



[Action Plan Workgroups Summary Meeting 1](#)

October 4th, October 10th, October 12th

Attendees

Workgroup 1 present (a): Michael Terry, Jamie Richardson, & Ashley Tharp

Workgroup 2 present (b): Danen Busch, Melanie Herrera Ortiz

Workgroup 3 present (c): Jenni Swanson, Mitchell Walker

Agenda

1. Workgroup Personalities
 - a. Passed due to low attendance
 - b. Passed due to low attendance
 - c. Passed due to low attendance

2. Recommendations
 - a. **Workgroup 1 Recommendation: Optimize the ECEC Workforce.**
 - i. The group explored local and global data to better understand workforce issues. We reviewed what the state is implementing through Smart Start and brainstormed what our workgroup could focus on in Region 49. The recruitment of males to the ECEC field, the development of a local apprenticeship-type program, the creation of a substitute pool, and the creation of a more collaborative environment were discussed. A major theme that emerged was that we must take programs and funding from the state and figure out how to inject them more effectively in as opposed to layering on top of workloads.
 - b. **Workgroup 2 Recommendation: Affordability and Access**
 - i. Reduce stigma around utilizing publicly funded programs and services available for families, parents and caregivers. Enhance communication and outreach efforts ECEC providers, local medical providers, such as family and pediatrician offices, and Community Health Care centers that serve families in our region. Some themes that emerged are transportation, language needs and cultural barriers that families face in being aware of, accessing & utilizing available resources, such as Early Childhood screenings.
 - ii. Other programs in the Region have slots available and CCAP funding is underutilized. Moreover, ECEC providers with lower enrollment capacities discussed the unintentional consequences faced in adhering to strict criteria and guidelines involved in accessing & fulfilling available grants. Other unintended



consequences of moving to a longer day model, being more beneficial for families, but still not covering the full workday all while cutting the number of children that can be served in half.

c. Workgroup 3 Recommendation: Streamline Service Coordination

- i. This recommendation was made as families approach a social service agency, just to be re-routed to several different agencies, to get their needs met. This lengthy process is exacerbated for families that face transportation and/or language barriers when accessing services. This workgroup wishes to create a truly collaborative system by using a coordinated referral platform that places accountability onto service providers instead of families carrying the burden of chasing down necessary services. Kane County in Illinois boasts a successful referral system, showing community growth through available data. Kane County should be referenced when assessing the potential of implementation within Rock Island County.
- ii. This workgroup reviewed an up-to-date list of active community partners who are engaged in IRIS, a coordinated referral platform, administered by Quad Cities Open Network. It was noted that in this bi-state region, several Iowa-based school entities were actively engaged, whereas Illinois-based school entities were sparse. There is a need for mental health providers to be active and engaged in this referral process.
- iii. This workgroup explored the benefits and unintended consequences of utilizing coordinated referral systems, such as protected information and time saved for families. A "Handle with Care" program that once existed in this Region should be reviewed for law enforcement and child protection agencies to inform the affected child's regular service providers of their potentially traumatizing experience.

3. What are the goals that must be achieved to implement the recommendation? What are the next steps?

- a. Understand what other collaborative communities are doing to ensure the diverse needs of the ECEC workforce are being met.
- b. Gauge current local agencies/organizations current practices in place that address cultural and language barriers.
 - i. Understanding how to shift accountability onto service providers versus families seeking services
 - ii. Enhance opportunities across the community that increase family awareness of available programs, including support in accessing & utilizing available resources, such as Early Childhood screenings.



- c. Understand the nuances of utilizing a coordinated referral platform and navigating a uniform method to obtain family consent to refer to other relevant services.

Action Plan Workgroups Summary Meeting 2

October 18, 24, 26

Attendees

Workgroup 1 present: Gennifer Humphries, Lisa Williams, Cindy Mahr, Michael Terry, Jamie Nordling

Workgroup 2 present: Riley Gerst, Melanie Herrera-Ortiz, Katy Henderson, Danen Busch, Melissa Gravert, Georgia Stear, Amanda Wentler

Workgroup 3 present: Angela Herrington, Mitchell Walker, Jess Lovera-Matter, Antoine "Rabbit" Smith Sr.

Agenda

1. Group agreements
2. Consensus Workshop
 - a. Workgroup 1: Focus for Optimizing Workforce must include:
 - i. Recruiting
 - ii. Retaining
 - iii. Equitable Higher Education Equivalency
 - iv. Collaborative Systems Approach
 - v. Legislative Standardization
 - b. Workgroup 2: Improving Affordability & Access to Specialized Supports must include:
 - i. Enhanced Community Outreach & Engagement
 - ii. Specialized providers
 - iii. Supportive Community
 - iv. Early Childhood Screening
 - v. Language Accessibility
 - vi. Transportation
 - vii. Funding & Financial Support
 - c. Workgroup 3: Streamline Service Coordination must target:
 - i. ECEC Services (PI, EI, HV, HS, EHS, PFA, preschool, screeners, CCR&R, child care providers)
 - ii. Early Childhood Therapists (OT, PT, Speech)
 - iii. School District (social workers)



- iv. Healthcare Providers (OBGYN/midwives, doulas, pediatrics, CHC, chiropractors, pharmacy, hospitals, mental health)
 - v. Housing Authorities (rental assistance, LIHEAP, SEAP, shelters)
 - vi. Local Government Infrastructure (city hall, township, post office, library, law enforcement, fire/EMS response, DCFS/child welfare, juvenile detention, jail)
 - vii. Public Transportation
 - viii. Community (churches, colleges, coffee shops, grocery stores, laundromats, food pantries)
 - ix. Media (social media, printed media, radio, billboards)
3. What are the SMART goals that must be achieved to implement the recommendation?
- a. What are the steps within each SMART goal that must be achieved to meet the goal?
 - b. Workgroup 1: TBD next meeting
 - c. Workgroup 2: TBD next meeting
 - d. Workgroup 3: TBD next meeting