaches and currently receive many of our intakes via their interactions with childcare providers interested in participating in the Early Achievers project.</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.

<b>Consultant Pool</b>	<b>DESCRIPTION</b> Please answer the questions from the first column.
i. Please describe your outreach and process for recruiting consultants?	Routinely, inquiries are targeted at the I/T Steering Committee to give input into any known professionals with the required qualifications for specific areas in which the program needs additional support. Additionally, existing consultants have been resourceful in locating other consultants. Many times, through work with other initiatives,

### Northeast Regional Service Model (RSM) Worksheets

	potential consultants are discovered. INWELA, Inland Northwest Early Learning Alliance community partners are queried when a specific need for support is identified.
ii. Are the consultants you recruit meeting the qualifications outlined in the I/T Interdisciplinary Child Care Guidelines? To what degree?	All consultants will be, or have been screened to ensure qualifications meet or exceed those outlined within the Child Care Guidelines based on the area of competency. Most consultants and content specialists are well-established and work within the field through other supporting community partner agencies. The <i>Generalists</i> have either a B.S, B. A, or M.S, and specific areas such as <i>Health</i> are Registered Nurses.
iii. What other qualifications do you expect you will need from your consultant to successfully deliver consultation?	The Content Specialists will have specialized knowledge in Infant/Toddler early intervention services. They also have experience in conducting developmental screenings. Each consultant is provided (if not already trained), ITERS training & Consultation Best Practices (Consultant Strategies, Reflective Practice, Observation Strategies, Building a parallel process, supporting positive attachment in child care, etc.)
iv. What type of specialists will you use (e.g. mental health)? How will they be used?	Recruitment of consultants will continue to occur on an on-going basis to ensure the needs of the providers are met. In reflecting on the past year, the specialists for the 13-15 year will be in the area of Health (Nurses, Nutritionists/Dieticians), Mental Health (pediatric mental health, behavior specialists). If a specialist is needed and/or requested by the provider, the specialist will be provided information from the Generalist, including the results of the ITERS and the goals of the provider. The specialist will meet with the provider (teachers) and after an appropriate classroom or child observation; the specialist together with the provider would make recommendations and assist in developing next steps for support and resources.
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. <i>John Smith, Health</i> )	<ol style="list-style-type: none"> <li>1. Roni Turner R.N, Health/ Education/Social Emotional (509) 868-1672, <a href="mailto:annabellenurseconsultants@gmail.com">annabellenurseconsultants@gmail.com</a></li> <li>2. Bobbi Cobb, Education/Social Emotional (509) 777-0822, Ext. 2, <a href="mailto:bobbicobb@msn.com">bobbicobb@msn.com</a></li> <li>3. Patty Shastany, Education/Social Emotional (509) 777-0822, Ext. 3, <a href="mailto:pashastany@yahoo.com">pashastany@yahoo.com</a></li> <li>4. Val Cillay, Education (509) 335-7625, <a href="mailto:vcillay@wsu.edu">vcillay@wsu.edu</a></li> <li>5. Kristi Kurle, Education (509) 335-7625, <a href="mailto:kurle@wsu.edu">kurle@wsu.edu</a></li> <li>6. Caroline Law R. N, Health/Social Emotional (509) 324-1665, <a href="mailto:claw@spokanecounty.org">claw@spokanecounty.org</a></li> <li>7. Lee Williams, Education/Social Emotional (509) 232-1111, Ext. 201, <a href="mailto:lwilliams@ccspokane.org">lwilliams@ccspokane.org</a></li> <li>8. Deitra Miller, Education/Social Emotional(509) 232-1111, Ext. 161, <a href="mailto:dmiller@ccspokane.org">dmiller@ccspokane.org</a></li> <li>9. Eileen Vincent, Education/Social Emotional (509) 796-2636, <a href="mailto:evincent@esd101.net">evincent@esd101.net</a></li> </ol>

## Northeast Regional Service Model (RSM) Worksheets

### 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)	Engaging providers will be an on-going effort. See <i>Part B: Recruitment ii</i> . Additionally communication is conducted through e-mail and consultant meetings; one face to face, and the other by conference call. Linking providers to the consultant falls within the responsibility of the Consultant Coordinator. This person receives the referrals, conducts the intake and contacts the appropriate consultant based upon providers' needs.	NEWESD 101-Consultation Coordinator NEWESD 101 Data Entry Assistant
Provider recruitment, intake, and assessment (e.g., applying ITERS, QRIS)	<p>For details on the provider recruitment, please see <i>Part B: Recruitment ii</i>. Other recruitment efforts are detailed within <i>Part B: Recruitment i</i>.</p> <p>Intake includes:</p> <ul style="list-style-type: none"> <li>• Initial intake information will serve two purposes; first to meet the contract requirements of the local Child Care Aware as well as the information that will be needed to determine eligibility for consultation services (See Funding Strategy #1 and #2). Information about the provider will be entered into the Child Care Aware Data Tracking system so that training and consultation hours and progress can be tracked.</li> <li>• Intake observation and assessment completed, ITERS or specific portions of the ITERS, depending on intake information and initial observations.</li> <li>• Results compiled with other information, analyzed and shared with provider for development of coordinated action plan development.</li> <li>• Check points are established to determine progress and next steps.</li> </ul>	NEWESD 101 Data Entry Assistant Child Care Aware of Eastern Washington, Data Entry Assistant and other support staff.

### Northeast Regional Service Model (RSM) Worksheets

<p>Training, supervision and support for consultants</p>	<p>Training: ITERS training will be provided as needed. Additional training topics will be provided in: Building Consultation Relationships, Goal Setting, Reflective Practices, Supporting Positive Attachment in Child Care and <i>“Emotional Connections: How relationships guide early learning”</i>. Training for consultants is based in part upon consultant core knowledge and competencies described in the HHS-ACF, Office of Child Care and Office of Head Start: <i>“A Guide to Effective Consultation with Settings Serving Infants, Toddlers, and their Families: Core Knowledge, Competencies and Dispositions”</i>. Additional resources from <i>ZERO TO THREE Press</i> such as the tool <i>“Helping Staff to Look, Listen and Learn: A Tool to Guide Reflective Practice”</i> will be used to support consultants in their work with providers.</p> <p>An excel spreadsheet tracking system that supports coordination and on-going monitoring was developed to assist in ensuring timely delivery of consultant reporting and accuracy. Follow up to consultants and/or technical assistance is provided as needed through reviewing Consultation Reports, and the timely submission.</p>	<p>NEWESD 101-Consultation Coordinator NEWESD 101-Project Evaluator</p>
<p>Data collection and reporting</p>	<p>The primary reporting tools include: Provider Intake form, Provider Initial Survey, the Consultation Activity Report (CAR), the Consultant Activity Report Tracking System. Additionally, there are internal fiscal tracking tools that are used for invoicing and verifying payment for service hours. These tools support data collection and are used to inform quarterly periodic survey or other state requested reporting requirements.</p>	<p>NEWESD 101 –Data Entry Assistant NEWESD 101- Project Evaluator Child Care Aware of Eastern Washington- Data Entry Assistant</p>
<p>Other planned coordination activities (add table rows as necessary)</p>	<p>Other planned coordination activities will involve the time spent and method of collaboration between the EA coaches and the I/T consultants.</p>	<p>NEWESD 101-Data Entry Assistant</p>

### 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	A basic orientation will be provided to all consultants that will include an overview/refresher of the NITCCI-

### Northeast Regional Service Model (RSM) Worksheets

<p>experts will be available to support high quality interdisciplinary consultation?</p>	<p><i>Infant/Toddler Curriculum and Individualization- specifically the “Relationships: the Heart of Development and Learning” module. The Washington State Minimum Licensing Requirements as well as the Early Learning and Developmental Benchmarks (Guidelines). Consultants will be provided with information regarding their role within the established communication system and the provider-consultant relationship and supporting positive attachment in infant toddler childcare settings. Additional training to utilize the ITERS and CLASS (with an emphasis on positive climate and regard for children’s perspective) will be provided as necessary. Materials from Zero to Three; “Practical guide to reflective supervision”, “Helping Staff to Look, Listen and Learn: A Tool to Guide Reflective Practice” and positive coaching strategies, Trauma; ACES (Adverse Childhood Experience Study) and the Attachment, Self-Regulation and Competency (ARC) framework, the Washington Core competencies for Early Care and Education professionals will also be incorporated into the training plan. Training will also include information regarding the consultation model, data collection, progress monitoring and reporting protocol.</i></p> <p>A Consultant web-based “share point” site has been established where consultants and content specialists can access training, program and operational procedure information and resources. Consultants will be brought together twice a year where specific training can be provided (depending upon the providers’ specific area of need as identified by consultant visits). Meetings will also engage consultants in facilitated discussions regarding challenges, successes and collective problem-solving. Consultants will also be invited to participate in training workshops sponsored by community partners as identified in Part C.</p> <p>Consultants will be directly supervised by the Lead Agency, as the contracting entity. The Consultant Coordinator and the project director will provide supervision and support.</p>
<p>ii. What common approaches/methods will your consultant pool utilize related to any training, curricula or other support your region provides?</p>	<p>We will align our approaches/methods with the strategies and resources that are used by Child Care Aware/ EA coaches. This will provide a more seamless service to childcare providers who are engaged with both supports. Efforts will also be made to include pertinent approaches used through other initiatives such as Professional Learning Communities (PLC) for our consultants. An emphasis on promoting positive attachment between caregivers and infants will be infused throughout our work with child care providers. Within some geographical areas, consultants may need to approach specific situations using a “Trauma-Sensitive Lens” to address the needs of children who have been exposed to one or more traumatic experiences. This work is grounded in the Attachment, Self-Regulation and Competency (ARC) framework. In this case, the Lead Agency would incorporate the consultants in existing work that is occurring within our region through the CDC-Safe Start Health Start grant as well as work through Washington State University Area Health and Education Center in building Trauma-sensitive learning environments.</p>

## Northeast Regional Service Model (RSM) Worksheets

### 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.

Our regional infant toddler systems building efforts continue from a place of strong collaboration and regional community partnership.

- The steering committee functions with participation and guides the Infant Toddler consultation planning and work. Steering committee members participate in quarterly meetings either face to face or via a call or webinar system.
- The Regional Early Learning Coalition (INWELA) has strengthened and more formalized their collaboration with the regional Infant/Toddler CCC project. To align efforts and strengthen cross sector work, both the coalition and the I/T project has a shared focus to increase and strengthen rural (Stevens, Ferry and Pend Oreille counties) representation and rural participation in the coalition as well as in the delivery of consultation services. Additionally, the IT project is formally identified as a partner in the Community Momentum grant. There continues to be a monthly report out to the coalition by the IT project lead.
- There are partnerships forming with the regional rural home visiting program work and the IT lead agency (NEWESD 101) also serves as the local lead agency for Birth-3 Early Intervention for Stevens, Ferry and Pend Oreille counties. These partnerships support and strengthen capacity of Birth-3 systems across the Northeast region especially as we roll out our targeted focus of increasing services to the more rural portions of our region.

#### 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)
Sandra Szambelan	<a href="mailto:sszambelan@esd101.net">sszambelan@esd101.net</a>	Coordinating Role
Mary Schauer	<a href="mailto:mschauer@esd101.net">mschauer@esd101.net</a>	Coordinating Role
Katy Chapman	<a href="mailto:kchapman@esd101.net">kchapman@esd101.net</a>	I/T Local Lead Agency (Stevens, Ferry and Pend Oreille) representation

### Northeast Regional Service Model (RSM) Worksheets

Elaine Conley	<a href="mailto:econley@spokanecounty.ort">econley@spokanecounty.ort</a>	Spokane Regional Health District representation
Kathy Thamm	<a href="mailto:kathyt@community-minded.org">kathyt@community-minded.org</a>	Regional Early Learning representation
JoMarie Francis	<a href="mailto:jomarieF@community-minded.org">jomarieF@community-minded.org</a>	Eastern WA Child Care Aware director representation
Val Cillay	<a href="mailto:vcillay@wsu.edu">vcillay@wsu.edu</a>	Whitman County Child Care Aware representation
Karen Christensen	<a href="mailto:Karen.Christensen@del.wa.gov">Karen.Christensen@del.wa.gov</a>	DEL Child Care Licensing representation
Kathy Blair	<a href="mailto:kathyb@community-minded.org">kathyb@community-minded.org</a>	Early Achievers regional representation
Carolyn Sola	<a href="mailto:csola@ewu.edu">csola@ewu.edu</a>	Early Head Start (Stevens, Ferry and Pend Oreille) representation
Molly Phillips	<a href="mailto:mollyphillips7@hotmail.com">mollyphillips7@hotmail.com</a>	Mental Health Professional representation

### 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
INWELA regional early learning coalition	Supports and guides the regional service model focus. Offers insight into regional early learning needs and trends.
Blue Prints for Learning	Regional training center that could offer targeted training to support and enhance child care consultations.
Spokane County Library District	Offers training and supports to the childcare community.
WSU Area Health Education Center (AHEC)	ACES, Attachment, Self-Regulation and Competency (ARC) framework, and trauma focused education, resources and training for consultants and providers.
Empire Health Foundation	Social/emotional trauma focused training including the Attachment, Self-Regulation and Competency (ARC) framework.

**Northeast Regional Service Model (RSM) Worksheets**

**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.)