

**Early Childhood Council Meeting
November 10, 2008; 10:00am-2:00pm
Harmony Library Community Room
4616 S. Shields Street, Fort Collins**

Facilitator: Maro Zagoras

Ground rules established

- Cell phones off or on silent
- Majority rules
- No side conversations
- Take care of personal business as needed
- Raise hand to speak

Introductions

History, Vision, Mission of the Council- brief intro of the Council and it's history; defined the different roles that the Council, Board and Staff have

Accomplishments

- Encouraging family providers to take college classes
- Model to the Councils statewide
- Expanded funds for professional development
 - Huge increase in number of scholarships
- 501c3 established resulting in sustainable funding fro the office and staff
- Changed the perception of quality improvement
 - Increase in scope of services for TTA Team
- Relationships built with school districts and other community agencies
- Awareness of infant toddler care, mental health, and early identification
- Touchpoints trainings, developing a common language
- Established our agency as the place to go for help and we're here to stay
- Nurse health consultants working with providers
 - Establishing a medical home for families, kids, and child care providers
- Resources/funds for providers doing quality improvement
- Resource and Referral program was first in the state to receive their NACCRRA quality assurance
- Collaborations with so many agencies/people
- Reaching out to the community and business members about the early childhood and issues the field faces
- Helped to increase funding for CCAP rates
- Have had multiple legislators attend Council meetings
- Established early childhood as an economic part of our community, not just the "touchy-feely" part

Latest Trends in County

- 12% increase in the population from '00 to '07
 - Diversity in the population is up
- 36.5% increase in poverty, 74% increase in children living in poverty
 - 20% of kids in Larimer County are on Medicaid
- Medical homes needed for all kids
- Increase in social/emotional issues with children in care
- Decrease in the number of sites that accept CCCAP
- Lack of qualified staff for centers, especially infant/toddler supervisors
- Barriers to parent education
- Navigation of the health care system
- Facility and funding constraints for CPP slots in school districts

The Council requested that the Latest Trends and History/Vission PowerPoint presentations be emailed out through the list serve.

Narrow and Prioritize Goals

Trends are listed below with votes; first number is the number of power votes (#1 priority) a trend received, the second number is the total number of votes a trend received. Goals were established for the top 4 priorities only.

- 1) Center Directors report inadequate supply of qualified staff (especially infant/toddler supervisors) (13, 27)
 - a. *Goal- Increase availability of qualified staff*
- 2) Availability of child care for low and moderate income families is declining (facilities accepting CCCAP dropped) (2, 25)
 - a. *Goal- Increase in availability and accessibility of quality child care for low and moderate income families*
- 3) Reported increase in number of children with behavioral or mental health concerns (4, 20)
 - a. *Goal- Increase support to child care providers and families (in coordination with mental health providers) in addressing mental health and behavioral issues*
- 4) Families struggle to navigate the health care system (lack of medical home; lack of information about handling illness) (4, 19)
 - a. *Goal- Increase in number of children who have a medical home (including preventative and sick care and coordination of mental health services).*
- 5) Child care staff report difficulty in talking with parents about behavioral concerns or possible developmental delays (0,16)
 - a. An activity to include in goals 1, 3, and 4; ongoing coaching with team, use Touchpoints, look at the delivery system of this kind of training
- 6) Access and availability of parent education on child development and parenting skills (2, 15)
- 7) Poverty is increasing (4, 14)
- 8) Many child care centers have waiting lists for infants and toddlers (1, 10)
- 9) Many child care staff do not have access to health and mental health care, potentially impacting child health (1, 9)

- 10) Early childhood literacy (2, 5)
- 11) Lack of physicians accepting Medicaid and CHP+ (More low income respondents said their health insurance limited access to certain doctors) (0, 5)
- 12) Diversity is increasing (9.6% of population is Hispanic) (0, 4)
- 13) Geographic location impacts availability of services (Estes Park children may need to go to Loveland or Denver for care) (0, 4)
- 14) Lack of Medical Home (0, 2)
- 15) 20% of children in Larimer County enrolled in Medicaid; 6.3% of children in Larimer County enrolled in CHP+ (1, 2)
- 16) Lack of CPP sites (lack of space within school building; inability of unwillingness of community child care sites to be CPP providers) (0, 2)
- 17) More people (even with insurance) putting off going to the doctor due to cost (0, 0)

Guiding Priorities- the consensus from the group is to leave them as a “priority list” as opposed to defining how much time should be allocated to each activity

Future Work

The group agrees that at the next 2 Council meetings (Dec and Jan) that we should set aside some time to break in 4 work groups (committees) to address these 4 goals

The Council group decides to have the annual holiday party in January to allow more time to finalize goals and work plans in December.