



NSC Focus

A Newsletter of the Healthy Child Care Consultant Network Support Center
<http://hccnsc.edc.org>

Volume I, Issue I

Supporting Child Care Health Consultant Networks

February 2007

FOCUS ON FUNDING

Welcome to the first issue of *NSC Focus*, the newsletter of the Healthy Child Care Consultant Network Support Center (NSC)!

The NSC supports states in developing and sustaining child care health consultant (CCHC) networks. *NSC Focus* responds to the most pressing concerns voiced by state leaders as they further the work of CCHCs in promoting children's health and quality health and safety practices in early education programs. Each issue of *NSC Focus* will address one such topic; this issue focuses on funding.

We hope you will find the information here useful and invite you to explore the extensive resources and information available throughout the NSC website's state profiles, CCHC Registry, and resource pages at <http://hccnsc.edc.org> ★



DELAWARE AND MISSOURI

Are you having trouble finding funds to launch or sustain your CCHC work? You are not alone. Nationwide, state CCHC leaders report that their biggest problem is how to finance their networks. All initiatives, brand new and well-established alike, face the same issue.

No state leader claims to have completely solved the funding puzzle. Yet, many have identified successful strategies that have merit for other states. In this issue of *NSC Focus*, leaders from Delaware and Missouri share their very different approaches. Norma Everett, Early Childhood Comprehensive Systems (ECCS) director, describes how Delaware uses public-private partnerships to deliver and fund CCHC services through a network of private CCHC consultants. Kathy Penfold, CCHC program manager, talks about how Missouri continues to enhance its public health system model. (Note: Neither state requires health consultation as a condition of child care licensing.)

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BUILDING A CCHC INITIATIVE: A PUBLIC-PRIVATE PARTNERSHIP APPROACH

"It's all about relationships," says Norma Everett, as she relates the history and the current reality of the CCHC initiative in Delaware. In Healthy Child Care America's (HCCA) infancy, many states assigned CCHC duties to public health nurses. When Delaware's public health nurses decided that they couldn't take on another thing, the state's health leaders opted to launch a system based on public-private partnerships to staff their CCHC initiative. "In a small state like Delaware, it's particularly important to look beyond limited state resources," relates Everett, "And, when looking to partner with others, you need to find an approach that meets the needs of all parties involved."

Outsourcing CCHC training. Delaware's CCHC initiative had its first and perhaps most critical breakthrough through such a partnership. As the Division of Public Health grappled

RESOURCES

to help you in find, obtain, and maximize funding for your CCHC initiative.

You can find these resources on the NSC website <http://hccnsc.edc.org/resources/>

- ★ *Child Care Health Consultation Initiatives: A Status Report*
SOURCE: Healthy Child Care Consultant Network Support Center
- ★ *Early Childhood Comprehensive Systems that Spend Smarter: Maximizing Resources to Serve Vulnerable Children*
SOURCE: National Center for Children in Poverty, Project THRIVE
- ★ *Making Dollars Follow Sense: Financing Early Childhood Mental Health Services to Promote Healthy Social and Emotional Development in Young Children*
SOURCE: National Center for Children in Poverty, Project THRIVE
- ★ *Self-Assessment for CCHC Systems Builders: Funding*
SOURCE: Healthy Child Care Consultant Network Support Center
- ★ *Spending Smarter: A Funding Guide for Policymakers and Advocates to Promote Social and Emotional Health and School Readiness*
SOURCE: National Center for Children in Poverty

These websites contain information to help you find and approach funding sources:

- ★ *The Foundation Center*: An online directory of grantmakers, and information about grant seeking. Membership is required, but some information is freely available. Members can search for foundations by several criteria. <http://foundationcenter.org/>
- ★ *The Finance Project* website includes strategies and publications to support funding initiatives. There is a section devoted to children and family services. <http://financeproject.org/>
- ★ *FoundationSearch* is an online tool for identifying funding sources and analyzing their giving trends. This includes locating grants by type, value, year, recipient, donor and other criteria. <http://www.foundationsearch.com/index.html> ★

NSC is a project of Education Development Center, Inc. (<http://www.edc.org>) an international, non profit organization dedicated to enhancing learning, promoting health, and fostering a deeper understanding of the world. NSC is administered in partnership with CHT Resource Group in Oakland, California. (<http://www.cht-rg.org>)

In the Spotlight
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with how to build a cadre of CCHCs, they learned that Wesley College, a small private college, wanted to make its community nursing component come alive. By exploring the issue together, the parties agreed that the state would pay for Wesley College staff to attend the National Training Institute for CCHCs (NTI). In exchange, the College would develop and offer a credit-bearing course based on the NTI curriculum. The resulting partnership has had multiple benefits. The state now has an effective, *no-cost* method for training CCHCs. Wesley College has added graduate nurses and early education professionals who are interested in expanding their roles to its tuition-paying students, and the early childhood community has access to a pool of trained CCHCs. As an added bonus, nursing students looking for community internships chose to do pro bono training on hand washing at child care programs.

Making a case for funding. With the training problem solved, the Division needed to sell the early childhood community and state early childhood and health leaders on the benefits of using and ultimately paying for the services of the newly-minted CCHCs. Everett used all of her collaboration skills to raise awareness of the benefits of CCHCs. Armed with information about the services that CCHCs could provide; she tapped her network of state colleagues to uncover opportunities *and* funding. “One of our first successes was with the Head Start-State Collaboration Office,” relates Everett. When Collaboration director Betty Richardson, a member of the Delaware HCCA advisory committee, needed trainers to provide T/TA on social and emotional development using a Head Start-developed curriculum, she immediately thought of the CCHCs. With \$15,000 of combined ECCS and Head Start funding, CCHCs provided training and support in over 30 early education centers. Similarly, when the state received a Robert Wood Johnson Foundation grant to provide training on child care health and safety and State Child Health Insurance Program (SCHIP), Everett again recommended the CCHC network as the perfect delivery vehicle.

More recently, Everett collaborated with the Office of Child Care Licensing to launch a pilot project in which CCHCs provide intensive support to early education programs with significant health and safety needs. By combining a small amount of ECCS funding with CCDF funds, the project was able to provide intensive support to the neediest programs. One of the most gratifying aspects of this pilot project, now in its second year, is that half of the programs subsequently hired the consultants on a fee-for-service basis to continue their work. “The word about CCHCs is beginning to spread,” Everett observes. An increasing number of early education programs are using CCHCs without state subsidies, the state Association for the Education of Young Children (AEYC) chapter offers workshops about CCHCs, and

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other state leaders are tapping into CCHCs' expertise. For example, one state department recently hired a CCHC to develop a disaster planning curriculum for early education programs.

Continuing state support. While Delaware's CCHCs are private consultants, Everett sees a state role in backing their ongoing training and assisting them in marketing their services. To help with both of these efforts, Everett uses ECCS dollars to host quarterly CCHC meetings to provide training updates and opportunities for joint problem solving. "During the meeting, we also discuss marketing strategies that individual CCHCs can use," explains Everett. "For example, I encourage CCHCs to provide two hours of free technical assistance to early education programs who hire them to conduct workshops." This not only supports the program in applying the training, but helps program leaders understand the CCHC's full range of services.

When asked to talk about the keys to her success, Everett identified a number of points:

- ★ *Be passionate.* Others will respond to your desire to want something better for children.
- ★ *Don't be afraid to start small.* While \$15,000 doesn't seem like a lot, it can do a great deal of good in a small state like Delaware and lead to other opportunities.
- ★ *Expect more failures than successes.* Don't expect overnight triumphs. Know that you might never be sure of the impact of your efforts. Sometimes a seed that you planted will bear fruit several years later.
- ★ *Involve your entire network in the cause.* There's only so much you can do alone. When you engage others with similar missions (e.g., nursing schools, the Head Start-State Collaboration director, AEYC chapters, state licensing agencies, other health leaders, CCHCs themselves), you expand your influence exponentially.

BUILDING A CCHC INITIATIVE: LEVERAGING THE INFRASTRUCTURE

Missouri's Kathy Penfold recognizes a strategic advantage when she sees one. Penfold manages a network of local public health agency (LPHA) contractors who provide CCHCs to early education facilities in 111 of the state's 114

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FREQUENTLY ASKED QUESTION



Q: What do CCHCs charge when they work with early education providers on a fee-for-service basis?

A: Just like so many other questions in early childhood, this one has many answers. Multiple variables contribute to what consultants can charge and what providers can afford to pay. Factors at play include the consultants' education/credentials, state licensing requirements, consultants' role, geography (urban vs. rural; small state vs. large state), providers' financial flexibility, clientele's average income, CCHC supply and demand, as well as the developmental stage of the state's CCHC infrastructure. The result is a potpourri of rates, payment arrangements, and utilization across the states.

In Texas, for example, providers pay CCHCs \$60 to \$100 an hour for consultation and about \$150 to conduct a training. Consultants work independently or out of a variety of health and early education organizations. CCHCs must be registered nurses, child development specialists, early education specialists, or health promotion/education specialists who have attended a Healthy Child Care Texas-sponsored four-day training session.

In Virginia, private consultants charge between \$250-400 a day and public health nurses do not charge except to recoup costs of materials. Most private consultants are registered nurses, but they may also be licensing inspectors, health educators, or social workers. They are not licensed or certified but have completed the state-based National Training Institute for Child Care Health Consultants (NTI) training. Almost 75% of the private consultants offer a sliding fee scale to providers in economically disadvantaged communities.

Rhode Island's regulations require CCHCs for all child care facilities. For many providers in the state, paying for CCHC services at a rate of \$20-40 an hour presents a significant financial burden because regulations require consultants to be onsite for 15 hours/week for some categories of facilities. The state is currently transitioning to a new arrangement by which a third-party private contractor will hire and deploy CCHCs on a full-time basis to serve multiple sites. Child care providers will continue to pay on a fee-for-service basis but at a greatly reduced rate (approximately one third of current fee) since the burden of supporting the consultants' costs will be spread across the multiple providers served by each CCHC.

In Idaho, where CCHC services are not yet in frequent demand, NTI-trained early childhood professionals serve as consultants and receive \$15-20 an hour.

In a number of states, consultants may work independently and receive a fee-for-service from some providers, while the same services are rendered on a pro-bono basis to other providers.★



FREQUENTLY ASKED QUESTION

Q. How do I get private foundation funding?

Securing public funding for your state's CCHC activities is challenging! If you're considering seeking private foundation or industry funding, congratulations on taking a creative approach to financing this work. Private funding is a largely untapped means of support for state's child care health consultation activities. While the process can be time-consuming, you can view it as a valuable opportunity to sharpen your focus and to clarify your goals. Also remember that establishing a new funding source is essentially about building relationships – this may help you feel more at home with a process that is otherwise new and unfamiliar.

Begin the journey by clarifying your goals for the funding. Ask "How can CCHCs help meet my state's child health and child care quality goals?" The best appeals clearly establish an unmet need and a well-matched solution. Then do your homework to find out which foundations fund these or similar kinds of activities and goals in your locale. For example, North Dakota's CCHC Director, Linda Reinicke, applied for and received funding to support four full-time nurse consultants from the Otto Bremer Foundation. The foundation is committed to giving within three states (including North Dakota) in communities throughout the founder's financial services company's footprint.

The major types of support offered by foundations include program, operating, capital, capacity building, technical assistance, and matching funds. Websites such as www.foundationcenter.org or foundation directories at your local library are up-to-date resources. Be sure to research and note funders' funding cycles and submission specifications.

Once you target a funder that seems like a potential match, learn as much as possible about them and the initiatives they fund. If possible, build a relationship with a program officer. Talk with them about your ideas and the importance of child care health consultation in young children's safe and healthy development. Identify people who might help by writing letters of support for your proposed work and the reputation you have established in the community, or by making personal introductions to the funders through influential colleagues or community members.

When planning to write your funding request/proposal, locate sources for documentation on the NSC's website in the Resources section. You may find *The Influence of Child Care Health Consultants in Promoting Children's Health and Well-being: A Report on Selected Resources* a useful source for *continued on page 5*

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counties. She routinely parlays the network's unique ability to deliver health messages to a difficult-to-reach population into additional funding and resources. "With the increasing disappearance of institutions like *Well-Baby Clinics*, there are fewer and fewer vehicles to reach busy young families, especially those with low incomes," notes Penfold. "Our CCHCs routinely partner with early education programs to get the word out."

Expanding the funding base. The Missouri Department of Health and Senior Services (DHSS) contracts with 100 LPHAs to support the delivery of CCHC services by public health professionals, the majority of whom are RNs. The CCHC program, a population-based effort, is a good fit with the state's strong LPHA network. In each year's contract with the LPHAs, the state includes two to four public health priorities—this year's priorities are asthma management and obesity prevention—beyond ongoing CCHC services.



An annual earmark of \$227,000 from the state's CCDF block grant and a small amount of funding from the Maternal and Child Health (MCH) Block Grant provides a relatively stable funding base. However, Penfold also routinely taps a myriad of federal, state, and private funds to train and provide resources to the consultants. Like her colleague Norma Everett in Delaware, Penfold uses her networks, committee work, and presentations to tout the benefits of CCHCs. She strengthens her "pitches" to groups by using facts and figures about CCHC services documented in contractors' CCHC invoices.

Penfold's outreach has paid off. In fact, sometimes funders come directly to her. One group that needed to get the word out about the importance of avoiding second-hand smoke provided free training curricula for all of the LPHA contractors. A poison control center at a prominent children's hospital supplied the program with curricula to alert early education professionals and children about ways to prevent accidental poisoning. More often, Penfold follows up on leads provided by her MCH and DHSS colleagues. While some funds come from traditional health resources such as the Centers for Disease Control and Prevention (CDC), the state's Department of Mental Health, and DHHS, she also looks outside of the health arena for funding. "We need to be creative," reports Penfold. "We are grateful for all of our partners, especially the LPHAs who supplement what they can bill to the contract with local funding."

Ensuring consistency. Penfold recognizes that she can only capitalize on the unique reach of her network if CCHCs in all parts of the state deliver high-quality services. So, ensuring consistency is a prime concern. In addition to offering an annual NTI-based Missouri Institute for CCHCs, she provides a standard set of resources to each LPHA partner, and she offers training to CCHCs whenever a new curriculum or focus is introduced. She has also begun to mentor graduate and undergraduate nursing students in their public health experience. *continued on page 5*

Some have used these mentorships to develop new CCHC curricula; others have evaluated CCHC training programs to assess the knowledge gain and behavioral changes among early education providers who attend.

Penfold is not resting on her laurels. In her ongoing efforts to expand the reach of Missouri's CCHC network, she continues to seek additional funding. She hopes the governor's newly announced focus on improving children's basic health practices will earn the CCHC program much-deserved notice by other funders. In reflecting on the keys to her success, Penfold reiterated several messages:

- ★ *Recognize and use the unique strengths of your initiative.* Don't hesitate to sing the praises of your CCHCs.
- ★ *Use data to tell your story.* In this age of increasing accountability, funders are more likely to contribute to your initiative if they have evidence that your group can make a difference.
- ★ *Pursue any and all possibilities.* Like Norma Everett in Delaware, Penfold recognizes the benefits of even small contributions.

Norma Everett and Kathy Penfold have found creative, effective ways to finance their states' CCHC work. We hope that their stories give you valuable food for thought to guide your vital efforts. We also know that every day, across the country, you and other CCHC leaders are developing similarly innovative strategies that address the full array of challenges states face in establishing and sustaining CCHC networks. Upcoming *In the Spotlight* features will explore issues such as building awareness about the benefits of CCHCs and assessing the impact of their work. We encourage you to contact us if you, like Norma and Kathy, would like to share your experiences and lessons learned with your colleagues. As Norma observes, "There's only so much you can do alone." ★

COMING EVENTS

March 27, 2007; 2:30 – 4:00 p.m. (ET)

Webinar: *Building Awareness about the Benefits of CCHCs*
Watch for information on how to register!

May, 2007

NSC Focus: *Building Awareness about the Benefits of CCHCs*
Subscribe at: <http://hcccnsc.edc.org/resources/signup.asp>

June 12, 2007; 2:30 – 4:00 p.m. (ET)

Webinar: *Assessing the Impact of CCHC Initiatives*
Watch for information on how to register!

supporting information. Supplement this with state or community data (e.g., child health and child care data.) Generally, the major sections of a grant proposal include organizational history, mission and accomplishments, statement of need, appropriateness to funder's mission and priorities, project goals and objectives, activities, and evaluation. Be sure to research each potential funder's grant application requirements, deadlines, and procedures.

Once you have written your funding request, ask a colleague with a reputation for having an eagle eye to proofread your proposal and ensure you have complied with all specifications. Funders frequently receive worthy requests that fail due to careless mistakes.

Follow up and stay engaged even if a potential funder declines financial support. Remember you are building a relationship with a live person on the other side of your funding request/proposal. You may succeed on your second or third try, and these relationships can help you revise your application to be successful. Look for ways to strengthen your efforts to secure funding. In seeking any new resources, your determination is often a measure of the effort's success and your commitment. Keep detailed files about your efforts to get funding and the information you compiled. In case you need to make more than one attempt, you'll have a head start on your next try. Ask for feedback and consider rewriting and resubmitting unsuccessful funding requests. ★

FREQUENTLY ASKED QUESTION



Q. Where do we begin to find new sources to fund our CCHC program?

As you learned from the spotlight article, you are not alone. In addition to reading about colleagues like Norma Everett and Kathy Penfold, you may want to find out what other state leaders are doing. The state profiles and the CCHC Facts Wizard on the NSC website (hcccnsc.edc.org) can help you to narrow your search. The *Self-Assessment for CCHC Systems Builder: Funding* in the website's Resources section (<http://hcccnsc.edc.org/resources/tools.asp>) may also be helpful. This tool, designed for CCHC leadership teams, may provide you with new ideas to jump-start your funding search. ★