



CHILD CARE HEALTH CONSULTATION DEMONSTRATION PROGRAM: PHASE IV FINAL REPORT

- PROJECT SUMMARIES -

Prepared for
Oregon Department of Human Services
Office of Family Health
800 NE Oregon Street, Suite 825
Portland, OR 97232

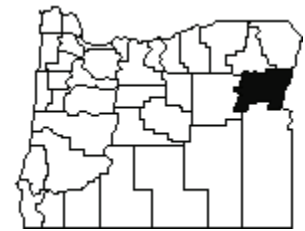
Prepared by
Pacific Research and Evaluation, LLC
3507 SW Corbett Avenue
Portland, OR 97239

November 2007

Table of Contents

CCHC Phase IV in Baker County.....	B1 - B11
CCHC Phase IV in Clackamas County.....	C1 - C11
CCHC Phase IV in Jackson County	J1 - J11
CCHC Phase IV in Lincoln County.....	L1 - L12
CCHC Phase IV in Multnomah County	M1 - M11
CCHC Phase IV in Union County	U1 - U11

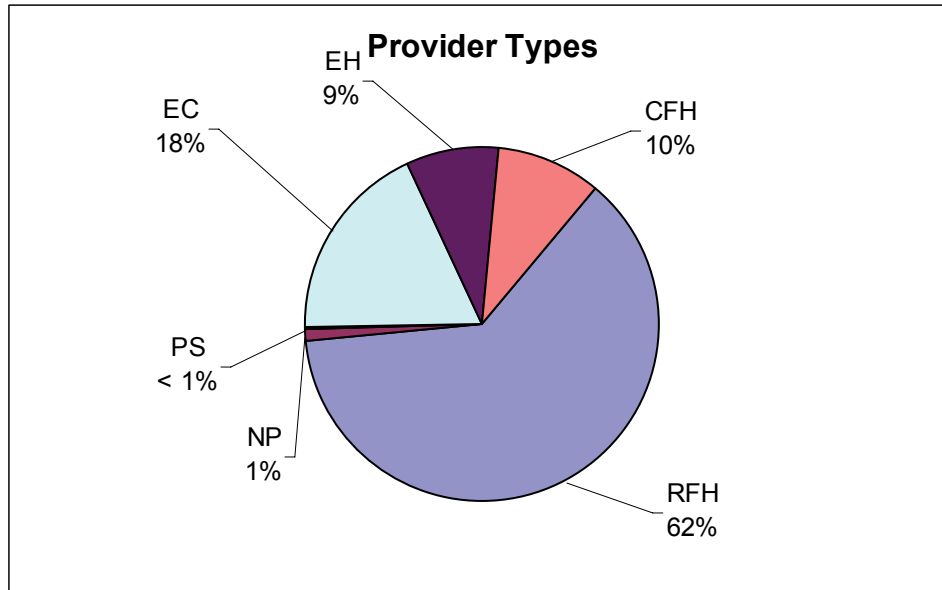
CCHC Phase IV in Baker County



Consultation Services

Three-hundred seventeen (317) contacts with child care providers were logged during Phase IV. Figure B1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, EC = exempt center, NP = new provider).

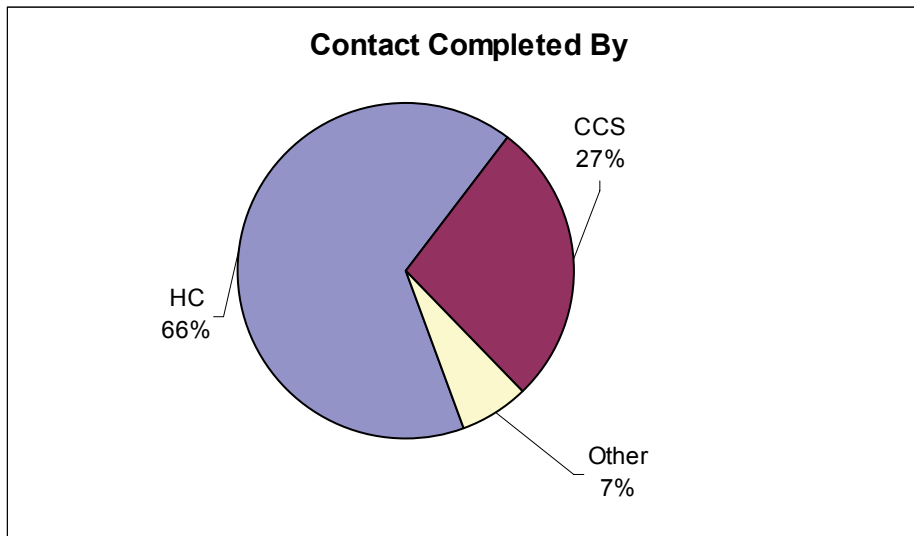
Figure B1. Phase IV Provider Types



As the above figure indicates, the majority of contacts occurred with providers in registered family homes (62%), followed by those in exempt centers (18%).

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure B2 shows the percentages of each type of category regarding who completed the contact.

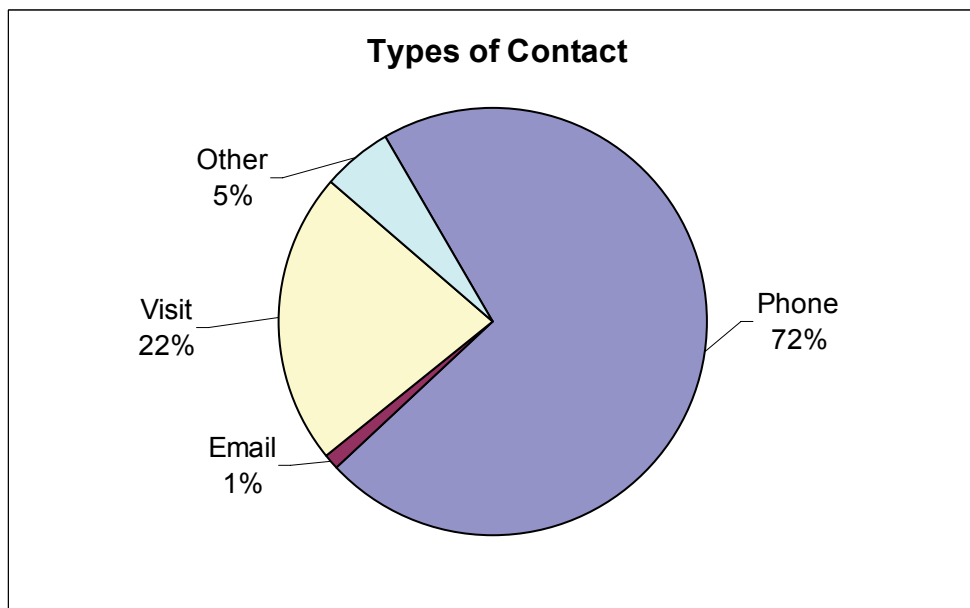
Figure B2. Contact Completed By



As seen above, the health consultant completed the majority of the contacts (66%), followed by the child care specialists (CCS) (27%).

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure B3 shows the distribution of these types of contacts.

Figure B3. Types of Contacts

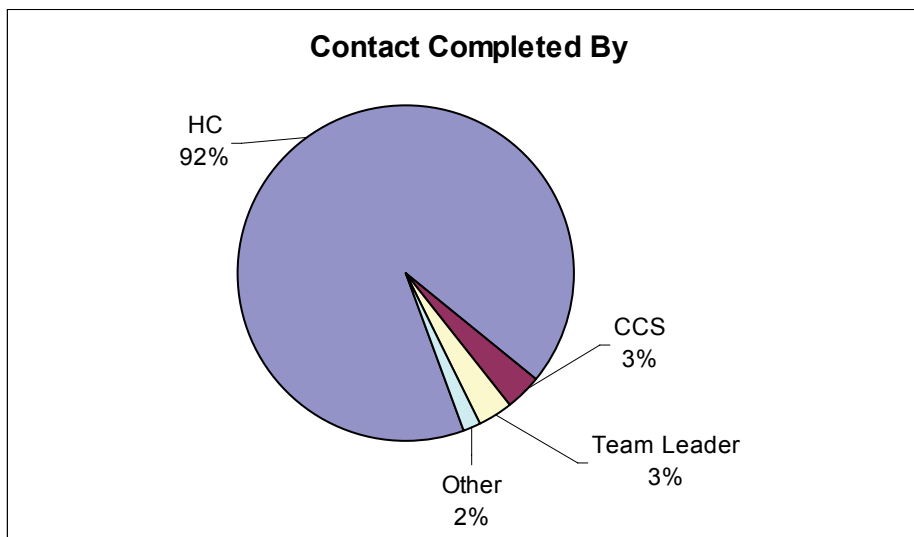


The largest percentage of contacts occurred through phone calls (72%). On-site visits accounted for 22% of the contacts. Thirty-two (32) different providers were visited with a total of 64 home visits occurring in Phase IV. Other contacts, such as through chance meetings in the community, comprised 5% of the contacts. Finally, emails occurred in 1% of the cases.

As mentioned above, 64 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants

(MHC), early childhood educators/specialists (ECS), or a team leader. Figure B4 depicts the distribution of who completed the home visits.

Figure B4. Visits Completed By



As seen in the figure above, the large majority (92%) of visits were completed by the health consultant, as would be expected. The team leader accounted for 3% of the visits, and the child care specialist accounted for 3%.

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure B5 shows the percentages of issues addressed that pertained to children. Child health was the largest category of topics addressed (47%). Immunizations, closely related to child health, accounted for 15% of these contacts. Child development and mental health totaled 19% of these contacts. Access to resources accounted for 17% and issues pertaining to special needs were 2% of these contacts.

Figure B5. Issues Addressed: Children

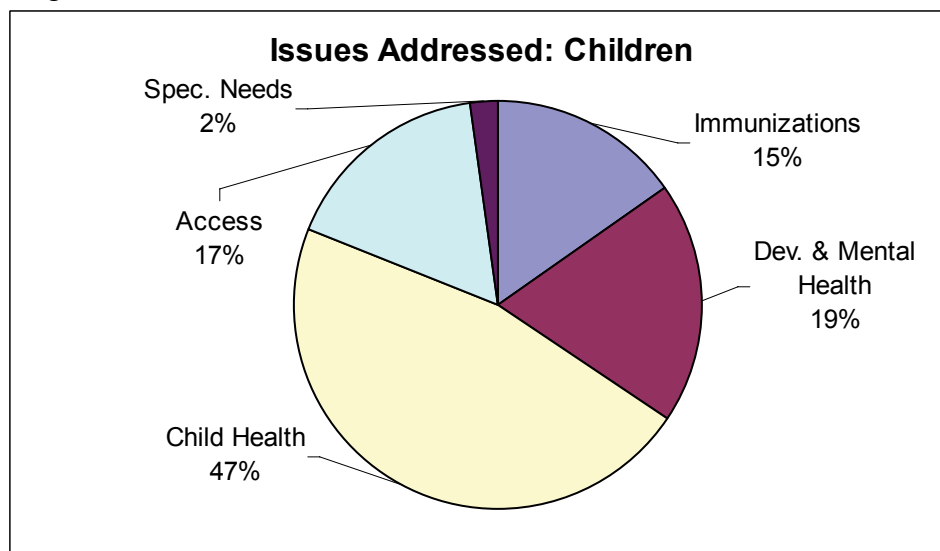
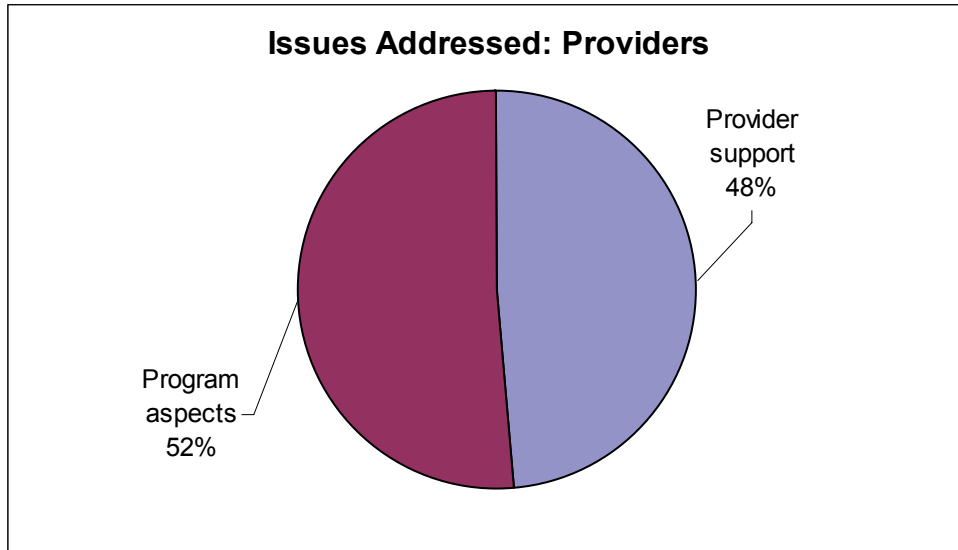


Figure B6 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 52% of these issues, whereas provider support accounted for 48% of these contacts. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

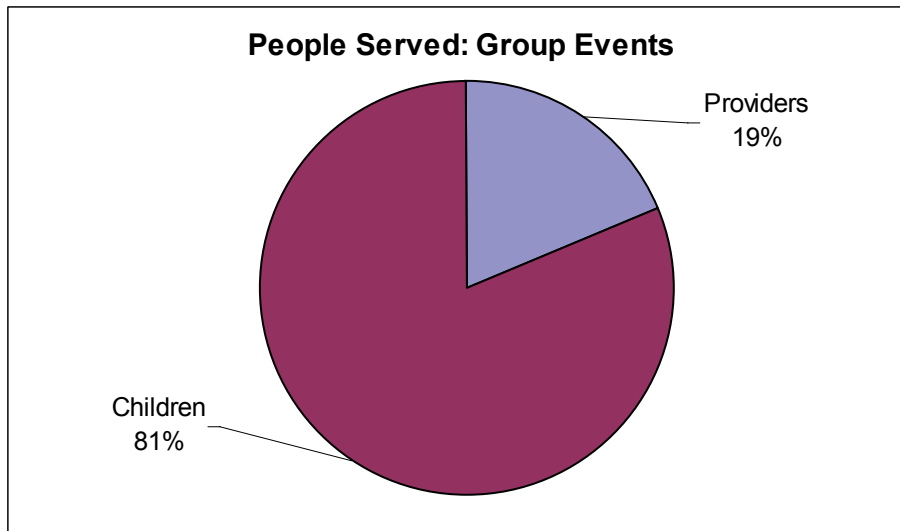
Figure B6. Issues Addressed: Providers



Providing information was the most common intervention that occurred during contacts, followed by problem solving and providing support and encouragement. Many issues were resolved during each contact, but other common follow-up plans included making a visit or phone call and consulting with Core Team Member.

In addition to individual contacts with providers, another component of the CCHC program is group events. Thirty-two (32) group events were logged during Phase IV in Baker County. One-hundred twenty-two (122) people were served. Figure B7 shows the breakdown of types of people served.

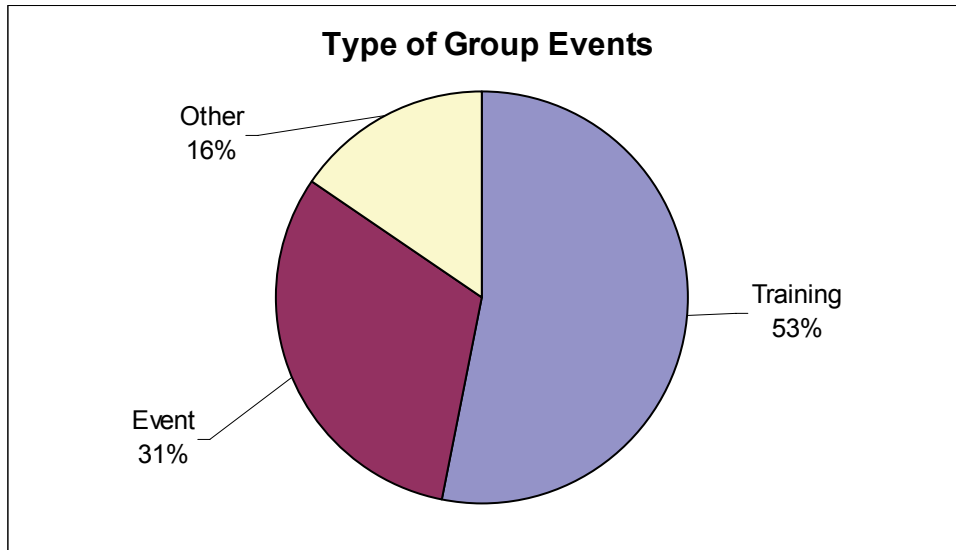
Figure B7. People Served Through Group Events



As Figure B7 shows, the majority (81%) of people served through group events was children and 19% of people served were child care providers.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure B8 depicts the distribution of types of group events that occurred in Phase IV.

Figure B8. Types of Group Events



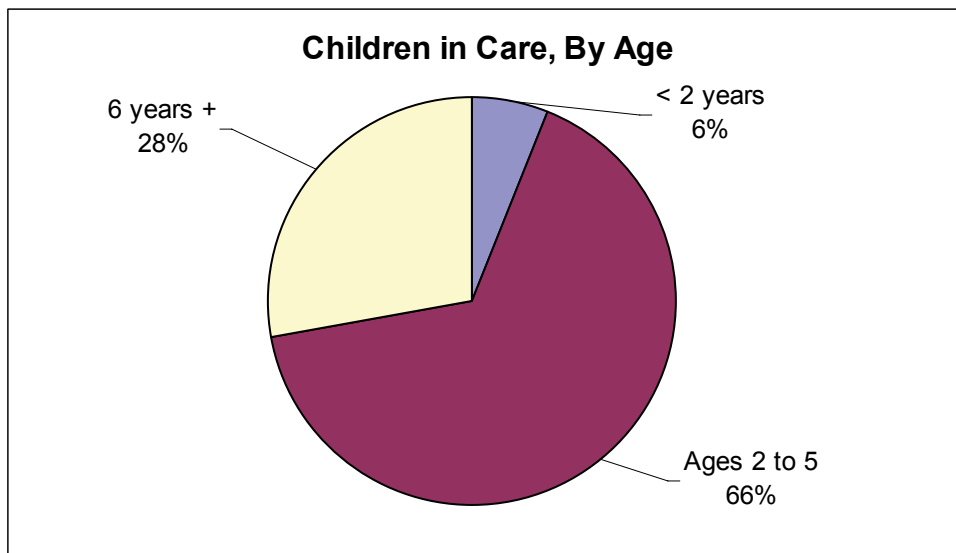
The majority of group events that occurred in Phase IV were trainings (53%). The health consultant conducted 88% of the trainings.

Intensive Consultation Services

Thirty-four percent (34%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), 13% had no prior involvement with the CCHC program. Of the overall contacts described above (i.e., in "Consultation Services"), thirty-three percent (33%) of providers were self-referred. Of those who received more intensive consultation services, 88% were referred by their local CCR&R. This group of providers who received more intensive services is who are described below (baseline n=16).

Over half (56%) of providers who received intensive consultation services were those in registered family homes, followed by 19% in exempt homes and 19% in exempt centers. The average length of experience was 11.5 years. Children in care ranged from 6 weeks to 13 years old. The majority (66%) of the children in care were ages 2 to 5 years. Figure B9 shows the distribution of children in care by age categories.

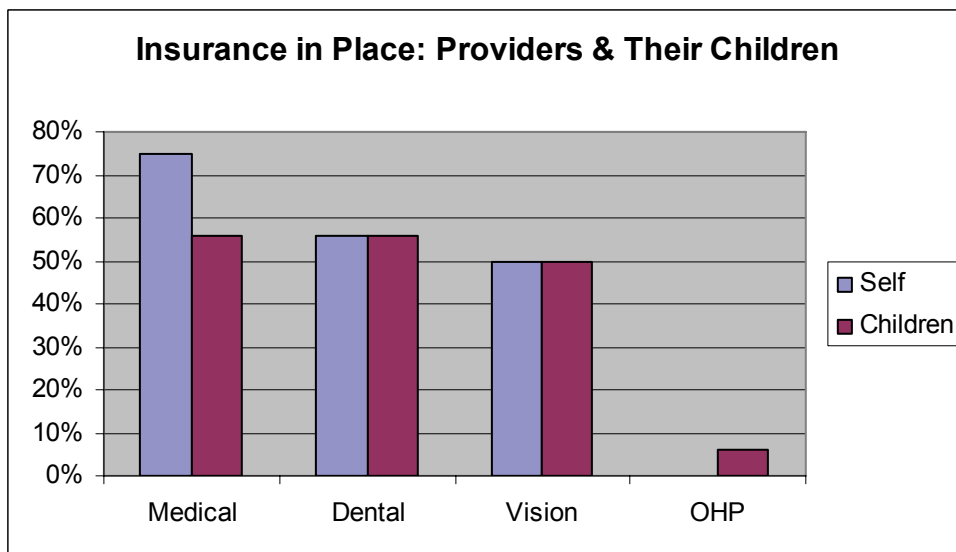
Figure B9. Children in Care, By Age



The 16 providers assessed at baseline reported having 22 children with special needs in their care. This accounts for 11% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure B10 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure B10. Insurance in Place for Providers and Their Children



As seen above, 75% of providers have insurance in place for the medical needs of themselves, while 56% have medical insurance for their children. More than half of providers reported having dental coverage in place for themselves and their children. No providers reported having the Oregon Health Plan (OHP) for themselves, whereas one provider has OHP for children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below.

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident. Providers reported feeling most confident (high + moderate = 88%-100%) in the areas of food preparation, emergencies, storage, cleaning, child development, communication with parents, and guidance. The areas with the lowest levels of confidence were special needs (71%), activities (73%), policies (75%), access to health care (75%), and challenging behaviors (75%). Retrospective pre-test and follow-up change data are reported below (page B-8).

Record Review Data

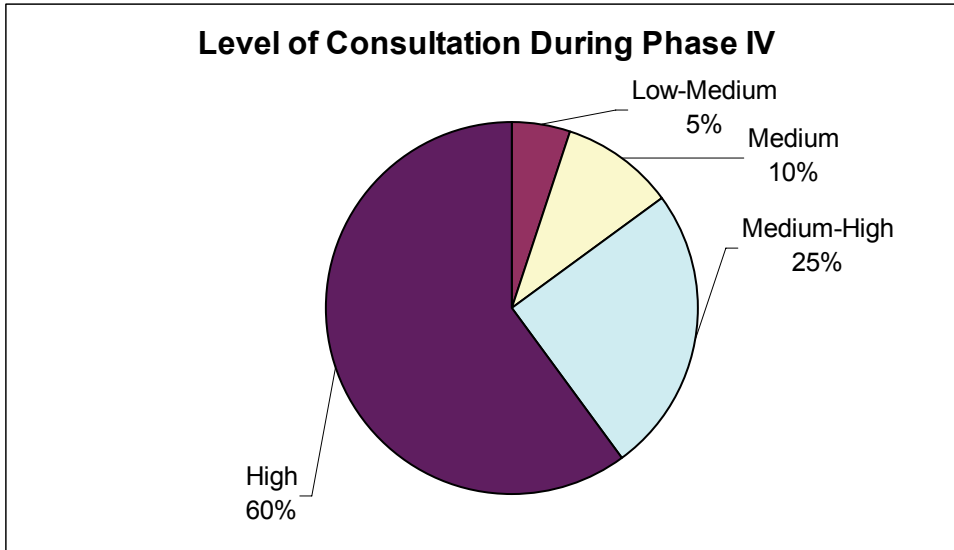
In-depth baseline and follow-up record reviews were completed with two providers. This data are included in the CCHC Phase IV Final Report (data combined across counties), but are not presented here due to the low count.

Child Care Provider Follow-Up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 20 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure B11 shows the distribution of level of consultation received.

Figure B11. Level of Consultation During Phase IV



Eighty-five percent (85%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Fifteen percent (15%) reported medium or low-medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They rated their levels of confidence at the end of Phase IV (follow-up), and they also reflected back on how confident they were at the beginning (retrospective). The following figures (B12-B19) depict provider levels of confidence on key categories as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data includes responses from 20 providers. Data on all 20 categories can be found in the appendix of the general report.

Figures B12-B19. High Levels of Confidence: Retrospective, & Follow-Up

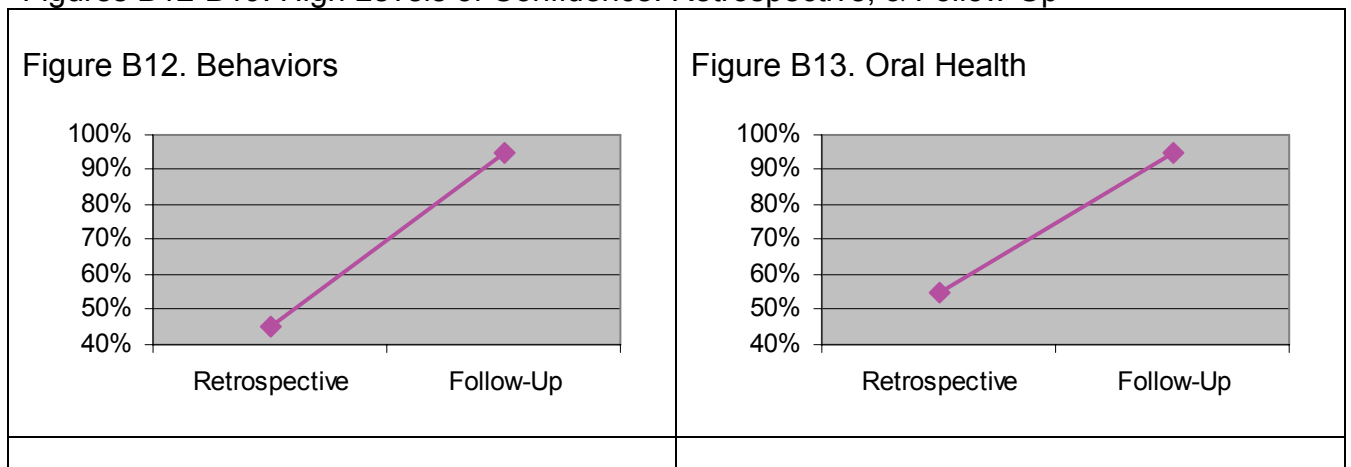


Figure B14. Special Needs

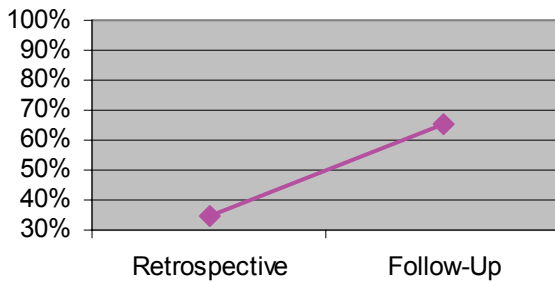


Figure B15. Guidance & Discipline

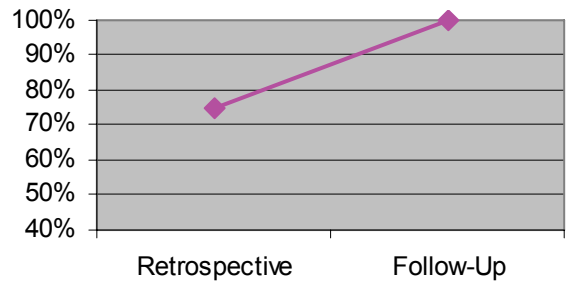


Figure B16. Access to Care

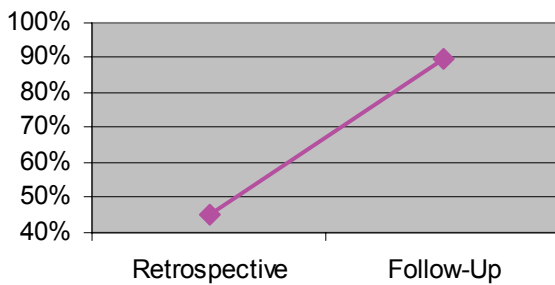


Figure B17. Illnesses/Immunizations

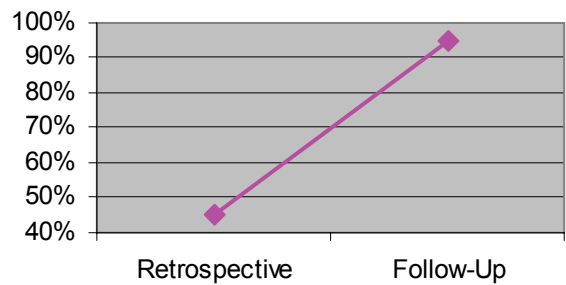


Figure B18. Child Development

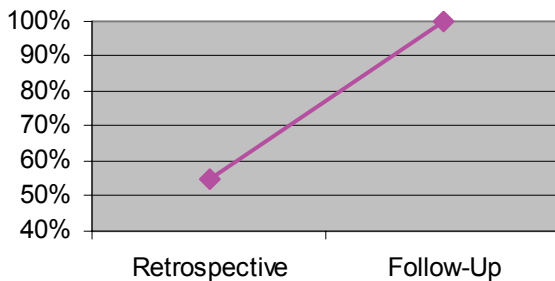
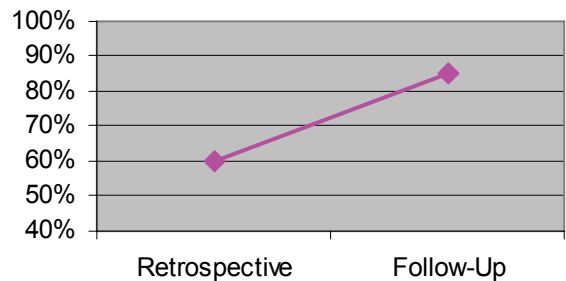


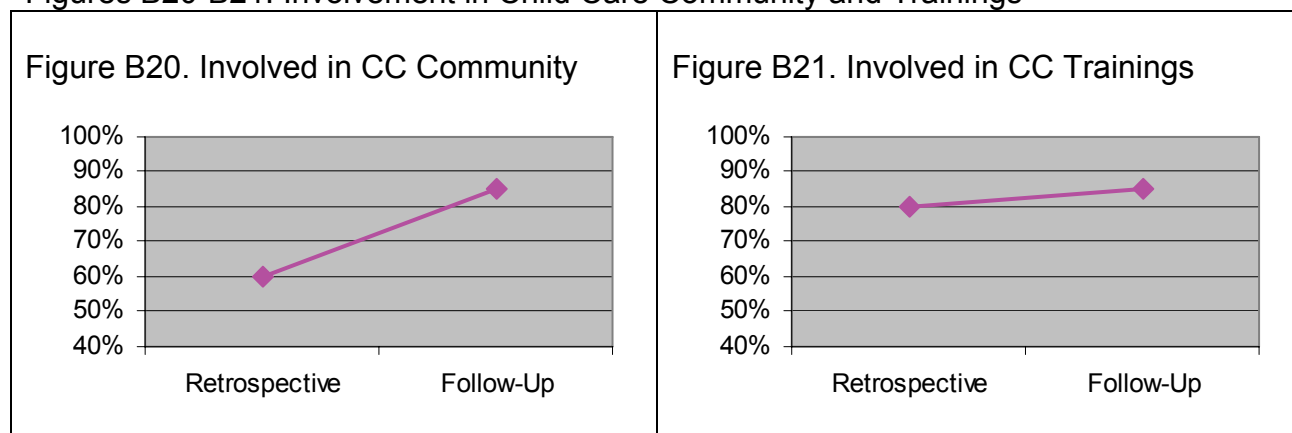
Figure B19. Policies



As the above figures depict, these categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met many of its objectives during Phase IV in Baker County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures B20 and B21 show the findings.

Figures B20-B21. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table B1 outlines the percentages of providers who answered affirmatively to each question.

Table B1. Quality of and Satisfaction with CCHC Program

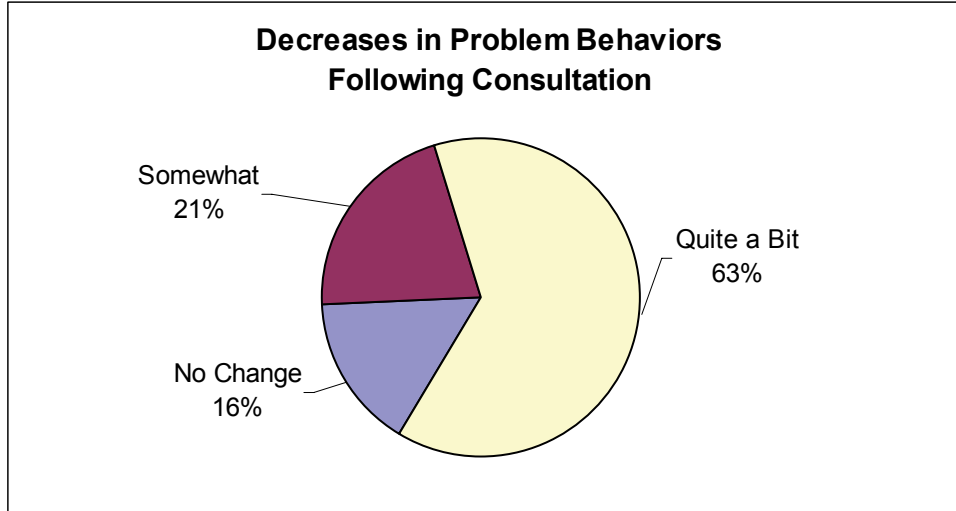
Item	Percentage of "Yes" Responses
The formal trainings offered through the CCHC program have been helpful.	100%
The individual consulting offered by the CCHC has been helpful.	100%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	90%
The CCHC responded to my questions/needs in a timely manner.	90%
Overall, I am satisfied with the Child Care Health Consultation program.	100%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

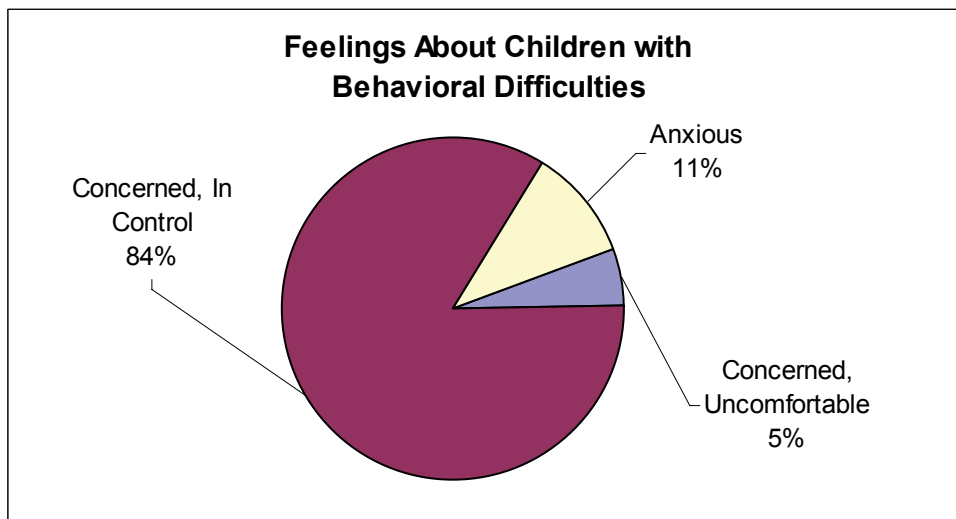
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure B22 shows the distribution of responses from the 20 providers who completed a follow-up Provider Survey.

Figure B22. Decreases in Problem Behaviors Following Consultation



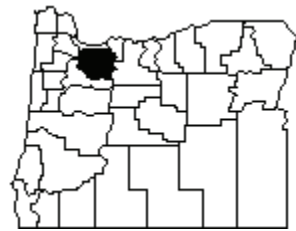
As shown above, 84% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure B23 shows the categories and responses.

Figure B23. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure B23, 84% stated that they feel concerned but in control. Five percent (5%) noted feeling uncomfortable, and 11% described their feelings as anxious.

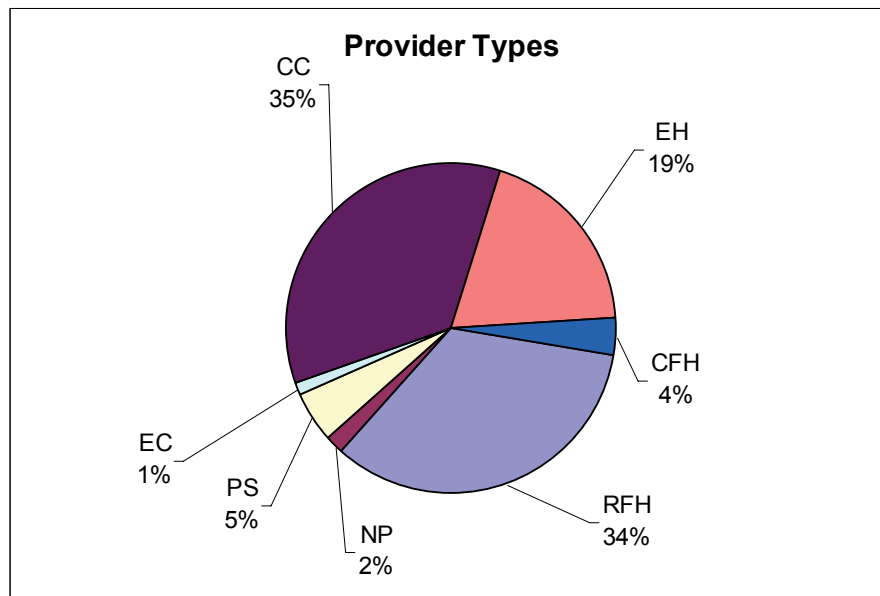
CCHC Phase IV in Clackamas County



Consultation Services

Nine-hundred forty-five (945) contacts with child care providers were logged during Phase IV. Figure C1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

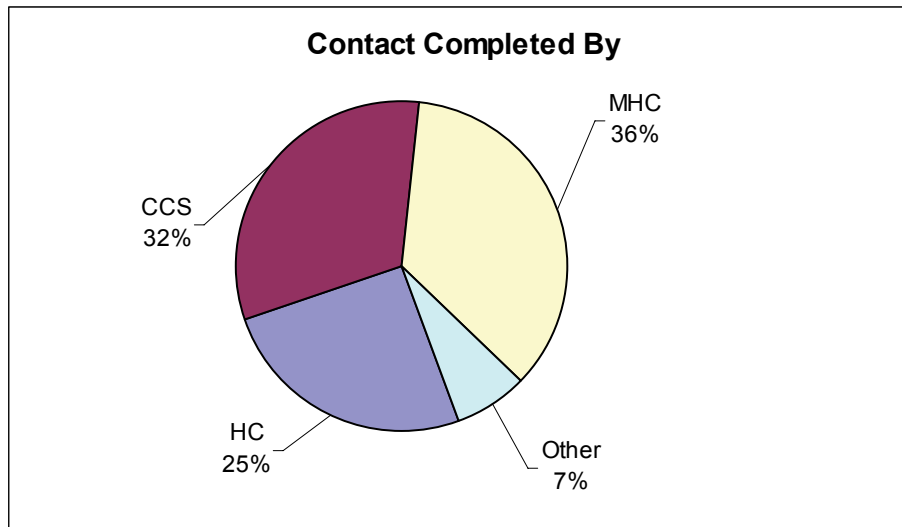
Figure C1. Phase IV Provider Types



As the above figure indicates, the 35% of contacts occurred with providers in certified centers, followed by those in registered family homes (34%).

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure C2 shows the percentages of each type of category regarding who completed the contact.

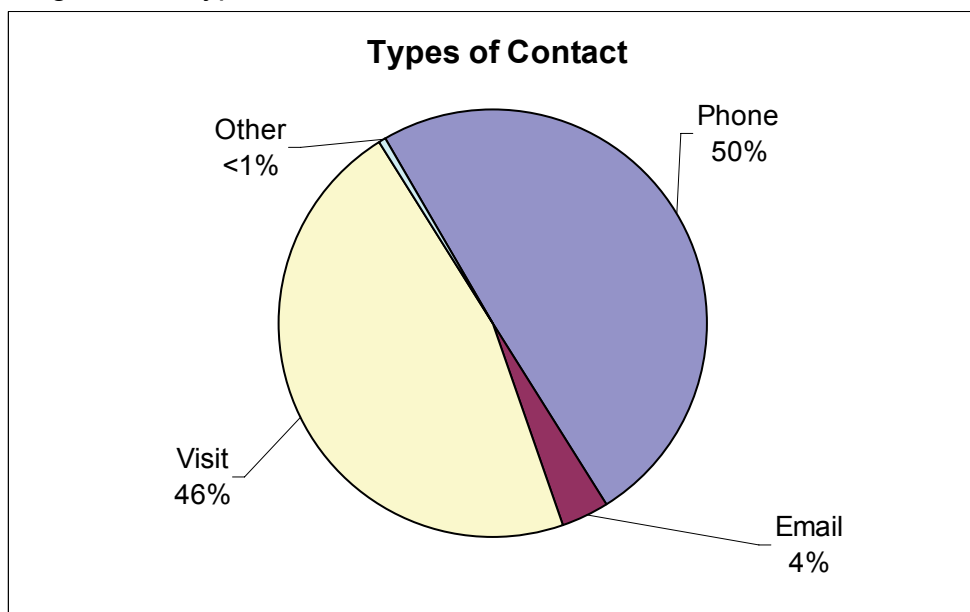
Figure C2. Contact Completed By



As seen above, the mental health consultants completed 36% of contacts, followed by child care specialists with 32% of contacts.

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure C3 shows the distribution of these types of contacts.

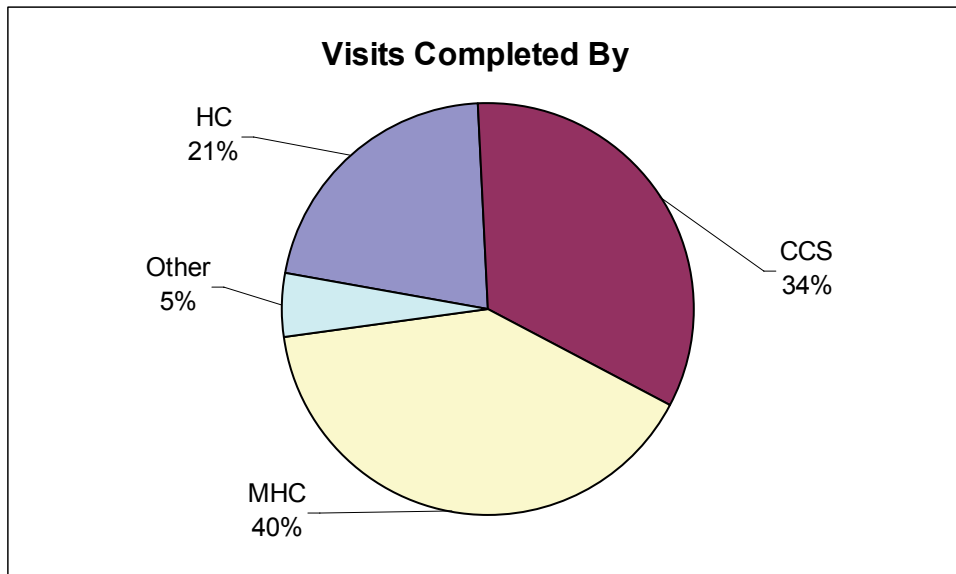
Figure C3. Types of Contacts



About half of contacts occurred through phone calls (49%). On-site visits accounted for 47% of the contacts. One-hundred ninety-six (196) different providers were visited with a total of 435 home visits occurring in Phase IV. Emails occurred in 4% of the cases.

As mentioned above, 435 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Figure C4 depicts the distribution of who completed the home visits.

Figure C4. Visits Completed By



As seen in the figure above, 40% of visits were completed by the mental health consultant, followed by 34% completed by the child care specialist.

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure C5 shows the percentages of issues addressed that pertained to children. Child developmental and mental health was the largest category of topics addressed (47%). Child health accounted for 26% of these contacts, followed by special needs (12%).

Figure C5. Issues Addressed: Children

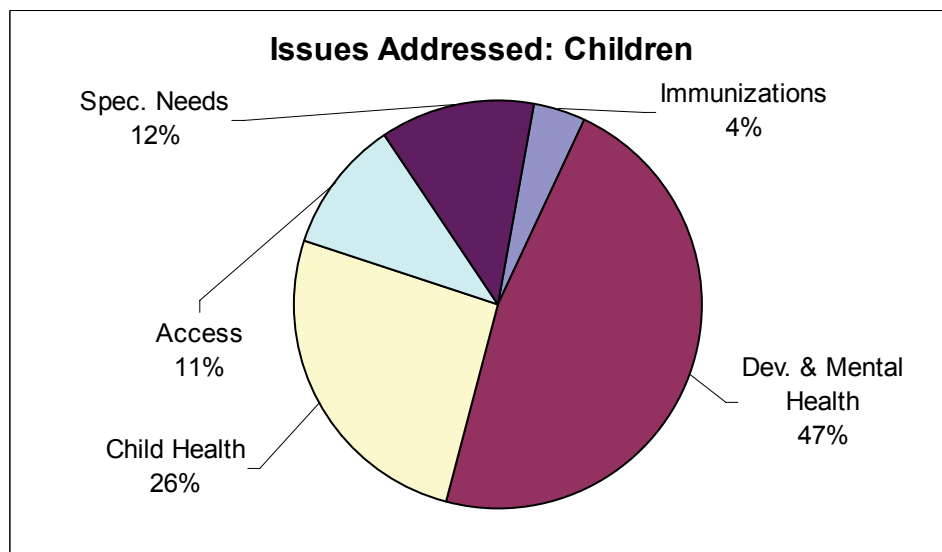
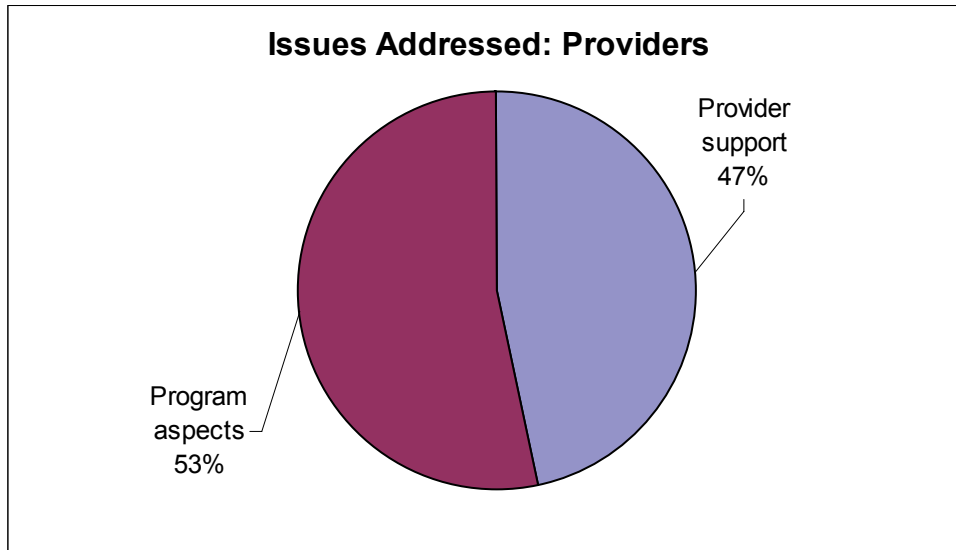


Figure C6 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 53% of these issues, whereas provider support accounted for 47% of these contacts. This

included issues such as their own health and well-being, business/practice issues, policies, et cetera.

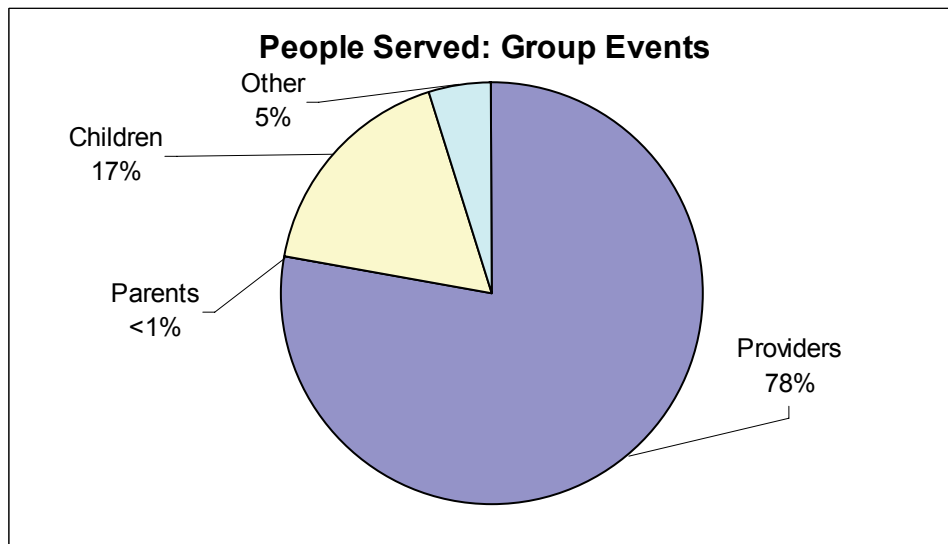
Figure C6. Issues Addressed: Providers



Providing information was the most common intervention that occurred during contacts, followed by providing support and encouragement. Many issues were resolved during each contact, but other common follow-up plans included making a phone call or visit.

In addition to individual contacts with providers, another component of the CCHC program is group events. One hundred-thirteen (113) group events were logged during Phase IV in Clackamas County. One-thousand and fifty (1,050) people were served. Figure C7 shows the breakdown of types of people served.

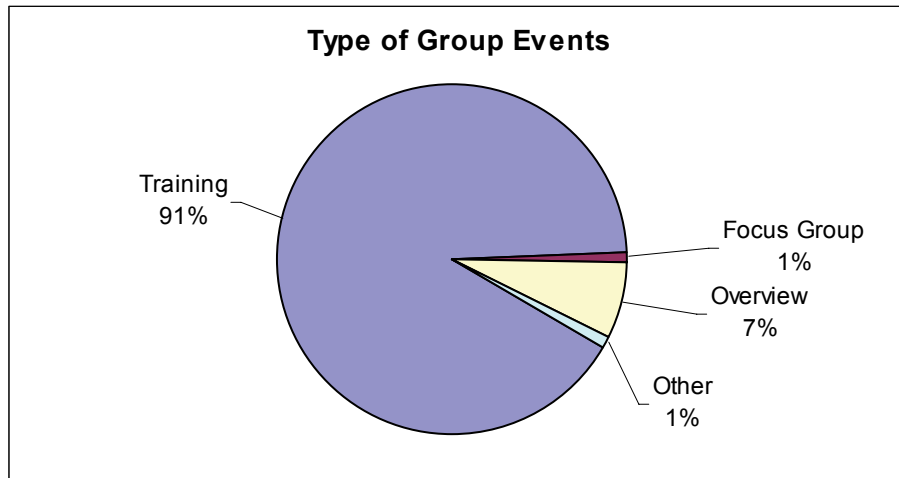
Figure C7. People Served Through Group Events



As Figure C7 shows, the vast majority (78%) of people served through group events were child care providers, followed by children at 17%.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure C8 depicts the distribution of types of group events that occurred in Phase IV.

Figure C8. Types of Group Events



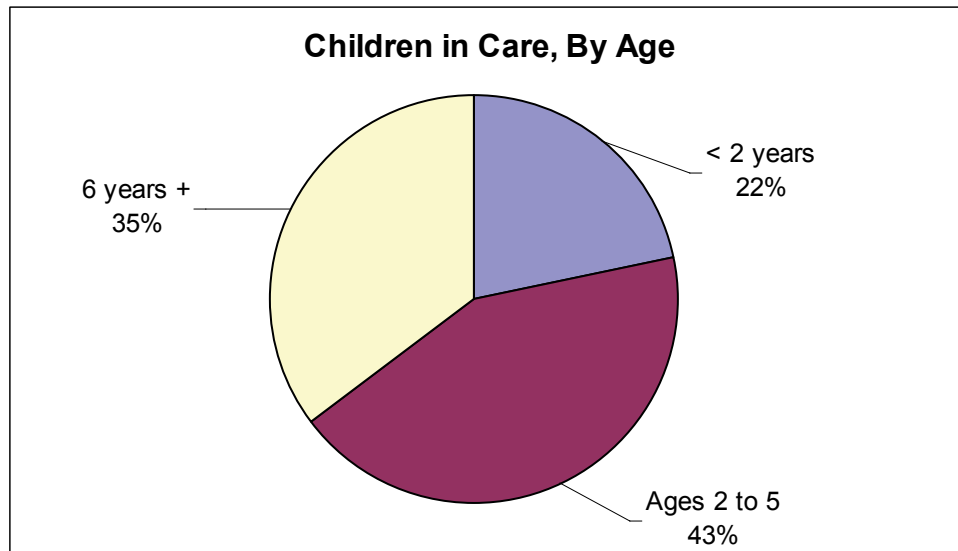
The majority (91%) of the group events that occurred in Phase IV were trainings. The health consultant conducted 42% of the trainings.

Intensive Consultation Services

Sixty-four percent (64%) of the providers were new to the CCHC program in Phase IV. Of the overall contacts described above (i.e., in “Consultation Services”), sixty-eight percent (68%) of providers were self-referred. Of those who received more intensive consultation services, 59% were referred by their local CCR&R. This group of providers who received more intensive services is who are described below (baseline n=22).

Seventy-one percent (71%) of providers who received intensive consultation services were those in registered family homes; fourteen percent (14%) were certified centers. The average length of experience was 8.4 years. The range of children in care was 6 weeks to 13 years. Forty-three percent (43%) of the children in care were ages 2 to 5 years, and 35% were 6 years old above. Figure C9 shows the distribution of children in care by age categories.

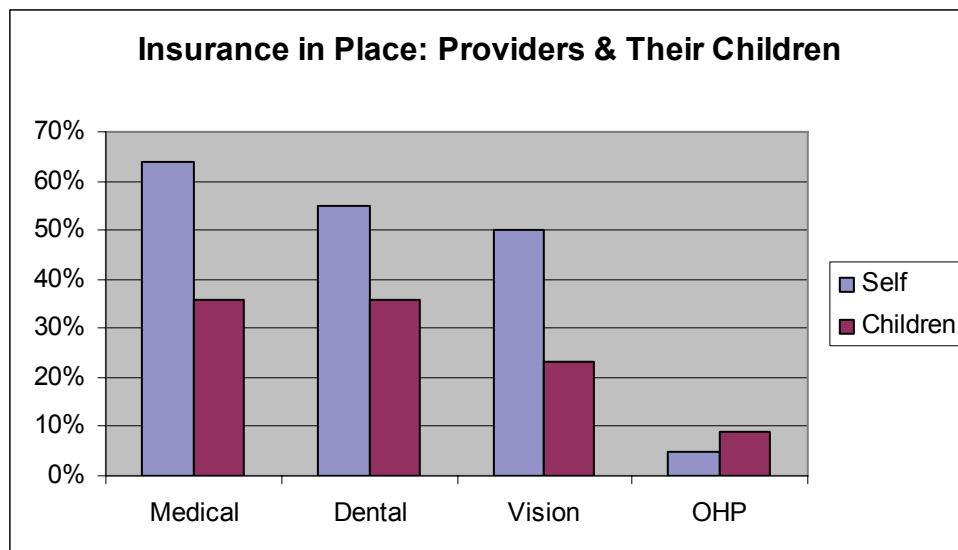
Figure C9. Children in Care, By Age



The 22 providers assessed at baseline reported having 28 children with special needs in their care. This accounts for 17% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure C10 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure C10. Insurance in Place for Providers and Their Children



As seen above, sixty-four percent (64%) of providers have insurance in place for the medical needs of themselves, while 36% have medical insurance in place for their children. Over half of providers (55%) have dental insurance for themselves and 36% for their children. Fifty percent (50%) of providers have vision insurance. Five percent (5%) of providers reported having the Oregon Health Plan (OHP) for themselves and 9% their children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below (see page C-8).

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident (high + moderate) in the areas of equipment (100%), safe sleep practices (100%), cleaning and sanitizing (100%), diapering and toileting (100%), food preparation (100%), emergencies (96%), and indoor/outdoor environment (95%). The area with the lowest level of confidence was challenging behaviors and emotions (53%). Retrospective pre-test and follow-up change data are reported below (page C-8).

Record Review Data

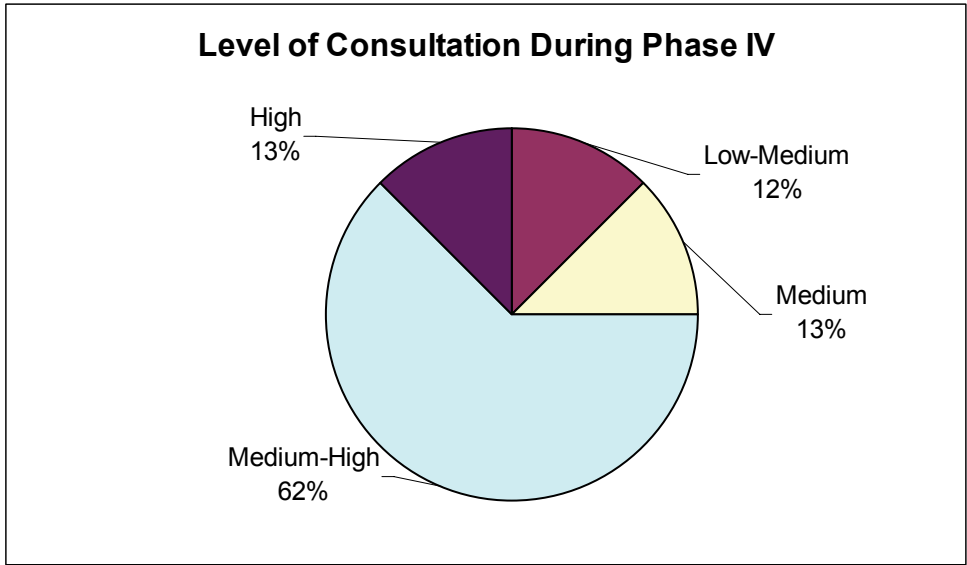
There were no providers who received both an in-depth baseline and follow-up record review. Thus, record review data for Clackamas are not reported here.

Child Care Provider Follow-Up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 13 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure C11 shows the distribution of level of consultation received.

Figure C11. Level of Consultation During Phase IV



Seventy-five percent (75%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Thirteen percent (13%) reported medium levels of consultation. Twelve percent (12%) of providers reported low-medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They also reflected back on how confident they were at the beginning (retrospective). The following figures (C12-C19) depict provider levels of confidence on key categories as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from 13 providers. Data on all 20 categories can be found in the appendix of the general report.

Figures C12-C19. High Levels of Confidence: Retrospective, & Follow-Up

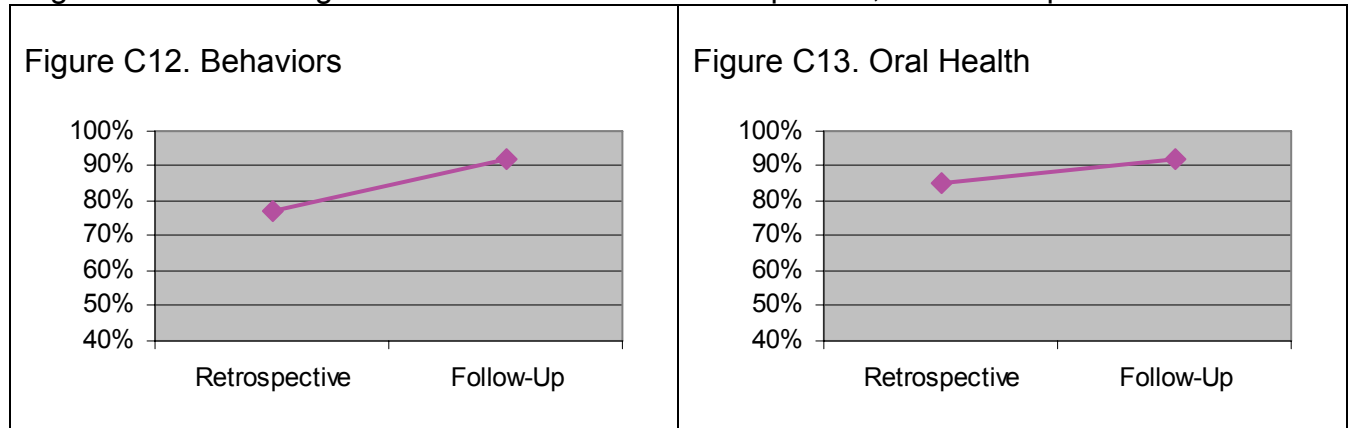


Figure C14. Special Needs

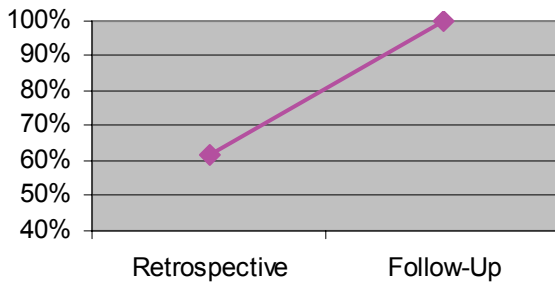


Figure C15. Guidance & Discipline

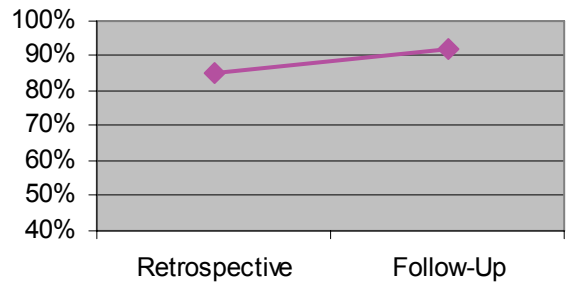


Figure C16. Access to Care

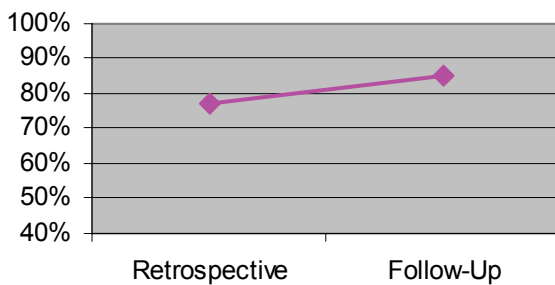


Figure C17. Illnesses/Immunizations

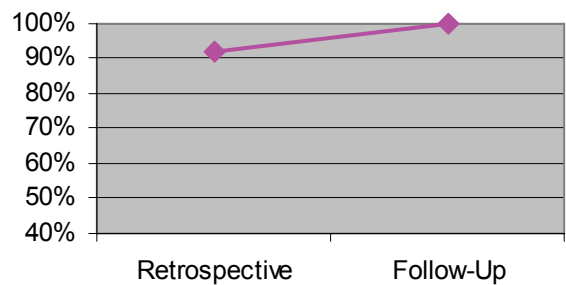


Figure C18. Child Development

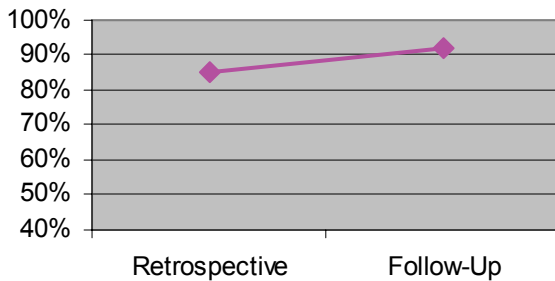
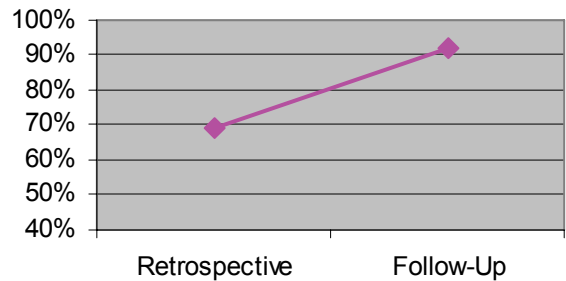


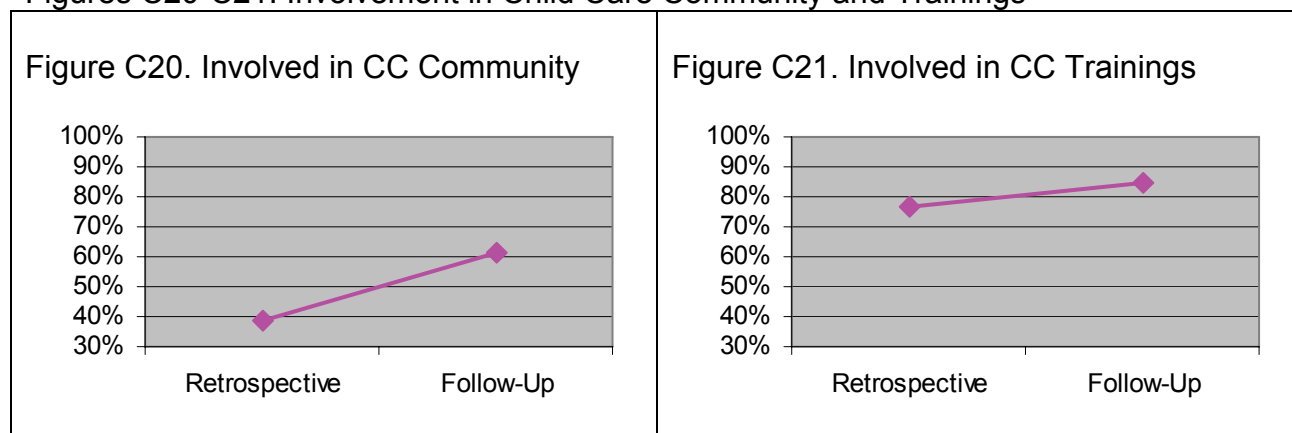
Figure C19. Policies



As the above figures depict, several categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met some of its objectives during Phase IV in Clackamas County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures C20 and C21 show the findings.

Figures C20-C21. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table C1 outlines the percentages of providers who answered affirmatively to each question.

Table C1. Quality of and Satisfaction with CCHC Program

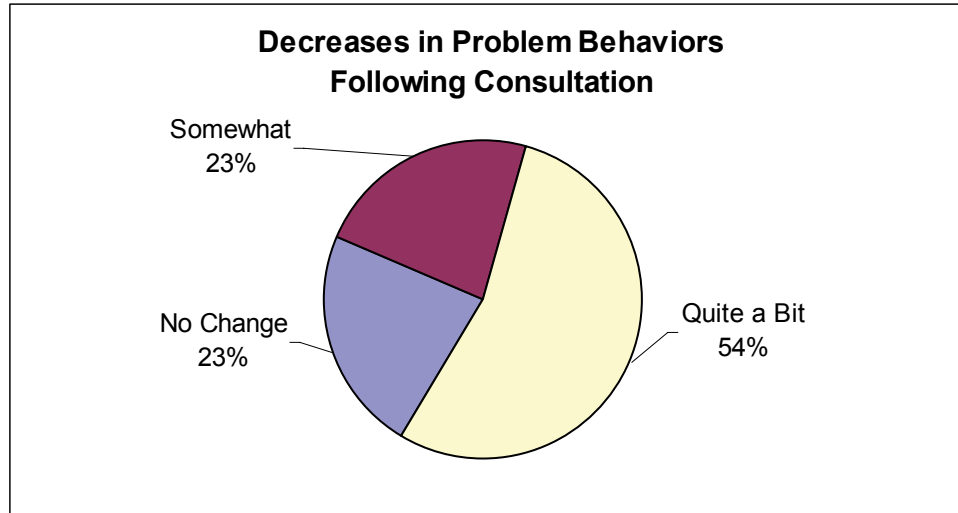
Item	Percentage of "Yes" Responses
The formal trainings offered through the CCHC program have been helpful.	77%
The individual consulting offered by the CCHC has been helpful.	100%
The CCHC was knowledgeable about child care health and safety issues.	92%
The CCHC was available to me when I had a question or needed help.	92%
The CCHC responded to my questions/needs in a timely manner.	92%
Overall, I am satisfied with the Child Care Health Consultation program.	100%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

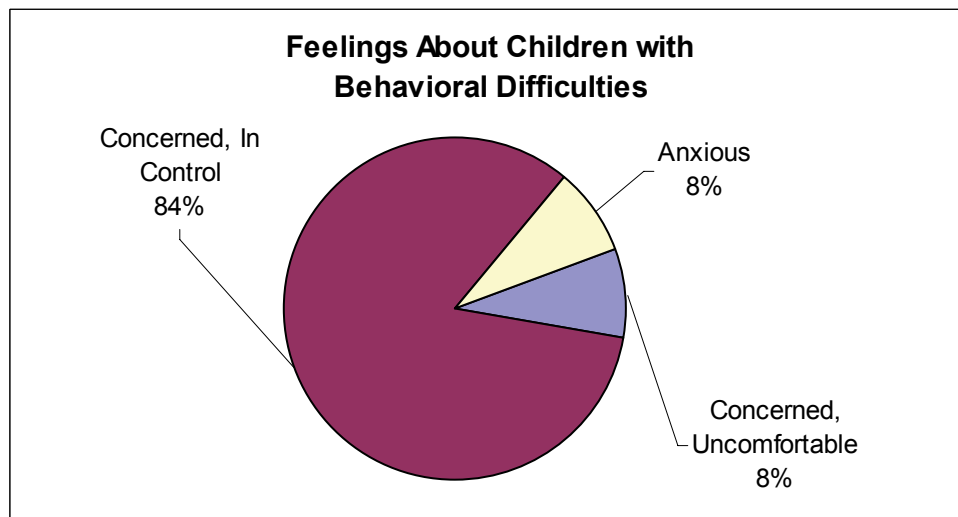
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure C22 shows the distribution of responses from the 13 providers who completed a follow-up Provider Survey.

Figure C22. Decreases in Problem Behaviors Following Consultation



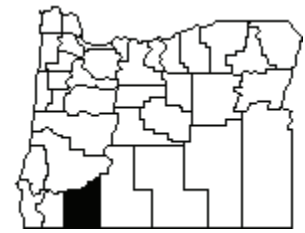
As shown above, 77% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure C23 shows the categories and responses.

Figure C23. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure C23, 84% stated that they felt concerned but in control. Eight percent (8%) noted feeling uncomfortable, and 8% described their feelings as anxious.

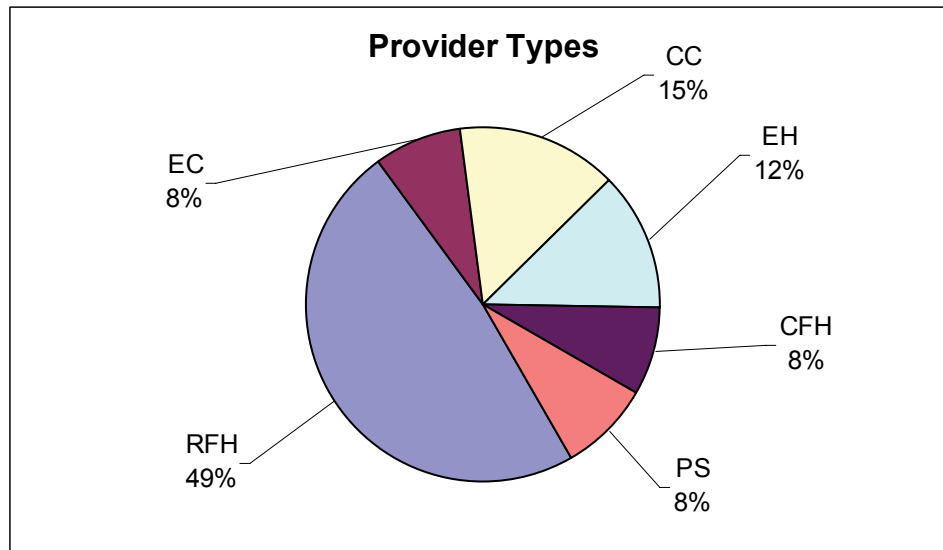
CCHC Phase IV in Jackson County



Consultation Services

Two-hundred seventeen (217) contacts with child care providers were logged during Phase IV. Figure J1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

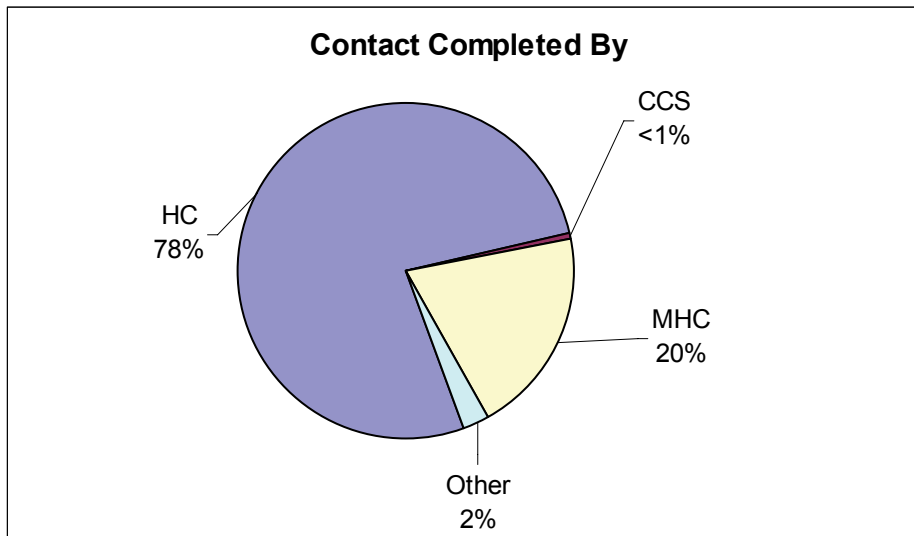
Figure J1. Phase IV Provider Types



As the above figure indicates, the 49% of contacts occurred with providers in registered family homes, followed by 15% in certified centers.

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure J2 shows the percentages of each type of category regarding who completed the contact.

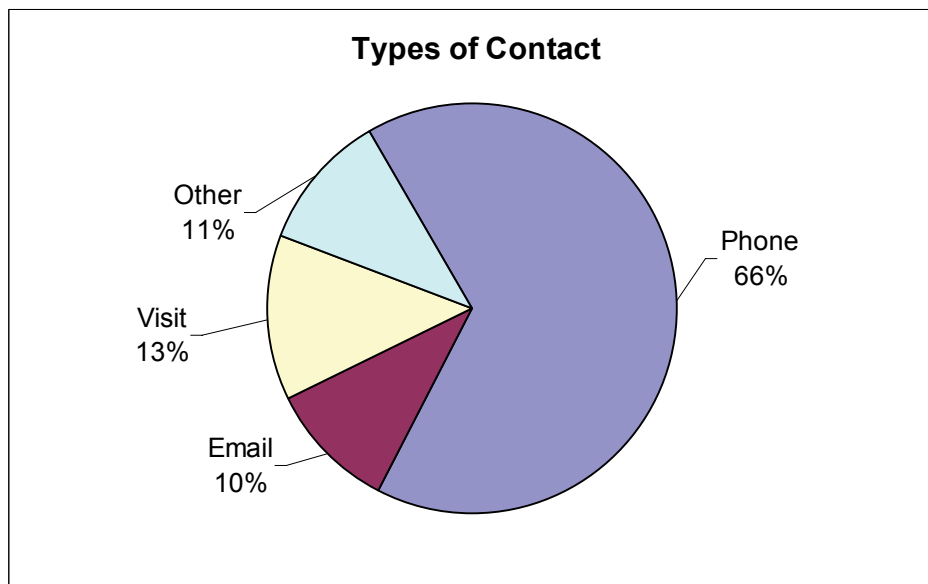
Figure J2. Contact Completed By



As seen above, the health consultant completed the majority of the contacts (78%), followed by the mental health consultant (20%).

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure J3 shows the distribution of these types of contacts.

Figure J3. Types of Contacts

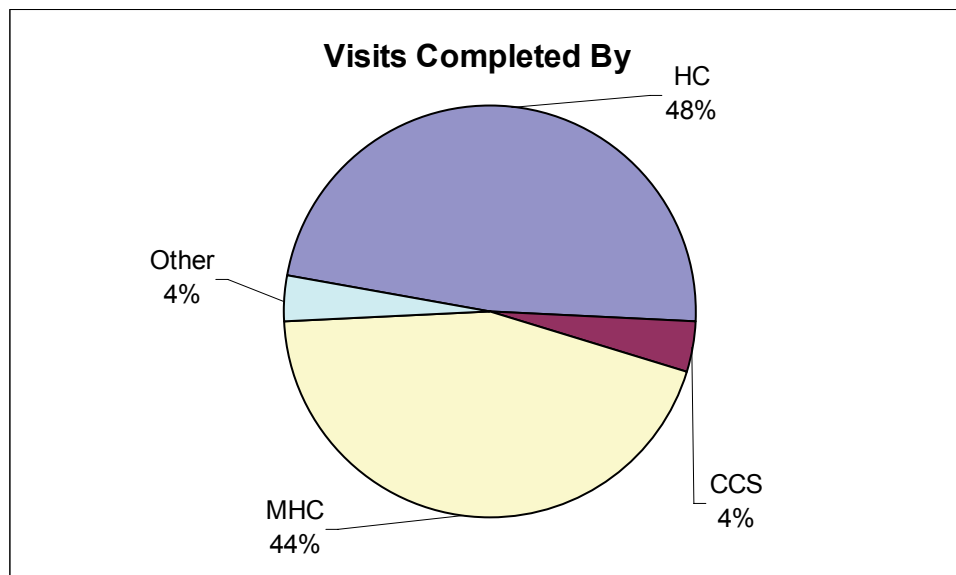


The largest percentage of contacts occurred through phone calls (66%). On-site visits accounted for 13% of the contacts. Twenty-one (21) different providers were visited with a total of 28 home visits occurring in Phase IV. Other contacts, such as through chance meetings in the community, comprised 11% of the contacts. Finally, emails occurred in 10% of the cases.

As mentioned above, 28 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants

(MHC), early childhood educators/specialists (ECS), or a team leader. Figure J4 depicts the distribution of who completed the home visits.

Figure J4. Visits Completed By



As seen in the figure above, 48% of visits were completed by the health consultant and 44% were completed by the health consultant.

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure J5 (below) shows the percentages of issues addressed that pertained to children. Child development and mental health was the largest category of topics addressed (38%), followed by child health (34%). Immunizations, closely related to child health, accounted for 9% of these contacts. Access to resources accounted for 13% and issues pertaining to special needs were 6% of these contacts.

Figure J5. Issues Addressed: Children

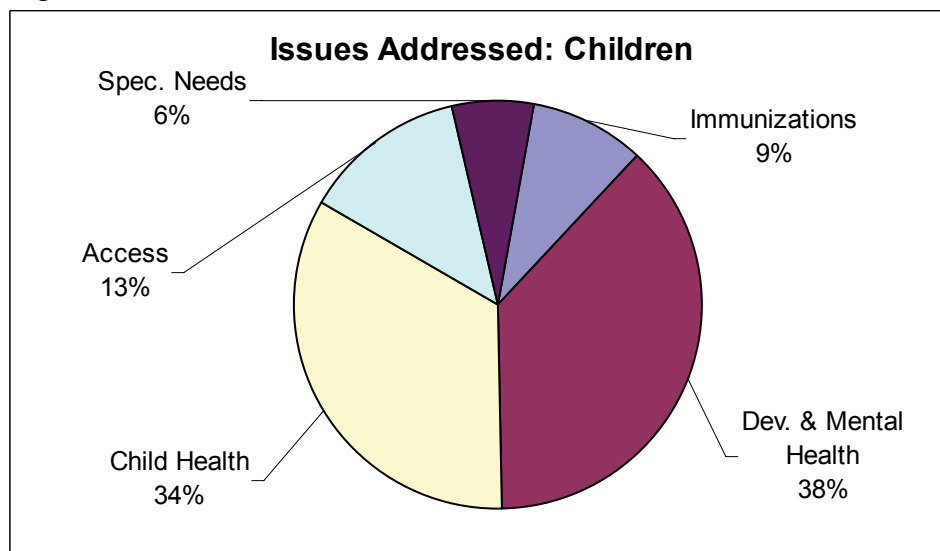
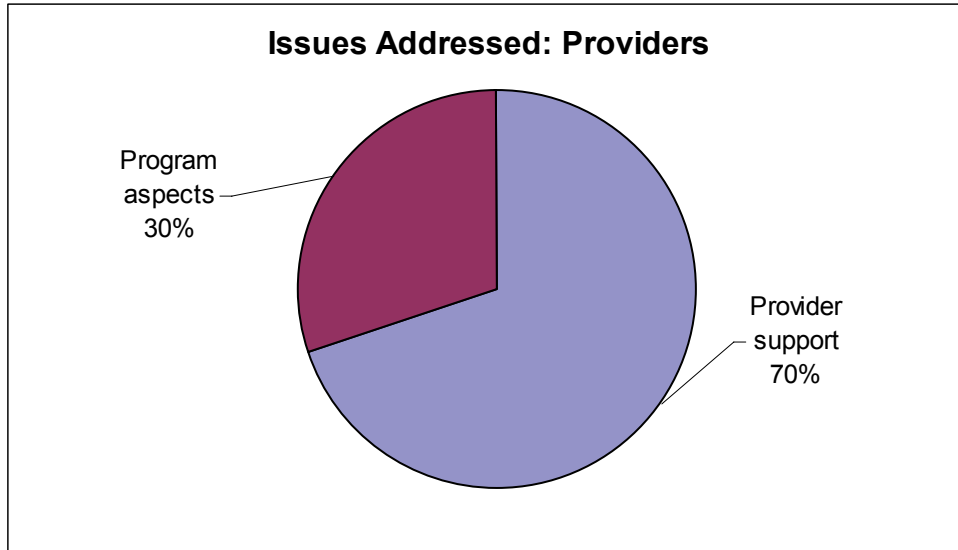


Figure J6 (below) shows the distribution of issues addressed that pertain to providers. Provider support accounted for 70% of these issues. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

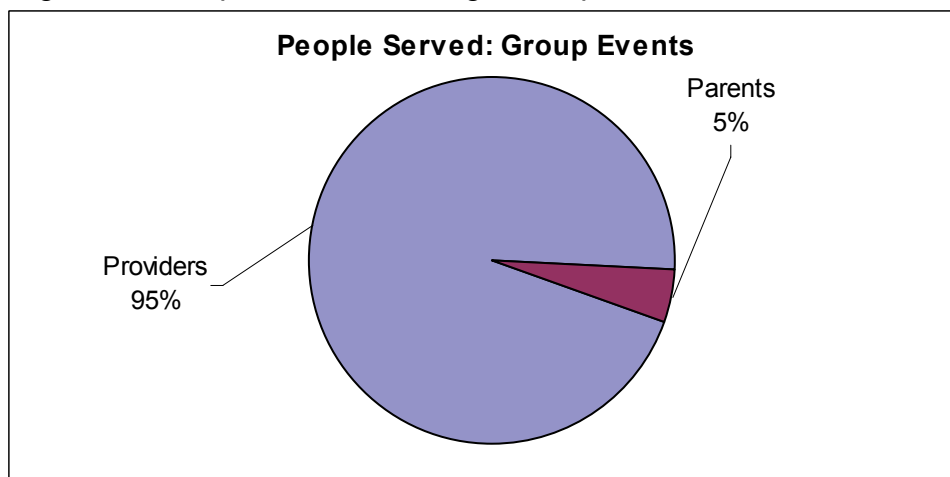
Figure J6. Issues Addressed: Providers



Providing information was the most common intervention that occurred during contacts, followed by providing support and problem solving. Many issues were resolved during each contact, but other common follow-up plans included making a phone call or visit.

In addition to individual contacts with providers, another component of the CCHC program is group events. Thirty-six (36) group events were logged during Phase IV in Jackson County. Four-hundred fifty-four (454) people were served. Figure J7 shows the breakdown of types of people served.

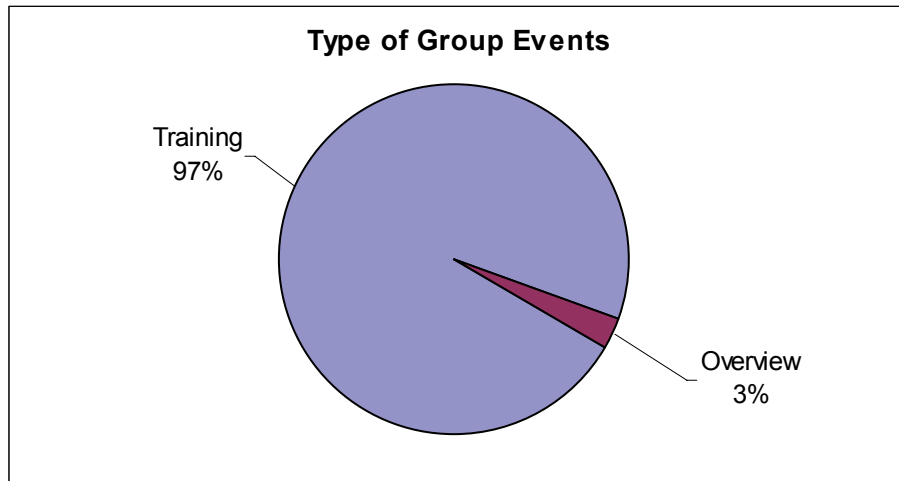
Figure J7. People Served Through Group Events



As Figure J7 shows, the vast majority (95%) of people served through group events was child care providers, and 5% of people served were parents.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure J8 depicts the distribution of types of group events that occurred in Phase IV.

Figure J8. Types of Group Events



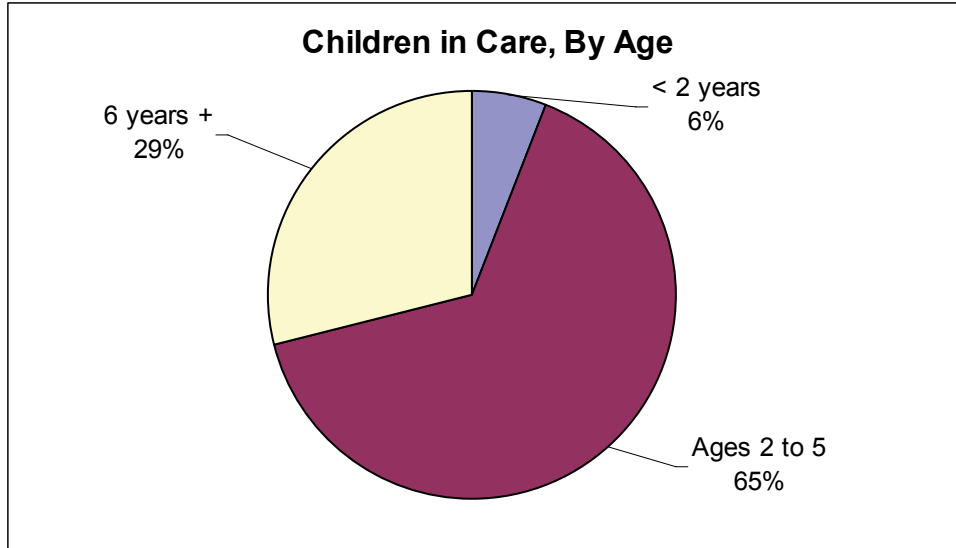
The vast majority of group events that occurred in Phase IV were trainings (97%). The health consultant conducted 97% of the trainings.

Intensive Consultation Services

Fifty-six percent (56%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), 82% had no prior involvement with the CCHC program. Of the overall contacts described above (i.e., in "Consultation Services"), fifty-two percent (52%) of providers were self-referred. Of those who received more intensive consultation services, 50% were referred by the health consultant. This group of providers who received more intensive services is who are described below (baseline n=12).

Fifty-five percent (55%) of providers who received intensive consultation services were those in registered family homes, and 18% were certified family homes. The average length of experience was 8.8 years. The range in age of children in care was 6 weeks to 12 years. The majority (65%) of children in care was ages 2 to 5 years. Figure J9 shows the distribution of children in care by age categories.

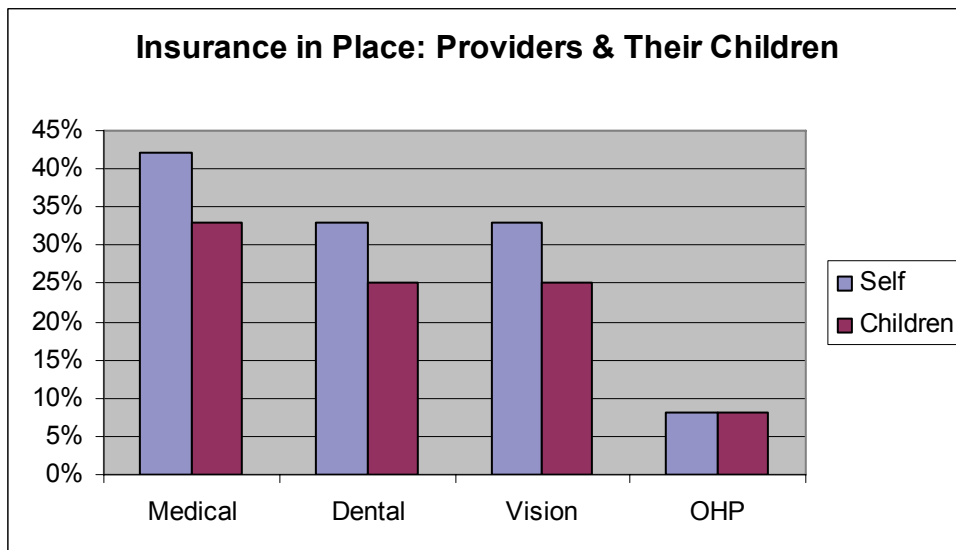
Figure J9. Children in Care, By Age



The 12 providers assessed at baseline reported having 25 children with special needs in their care. This accounts for 8% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure J10 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure J10. Insurance in Place for Providers and Their Children



As seen above, 42% of providers have medical insurance for themselves, whereas 33% have medical insurance for their children. Thirty-three percent (33%) of providers have dental and vision insurance for themselves; while 25% have dental and vision insurance in place for their children. Eight percent (8%) of providers reported having the Oregon Health Plan (OHP) for themselves and for their children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below (see page J-8).

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident (high + moderate) in the areas of storage (100%), safe sleep practices (100%), cleaning and sanitizing (100%), and oral health (100%). The areas with the lowest levels of confidence (75%) were challenging behaviors and children with special needs. Retrospective pre-test and follow-up change data are reported below (page J-8).

Record Review Data

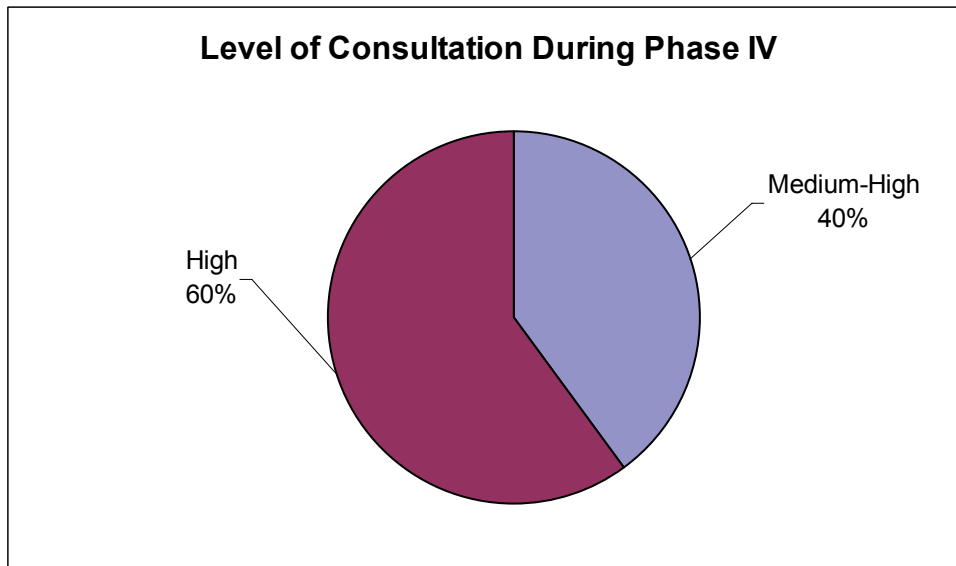
In-depth baseline and follow-up record reviews were completed with two providers in Phase IV. This data are included in the CCHC Phase IV Final Report (data combined across counties), but are not presented here due to the low count.

Child Care Provider Follow-up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 5 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure J11 shows the distribution of level of consultation received.

Figure J11. Level of Consultation During Phase IV



One hundred percent (100%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They also reflected back on how confident they were at the beginning (retrospective). The following figures (J12-J19) depict provider levels of confidence on key categories as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from only 5 providers, so caution should be taken in interpreting the data. Data on all 20 categories can be found in the appendix of the general report.

Figures J12-J19. High Levels of Confidence: Retrospective & Follow-Up

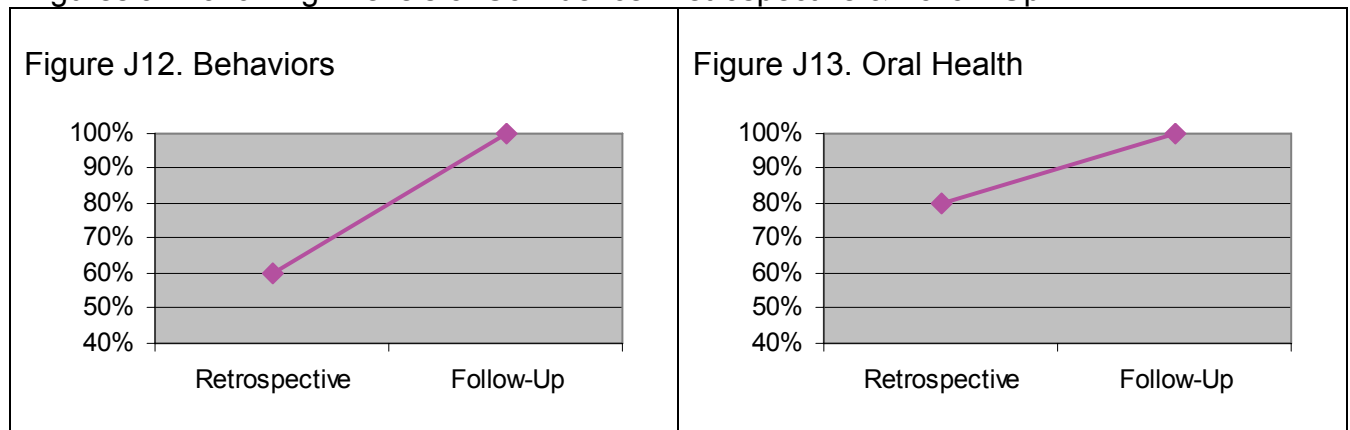


Figure J14. Special Needs

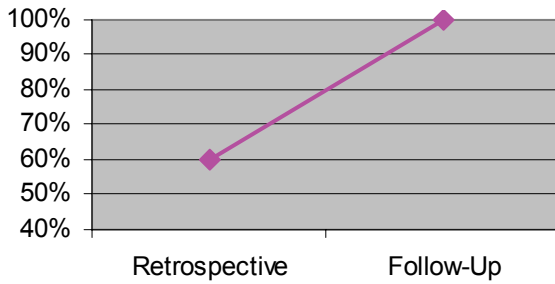


Figure J15. Guidance & Discipline

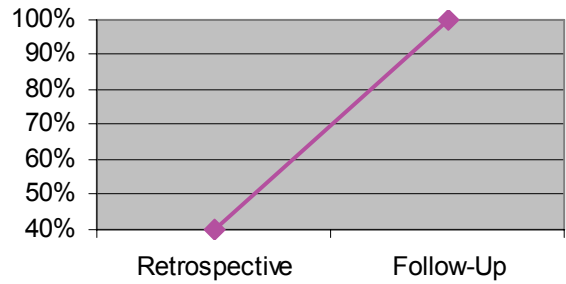


Figure J16. Access to Care

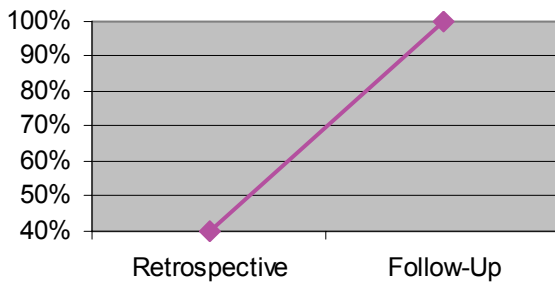


Figure J17. Illnesses/Immunizations

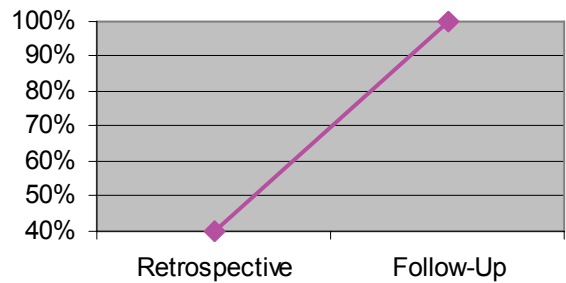


Figure J18. Child Development

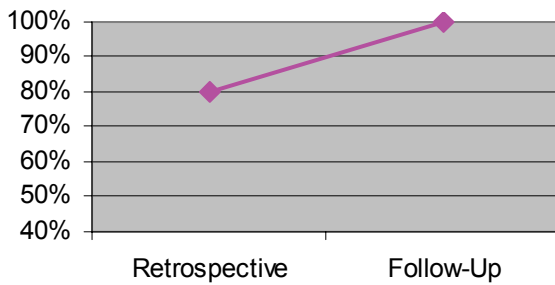
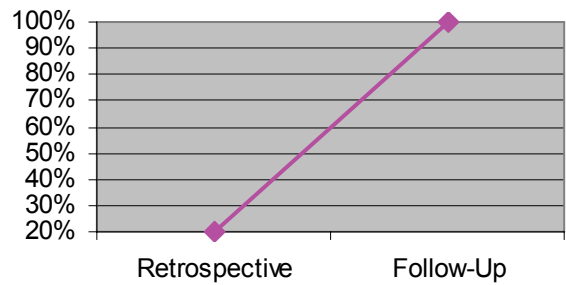


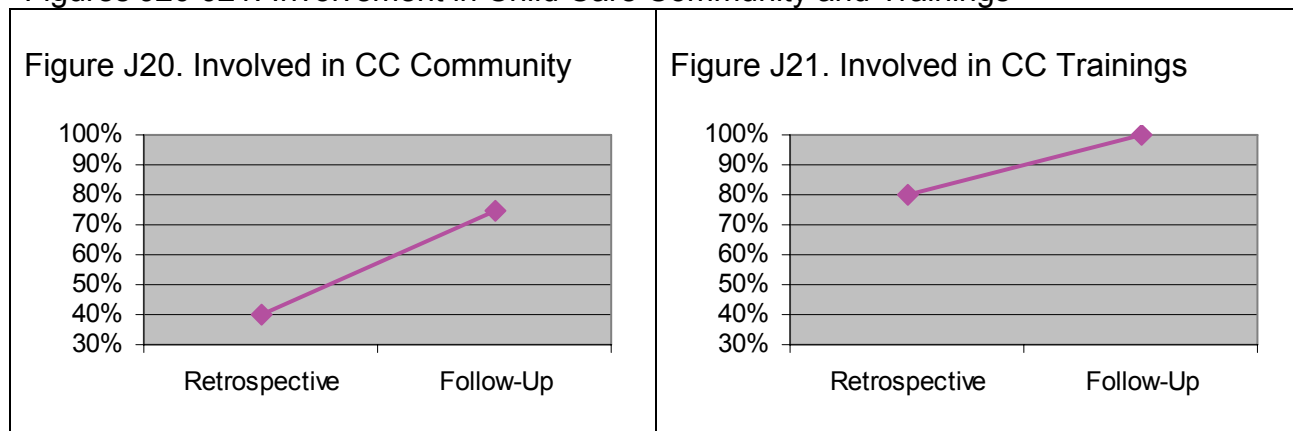
Figure J19. Policies



As the above figures depict, these categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met many of its objectives during Phase IV in Jackson County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures J20 and J21 show the findings.

Figures J20-J21. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community and childcare trainings at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table J1 outlines the percentages of providers who answered affirmatively to each question.

Table J1. Quality of and Satisfaction with CCHC Program

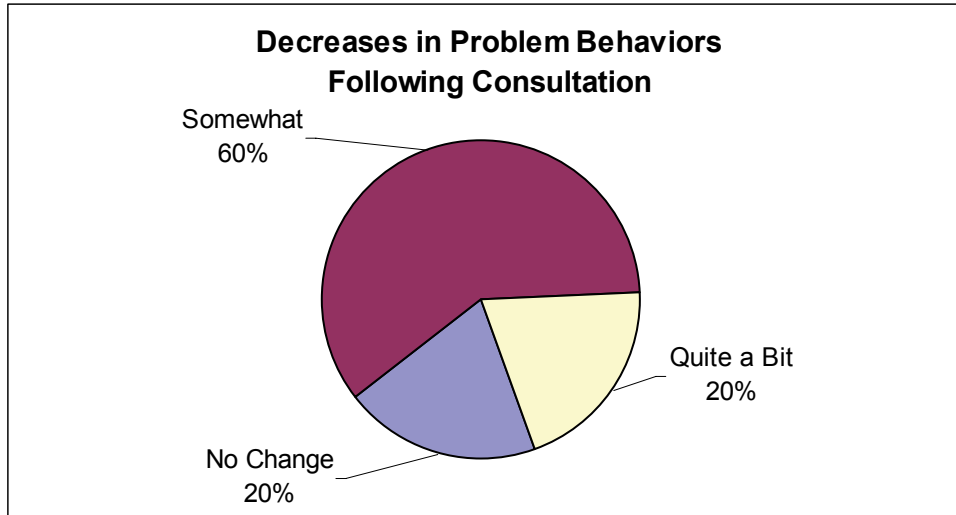
Item	Percentage of "Yes" Responses
The formal trainings offered through the CCHC program have been helpful.	100%
The individual consulting offered by the CCHC has been helpful.	100%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	100%
The CCHC responded to my questions/needs in a timely manner.	100%
Overall, I am satisfied with the Child Care Health Consultation program.	100%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

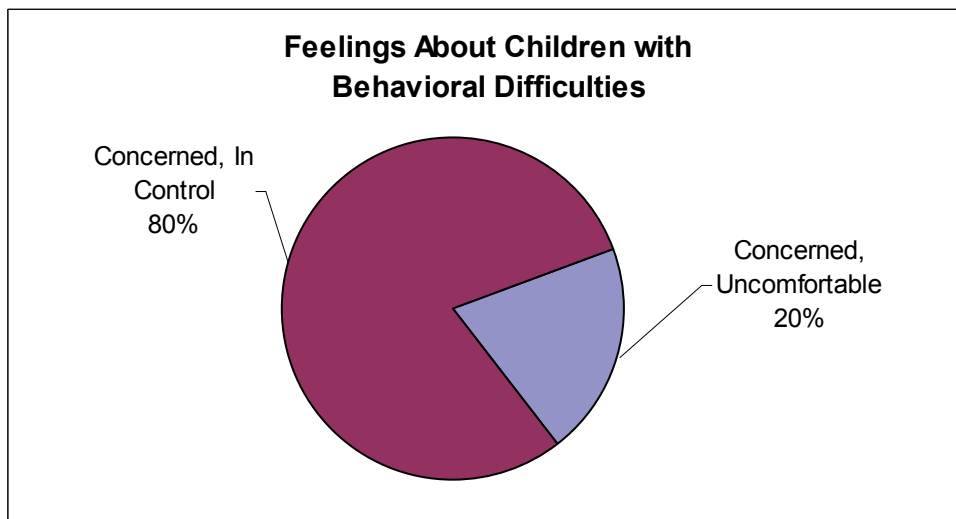
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure J22 shows the distribution of responses from the 5 providers who completed a follow-up Provider Survey.

Figure J22. Decreases in Problem Behaviors Following Consultation



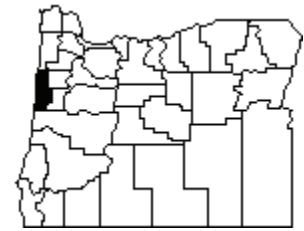
As shown above, 80% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure J23 shows the categories and responses.

Figure J23. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure J23, 80% of providers stated that they feel concerned but in control. Twenty percent (20%) noted feeling uncomfortable, and 0% described their feelings as anxious.

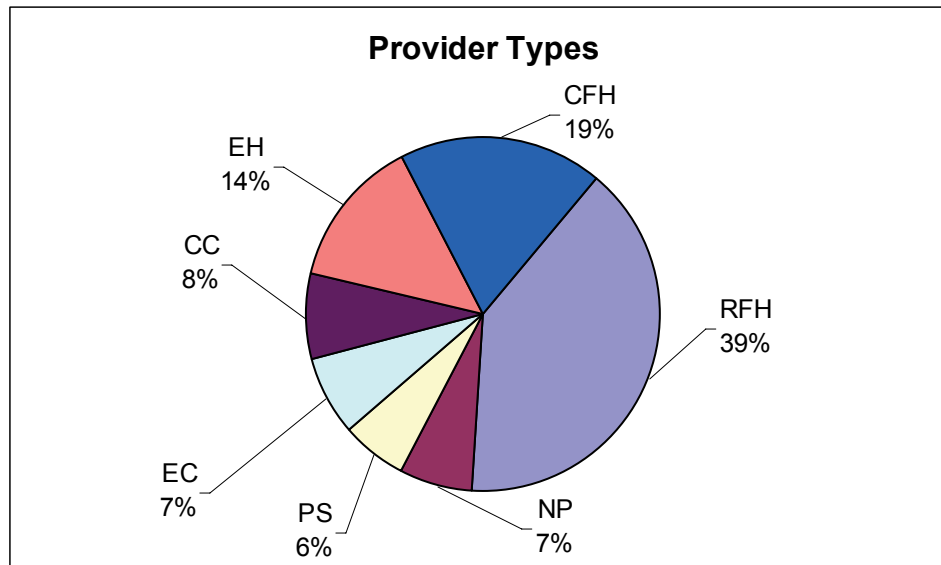
CCHC Phase IV in Lincoln County



Consultation Services

Five-hundred sixty-three (563) contacts with child care providers were logged during Phase IV. Figure L1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

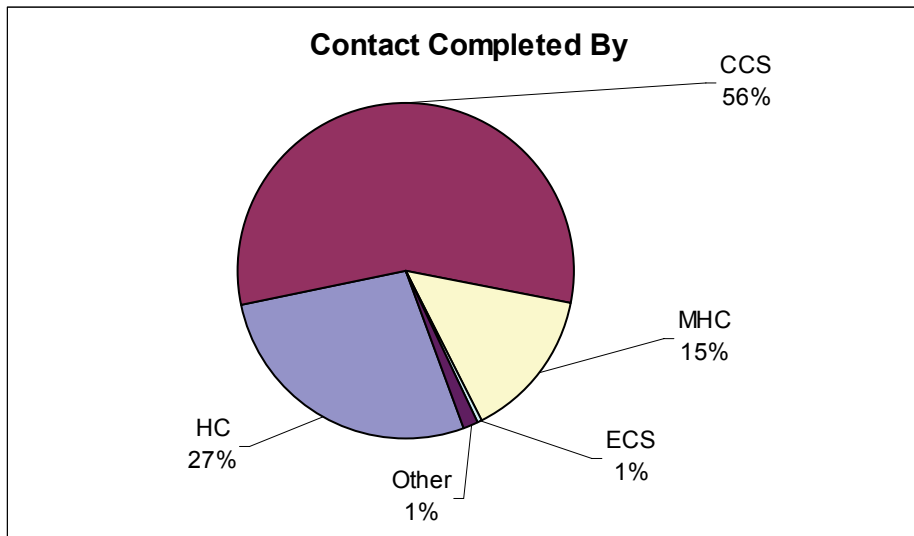
Figure L1. Phase IV Provider Types



As the above figure indicates, the largest percentage of contacts occurred with providers in registered family homes (39%), followed by those in certified family homes (19%) and exempt homes (14%).

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure L2 shows the percentages of each type of category regarding who completed the contact.

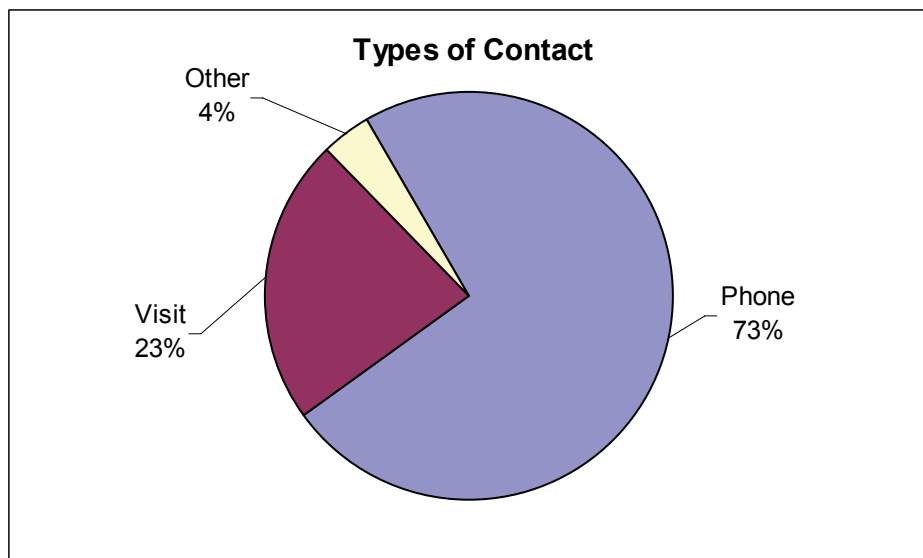
Figure L2. Contact Completed By



As seen above, the child care specialist completed the vast majority of the contacts (56%), followed by the health consultant (27%).

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure L3 shows the distribution of these types of contacts.

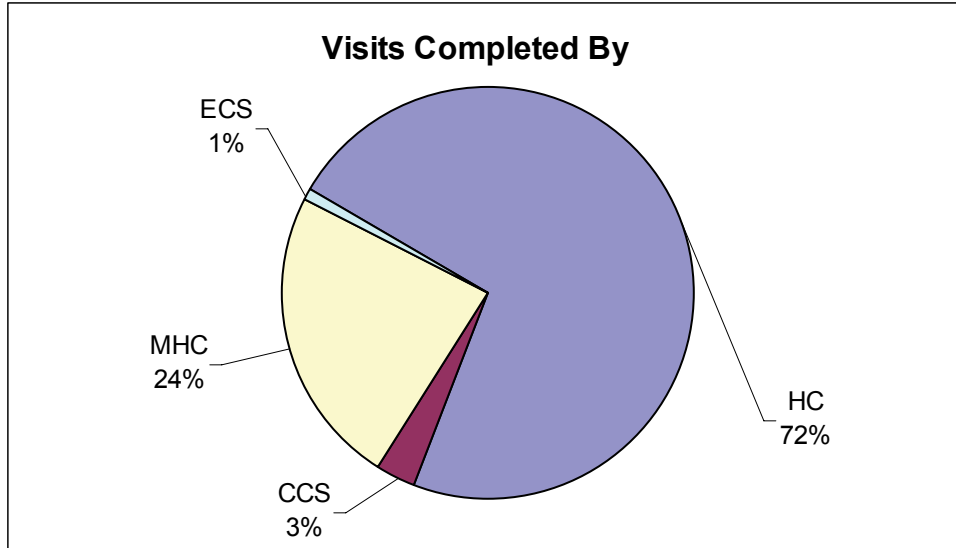
Figure L3. Types of Contacts



The vast majority of contacts occurred through phone calls (73%). On-site visits accounted for 23% of the contacts. Seventy-five (75) different providers were visited with a total of 127 home visits occurring in Phase IV. Other contacts, such as through chance meetings in the community, comprised 4% of the contacts.

As mentioned above, 127 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Figure L4 depicts the distribution of who completed the home visits.

Figure L4. Visits Completed By



As seen in the figure above, the large majority (72%) of visits were completed by the health consultant, followed by visits by the mental health consultant (24%).

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure L5 (below) shows the percentages of issues addressed that pertained to children. Child development and mental health was the largest category of topics addressed (44%), followed closely by child health (19%). Access to resources accounted for 17% of these contacts, followed by immunizations (14%) and issues pertaining to special needs (6%).

Figure L5. Issues Addressed: Children

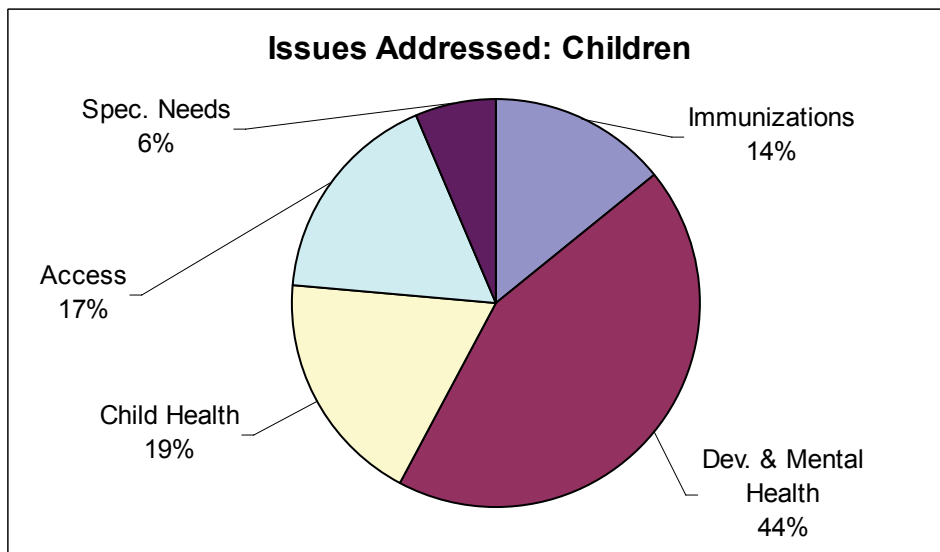
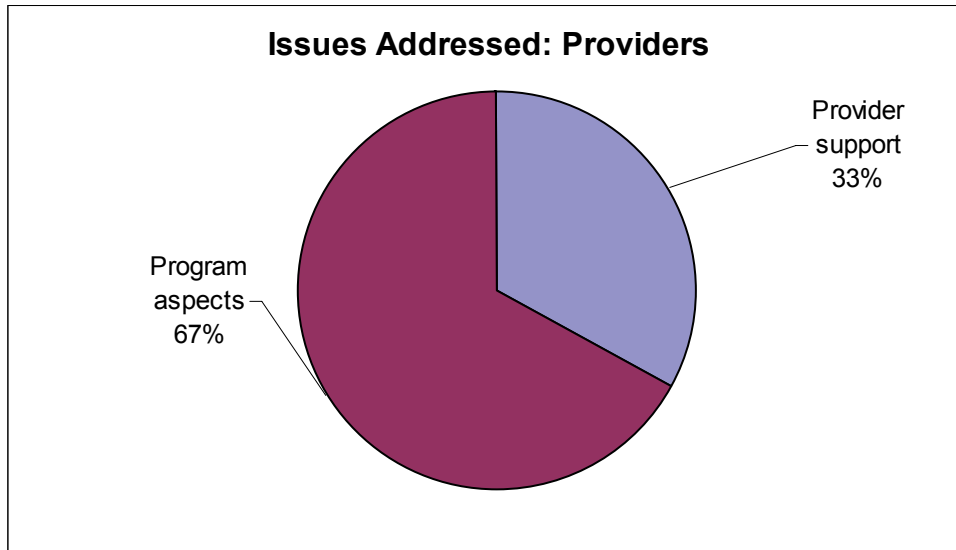


Figure L6 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 67%

of these issues, whereas provider support accounted for 33%. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

Figure L6. Issues Addressed: Providers



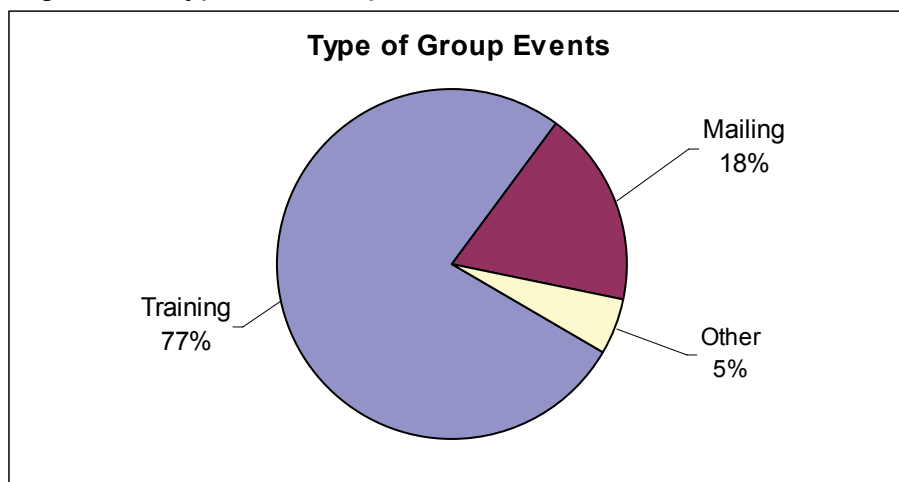
Providing information was the most common intervention that occurred during contacts, followed by providing support and sharing written materials. Many issues were resolved during each contact, but other common follow-up plans included consulting with Core Team Member or sending materials.

In addition to individual contacts with providers, another component of the CCHC program is group events. Seventy-eight (78) group events were logged during Phase IV in Lincoln County. One-thousand nine-hundred ninety-four (1,994) people were served.

Nearly all (99%) of people served through group events were child care providers. Other individuals, such as agency staff and community members, accounted for 1% of people served through group events.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure L7 depicts the distribution of types of group events that occurred in Phase IV.

Figure L7. Types of Group Events



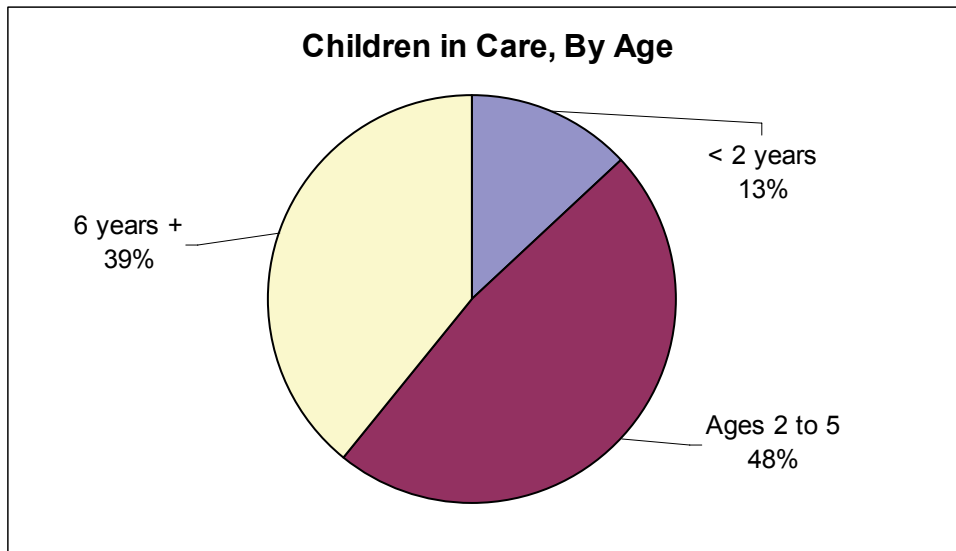
The majority of group events that occurred in Phase IV were trainings (77%). The health consultant conducted 97% of the trainings. For specific information about training topics, please refer to the data tables in the appendix of the general report.

Intensive Consultation Services

Sixty-one percent (61%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), 64% had no prior involvement with the CCHC program. Of the overall contacts described above (i.e., in "Consultation Services"), forty-eight percent (48%) of providers were self-referred. Of those who received more intensive consultation services, 71% were referred by their local CCR&R. This group of providers who received more intensive services is who are described below (baseline n=14).

With regard to provider types, 43% were registered family homes, followed by exempt homes at 21%. The average length of experience was 7.7 years. The range of age of children in care was 6 weeks to 13 years. Nearly half (48%) of the children in care were ages 2 to 5 years. Figure L8 shows the distribution of children in care by age categories.

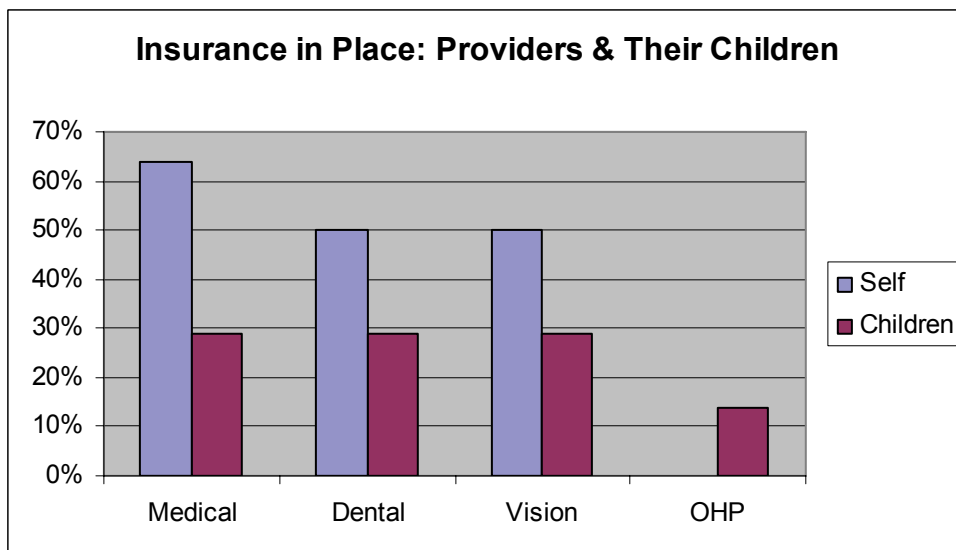
Figure L8. Children in Care, By Age



The 14 providers assessed at baseline reported having 12 children with special needs in their care. This accounts for 47% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure L10 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure L9. Insurance in Place for Providers and Their Children



As seen above, 64% of providers reported having medical insurance in place for themselves, whereas 29% reported having it in place for their children. Fifty percent (50%) of providers reported having dental and vision insurance for themselves. Twenty-nine percent (29%) of providers reported having dental and vision insurance for their children. None of the providers reported having the Oregon Health Plan (OHP) for themselves, whereas 14% have OHP for their children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below (see page L-9).

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident (high + moderate = 100%) in the areas of storage, equipment, environment, sleep, cleaning, diapering, food preparation, and activities. The areas with the lowest levels of confidence were special needs (62%) and challenging behaviors (64%). Retrospective pre-test and follow-up change data are reported below (page L-8).

Record Review Data

In-depth baseline and follow-up record reviews were completed with 9 providers. At baseline, 100% of providers reported using enrollment and medical authorization forms at registration.

The percentage of children with a medical provider indicated in their records increased from 80% at baseline to 95% at follow-up. An increase in dental providers was found: 32% at baseline and 43% at follow-up.

Part of the one-on-one record review consisted of reviewing the providers' use of policies. Four types of policies were examined: guidance and behavior/discipline, emergency plan, health exclusions, and hand-washing. Three levels of policy implementation were noted: written, posted, and reviewed. Figures L10 through L13 depict each policy and implementation of the policy over time by the 9 providers.

Figures L10-L13. Policy Implementation Over Time

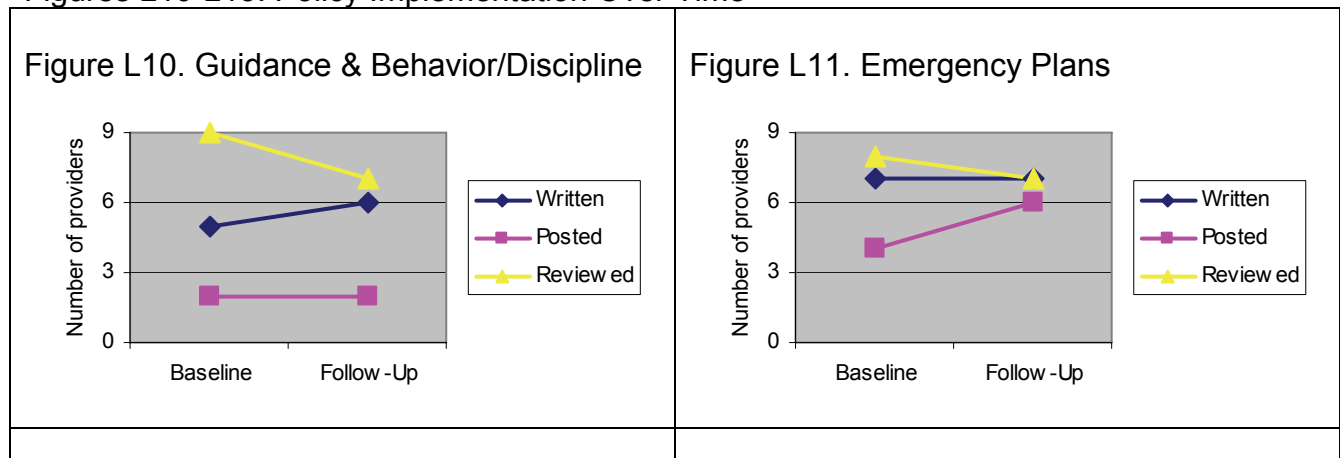


Figure L12. Health Exclusions

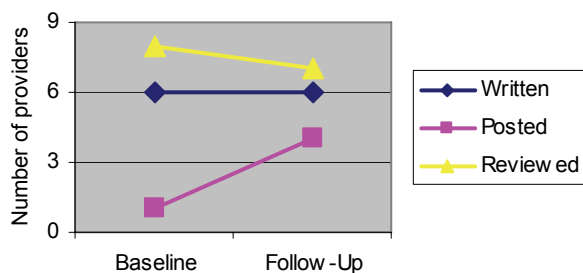
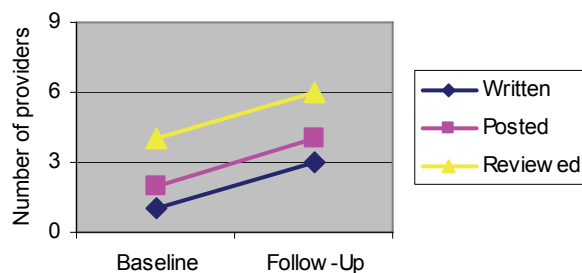


Figure L13. Hand-Washing

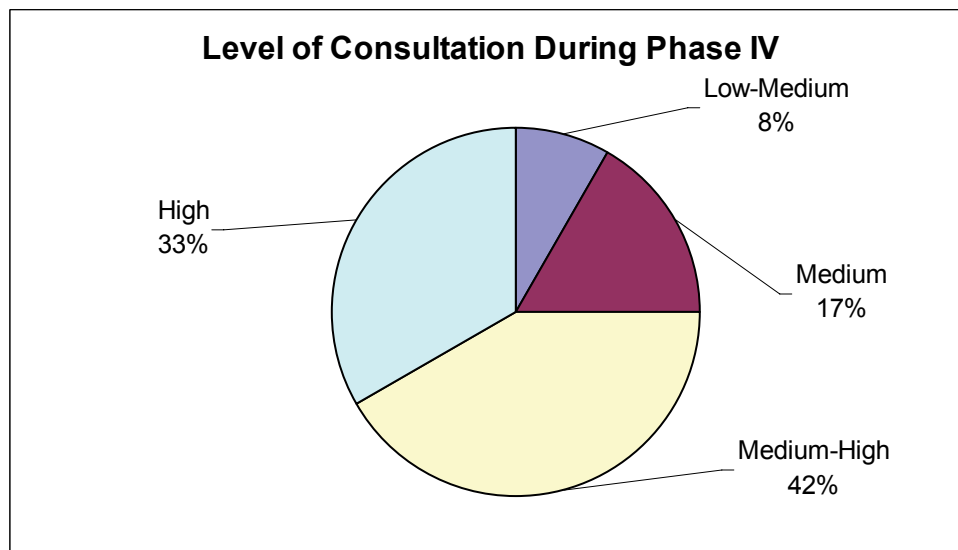


Child Care Provider Follow-Up Survey Data

Changes in providers’ characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 13 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure L14 shows the distribution of level of consultation received.

Figure L14. Level of Consultation During Phase IV

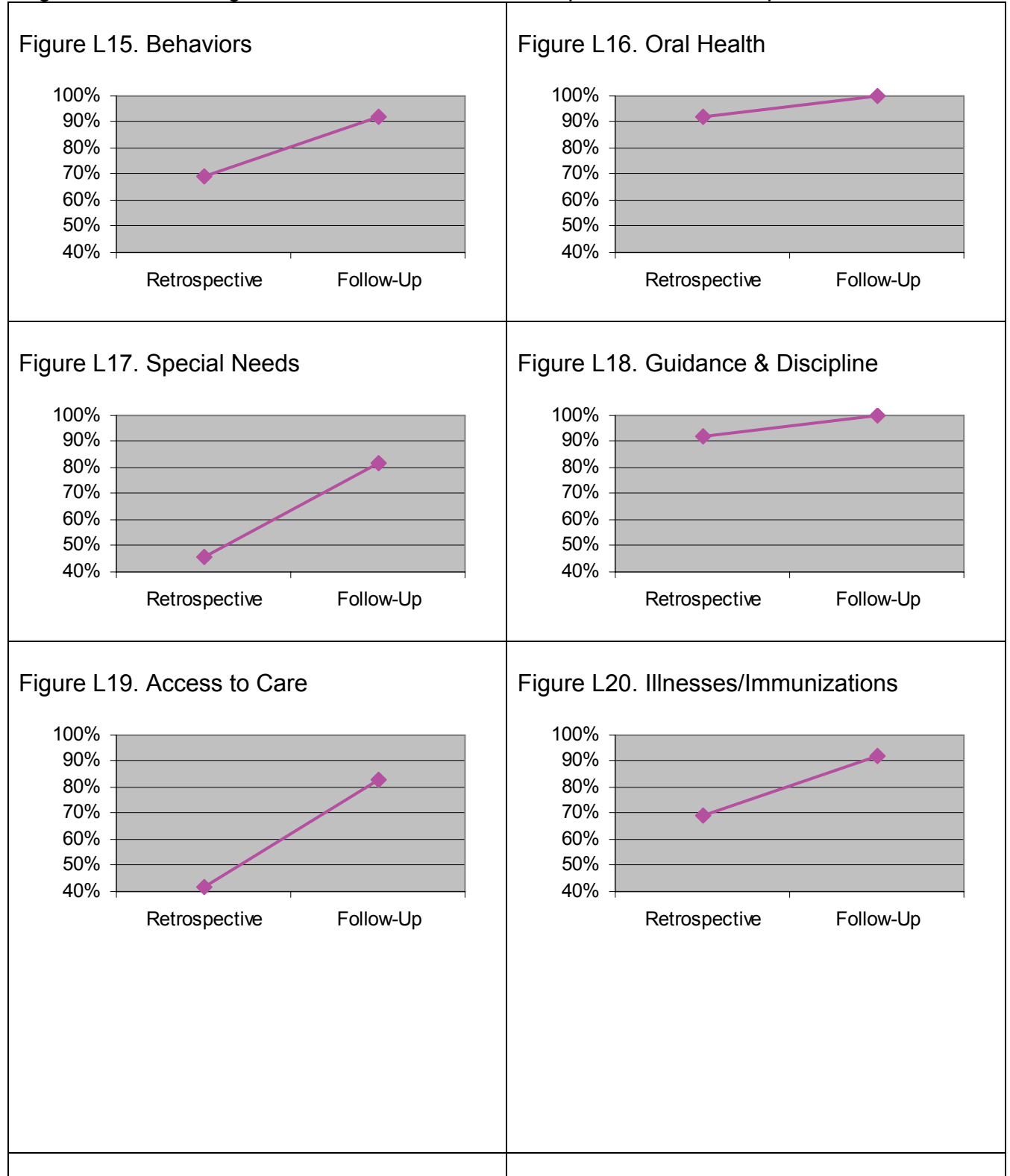


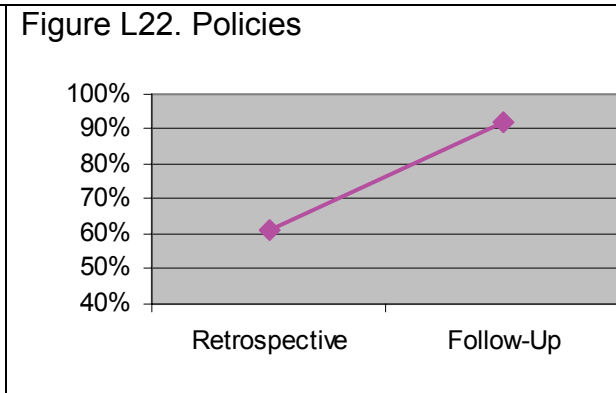
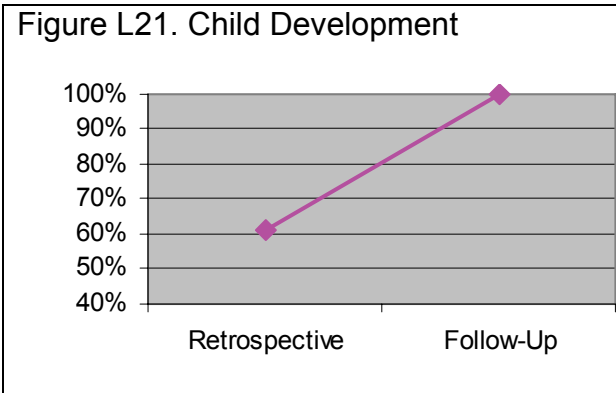
Seventy-five percent (75%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Seventeen percent (17%) reported medium levels of consultation. Eight percent (8%) of providers reported receiving low - medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They rated their levels of confidence at the end of Phase IV (follow-up), and they also reflected

back on how confident they were at the beginning (retrospective). The following figures (L15-L22) depict provider levels of confidence on key categories as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from 13 providers. Data on all 20 categories can be found in the appendix of the general report.

Figures L15-L18. High Levels of Confidence: Retrospective & Follow-Up

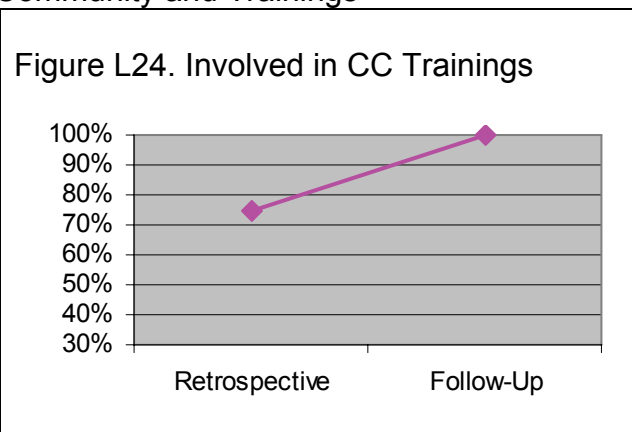
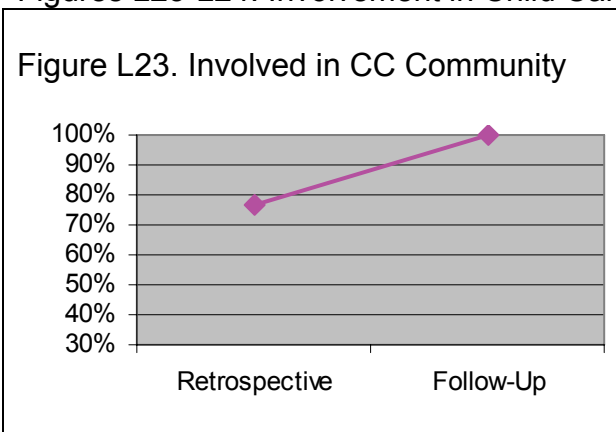




As the above figures depict, several categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met some of its objectives during Phase IV in Lincoln County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures L23 and L24 show the findings.

Figures L23-L24. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community and in childcare trainings at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table L1 outlines the percentages of providers who answered affirmatively to each question.

Table L1. Quality of and Satisfaction with CCHC Program

Item	Percentage of "Yes" Responses
The formal trainings offered through the CCHC program have been helpful.	100%
The individual consulting offered by the CCHC has been helpful.	100%

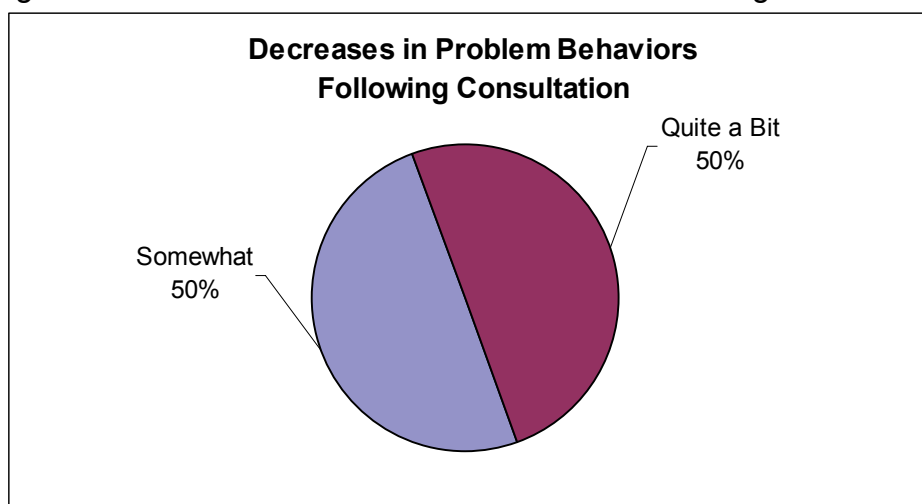
The CCHC was knowledgeable about child care health and safety issues.	92%
The CCHC was available to me when I had a question or needed help.	92%
The CCHC responded to my questions/needs in a timely manner.	92%
Overall, I am satisfied with the Child Care Health Consultation program.	100%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

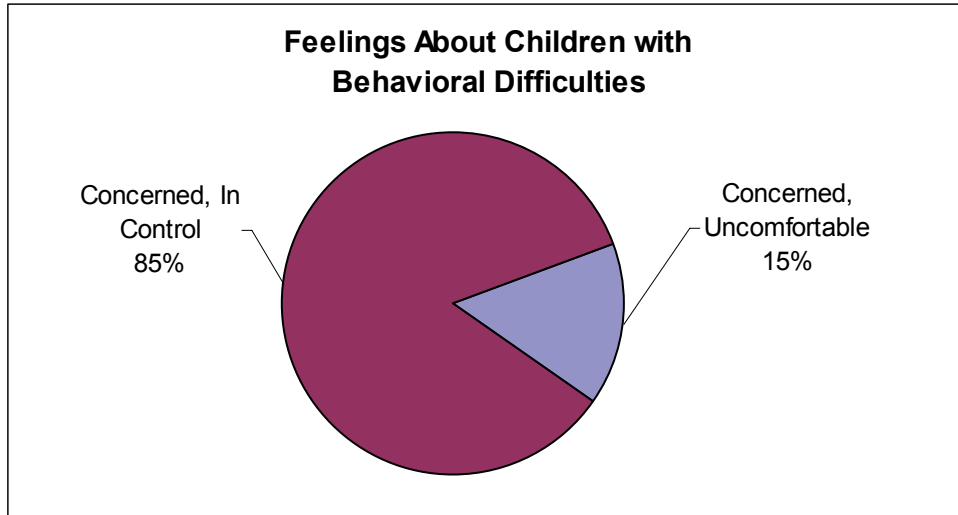
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure L25 shows the distribution of responses from the 13 providers who completed a follow-up Provider Survey.

Figure L25. Decreases in Problem Behaviors Following Consultation



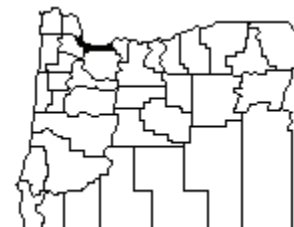
As shown above, 100% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure L26 shows the categories and responses.

Figure L26. "How do you feel when a child in your care has behavioral difficulties?"



As seen in Figure L26, 85% stated that they feel concerned but in control. Fifteen percent (15%) noted feeling uncomfortable, and 0% described their feelings as anxious.

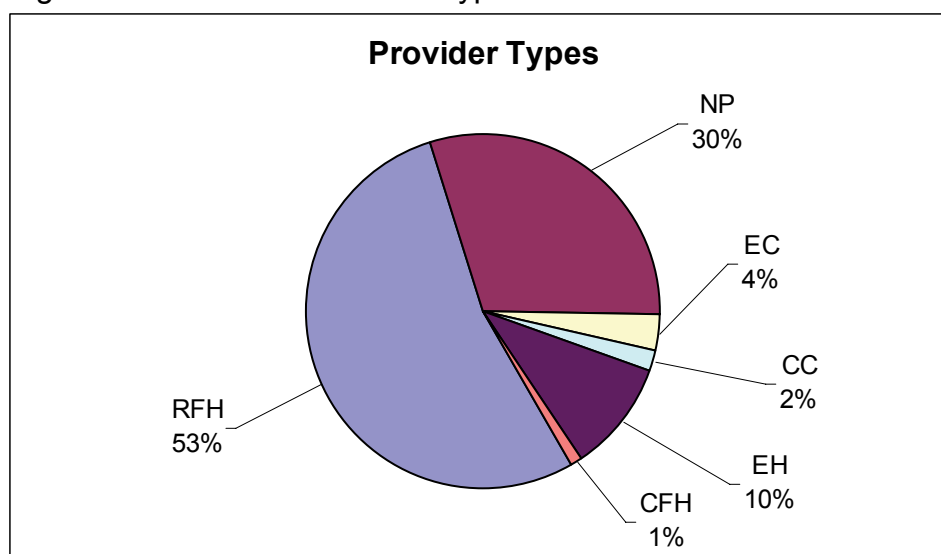
CCHC Phase IV in Multnomah County



Consultation Services

Two-hundred eighty-five (285) contacts with child care providers were logged during Phase IV. Figure M1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

Figure M1. Phase IV Provider Types

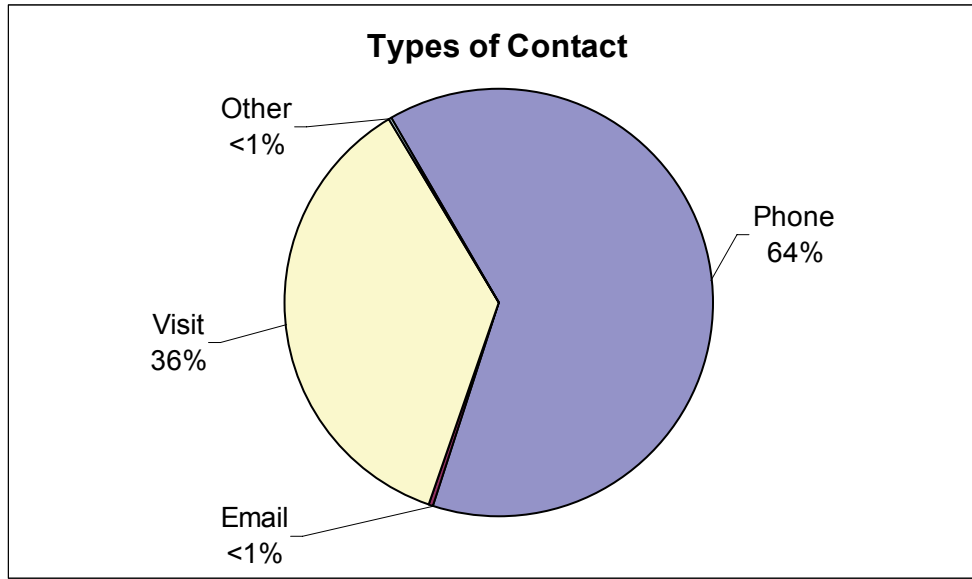


As the above figure indicates, over half of the contacts occurred with providers in registered family homes (53%), followed by those who were new providers (30%).

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). In the case of Multnomah County, 99% of contacts were made by the health consultant and 1% was made by a child care specialist.

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure M2 shows the distribution of these types of contacts.

Figure M2. Types of Contacts



The largest percentage of contacts occurred through phone calls (64%). On-site visits accounted for 36% of the contacts. Forty-nine (49) different providers were visited with a total of 102 home visits occurring in Phase IV.

As mentioned above, 102 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Ninety-nine percent (99%) of the visits were completed by the health consultant in Multnomah County, and 1% was completed by a child care specialist.

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure M3 (below) shows the percentages of issues addressed that pertained to children. Child health was the largest category of topics addressed (50%), followed by child immunizations (22%). Access to resources came in at 17%. Child development and mental health accounted for 7% of contacts, and issues pertaining to special needs were 4% of these contacts.

Figure M3. Issues Addressed: Children

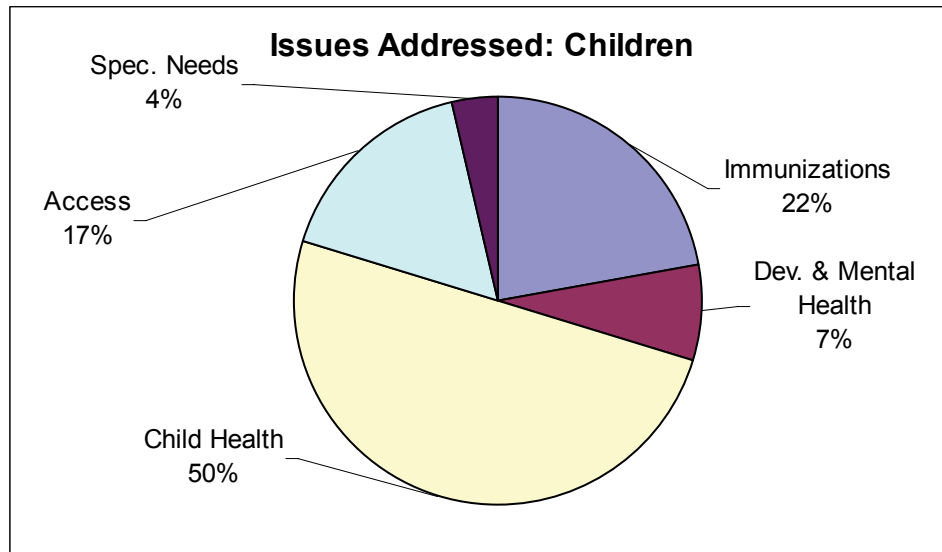
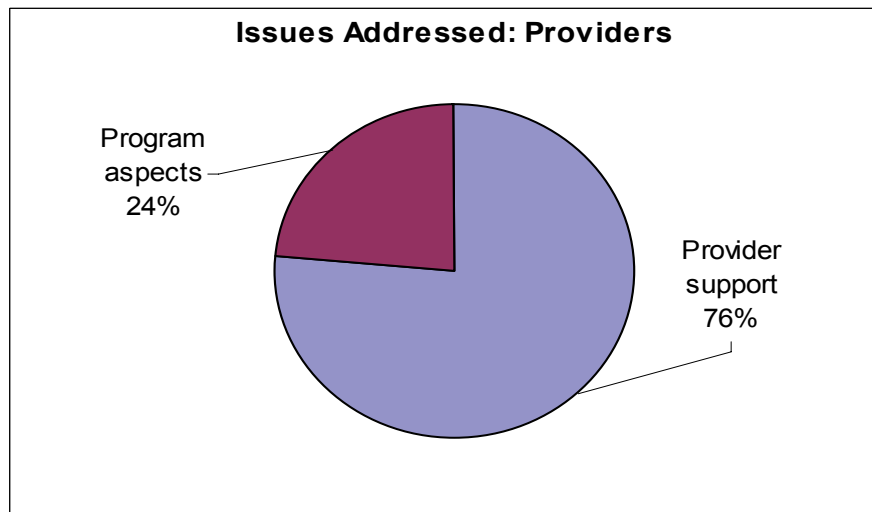


Figure M4 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 24% of these issues, whereas provider support accounted for 76%. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

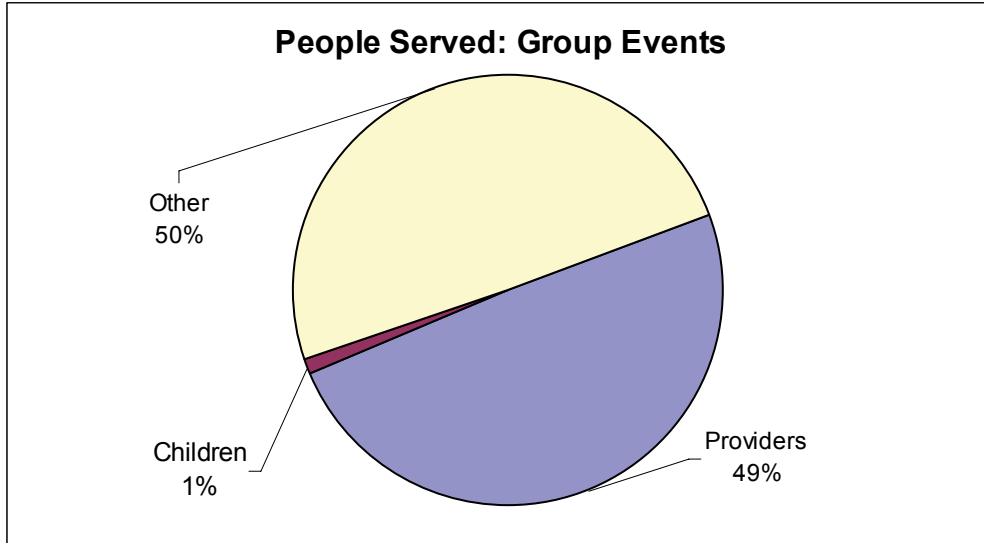
Figure M4. Issues Addressed: Providers



Sharing written materials and teaching were the most common intervention that occurred during contacts. Many issues were resolved during each contact, but other common follow-up plans included making a visit or sending materials.

In addition to individual contacts with providers, another component of the CCHC program is group events. Seventy-five (75) group events were logged during Phase IV in Multnomah County. Three-hundred fifty-nine (359) people were served. Figure M5 shows the breakdown of types of people served.

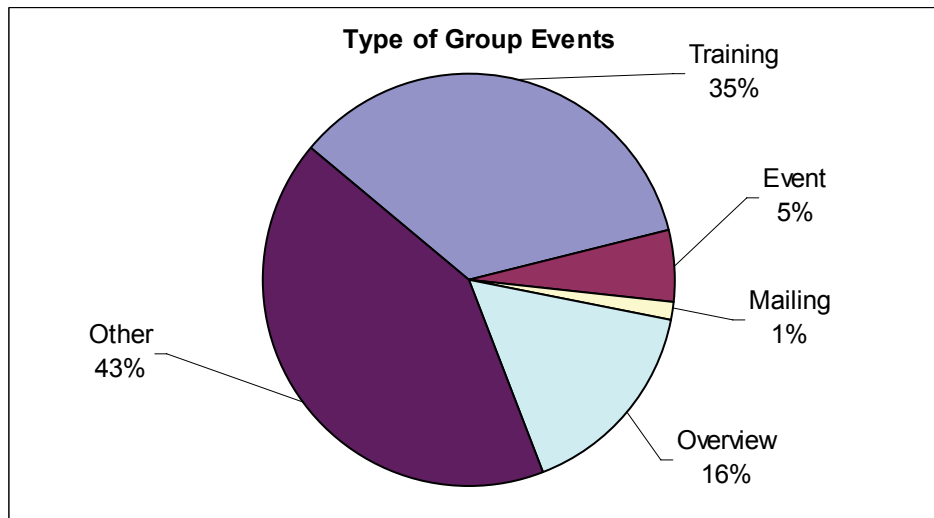
Figure M5. People Served Through Group Events



As Figure M5 shows, 49% of people served were child care providers and 50% of people served were other individuals, such as agency staff and community members.

There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. Figure M6 depicts the distribution of types of group events that occurred in Phase IV.

Figure M6. Types of Group Events



The majority of group events that occurred in Phase IV were trainings (43%). The health consultant conducted 50% of the trainings. For specific information about training topics, please refer to the data tables in the appendix of the general report.

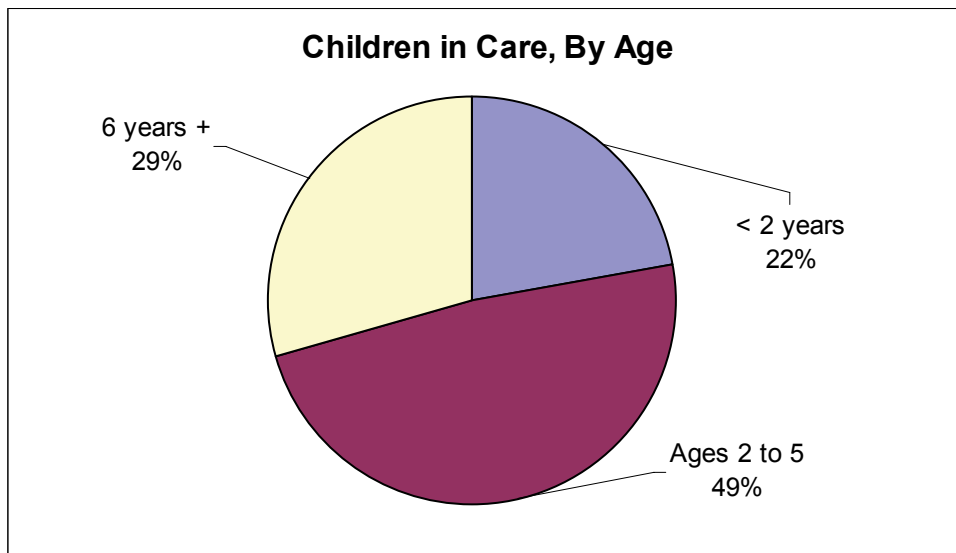
Intensive Consultation Services

Eighty-seven percent (87%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record

reviews, etc.), 91% had no prior involvement with the CCHC program. Of the overall contacts described above (i.e., in “Consultation Services”), twenty-five percent (25%) of providers were self-referred. Of those who received more intensive consultation services, 33% were referred by their local CCR&R and 21% by the health consultant. This group of providers who received more intensive services is who are described below (baseline n=33).

Fifty-eight percent (58%) of providers who received intensive consultation services were those in registered family homes. The average length of experience was 4.5 years. The range in age of children in care was 6 weeks to 13 years. Forty-nine percent (49%) of the children in care were ages 2 to 5, and 29% were age 6 and older. Figure M7 shows the distribution of children in care by age categories.

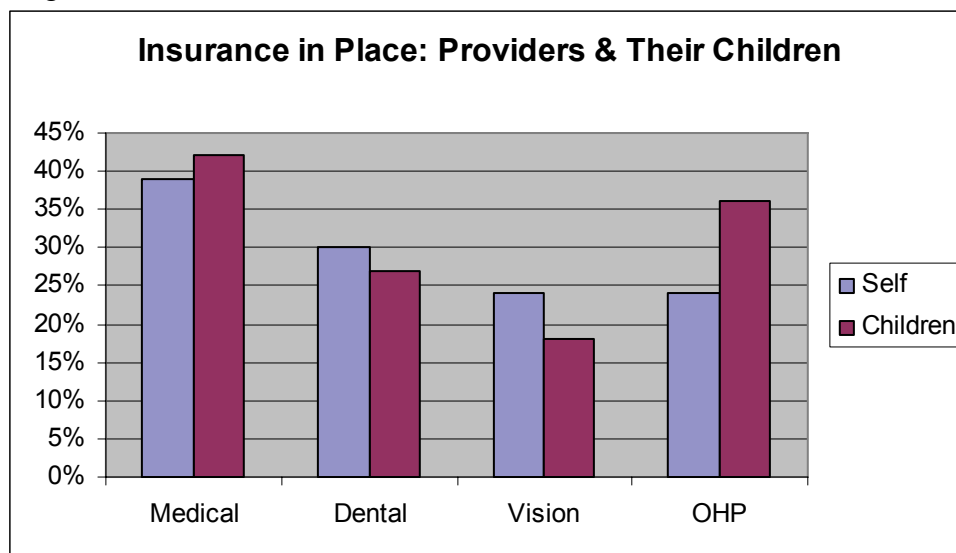
Figure M7. Children in Care, By Age



The 33 providers assessed at baseline reported having 3 children with special needs in their care. This accounts for 2% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure M8 shows the proportions of providers who have different types of insurance for themselves and their own children.

Figure M8. Insurance in Place for Providers and Their Children



As seen above, 39% of providers have insurance in place for the medical needs of themselves and 42% for their children. Thirty percent (30%) of providers reported having dental coverage in place for themselves and 27% for their children. Twenty-four percent (24%) of providers reported having vision insurance for themselves. Thirty-six percent (36%) of providers have the Oregon Health Plan (OHP) for their children, whereas 24% have OHP for themselves.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below (see page M-8).

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident (high + moderate = 97%) in the areas of safe sleep and food preparation. The areas with the lowest levels of confidence were illnesses/immunizations (42%), challenging behaviors (64%), and special needs (69%). Retrospective pre-test and follow-up change data are reported below (page M-8).

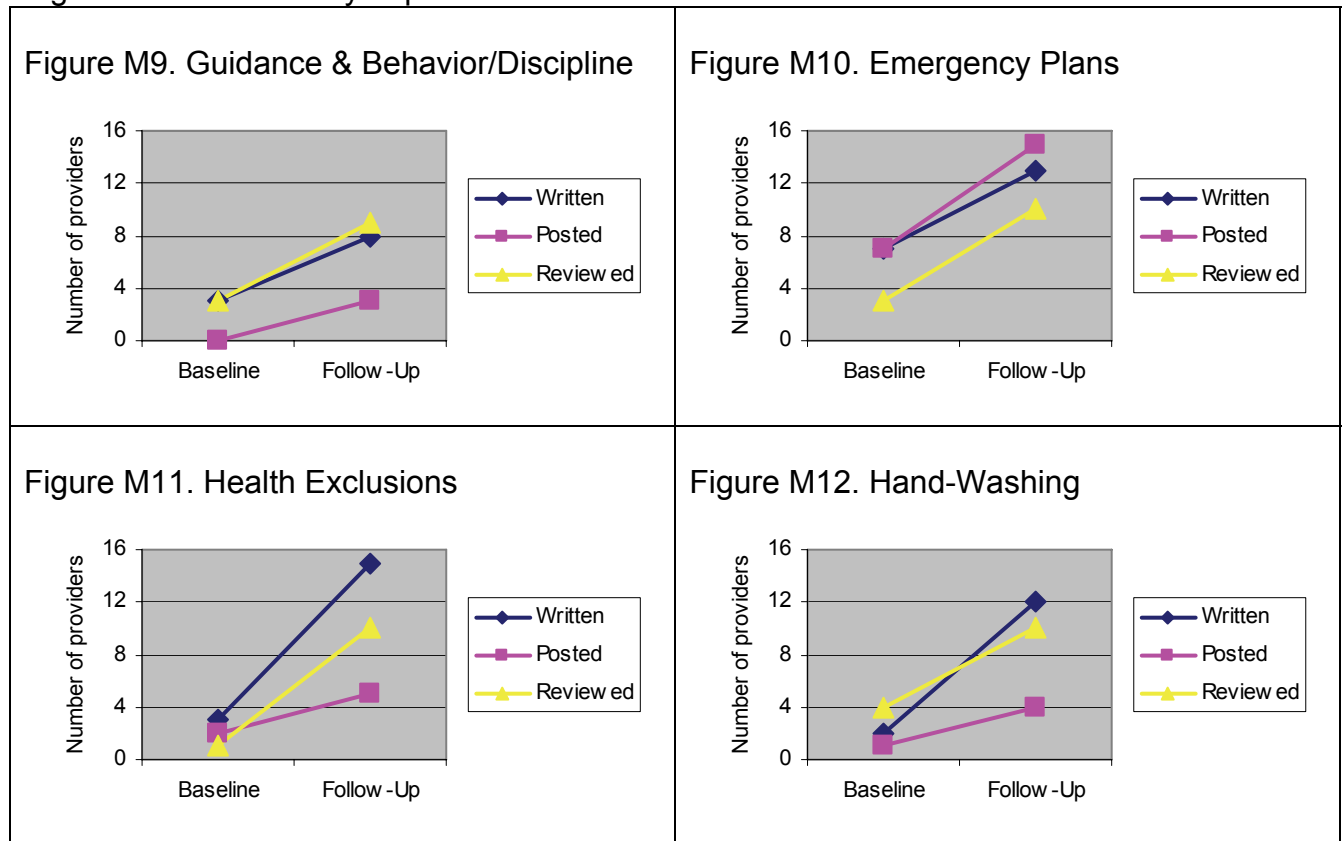
Record Review Data

In-depth baseline and follow-up record reviews were completed with 16 providers. At baseline, 63% of providers reported using enrollment forms at registration. This figure increased to 75% at follow-up. Forty-four percent (44%) of providers indicated that they used medical authorization forms at registration. This figure increased to 63% at follow-up. The percentage of children with a medical provider indicated in their records

increased from 55% at baseline to 70% at follow-up. A considerable increase in dental providers was found: 29% at baseline and 67% at follow-up.

Part of the one-on-one record review consisted of reviewing the providers' use of policies. Four types of policies were examined: guidance and behavior/discipline, emergency plan, health exclusions, and hand-washing. Three levels of policy implementation were noted: written, posted, and reviewed. In general, the use of policies and levels of implementation increased from baseline to follow-up. Figures M9 through M12 depict each policy and implementation of each policy over time by the 16 providers.

Figures M9-M12. Policy Implementation Over Time

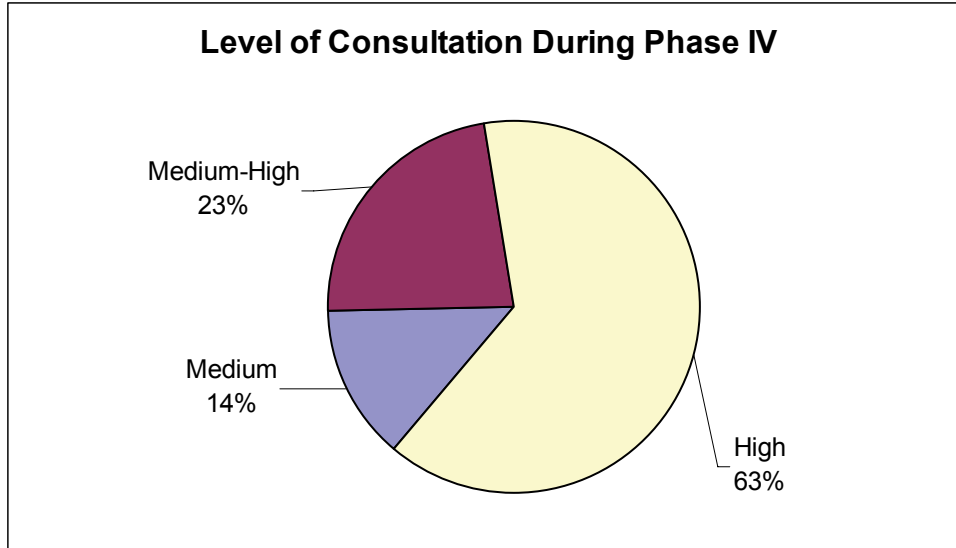


Child Care Provider Follow-Up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 22 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure M13 shows the distribution of level of consultation received.

Figure M13. Level of Consultation During Phase IV



Eighty-six percent (86%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Fourteen percent (14%) reported medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They rated their levels of confidence at the end of Phase IV (follow-up), and they also reflected back on how confident they were at the beginning (retrospective). The following figures (M14-M21) depict provider levels of confidence as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from 22 providers.

Figures M14-M21. High Levels of Confidence: Retrospective, & Follow-Up

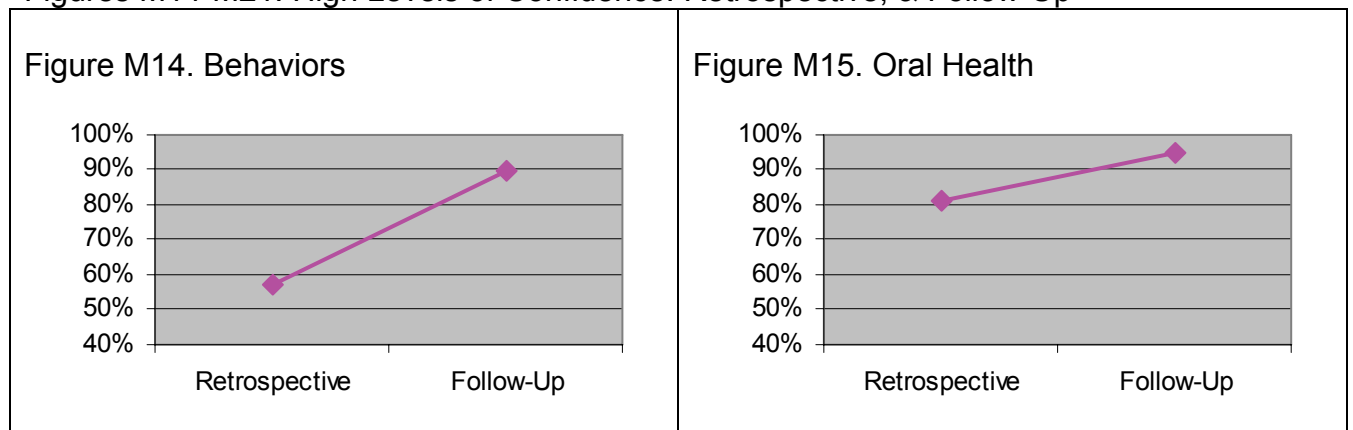


Figure M16. Special Needs

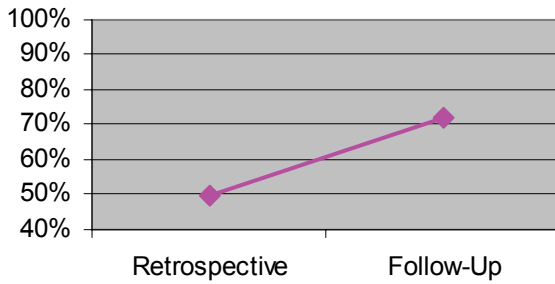


Figure M17. Guidance & Discipline

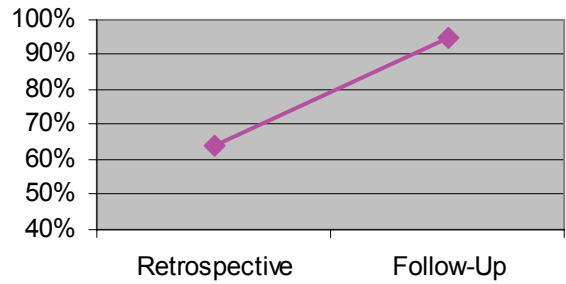


Figure M18. Access to Care

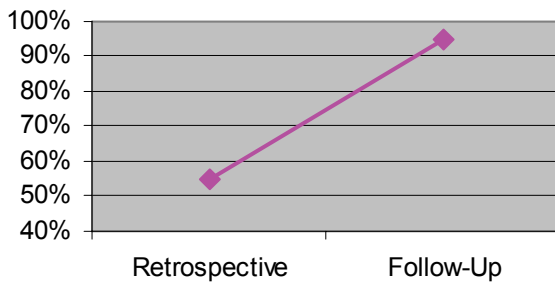


Figure M19. Illnesses/Immunizations

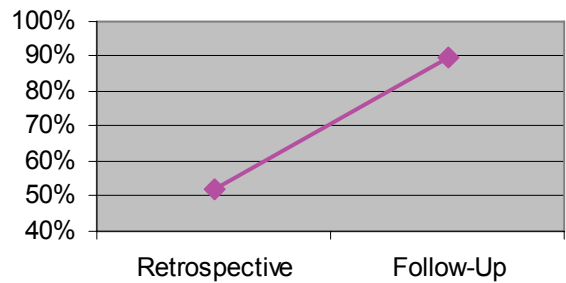


Figure M20. Child Development

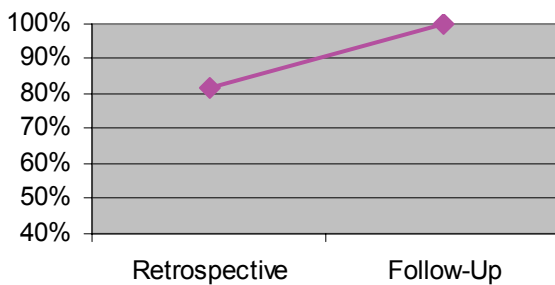
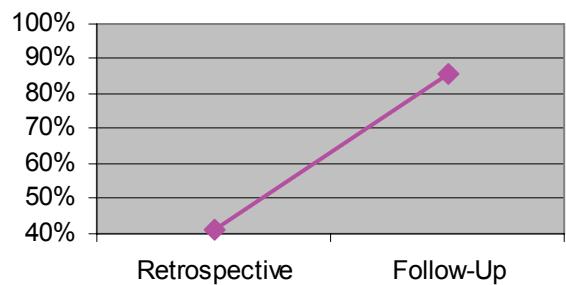


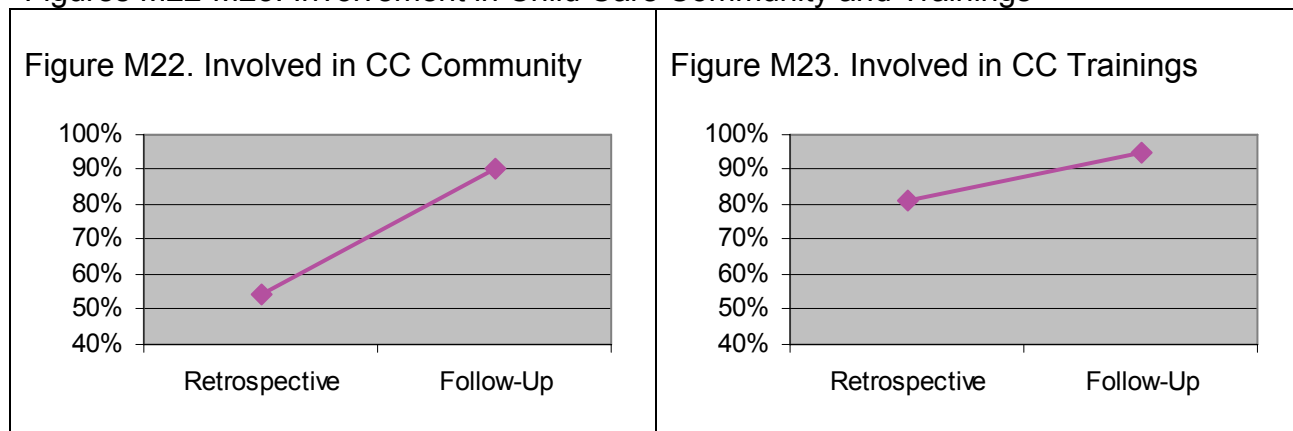
Figure M21. Policies



As the above figures depict, these categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met many of its objectives during Phase IV in Multnomah County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures M22 and M23 show the findings.

Figures M22-M23. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table M1 outlines the percentages of providers who answered affirmatively to each question.

Table M1. Quality of and Satisfaction with CCHC Program

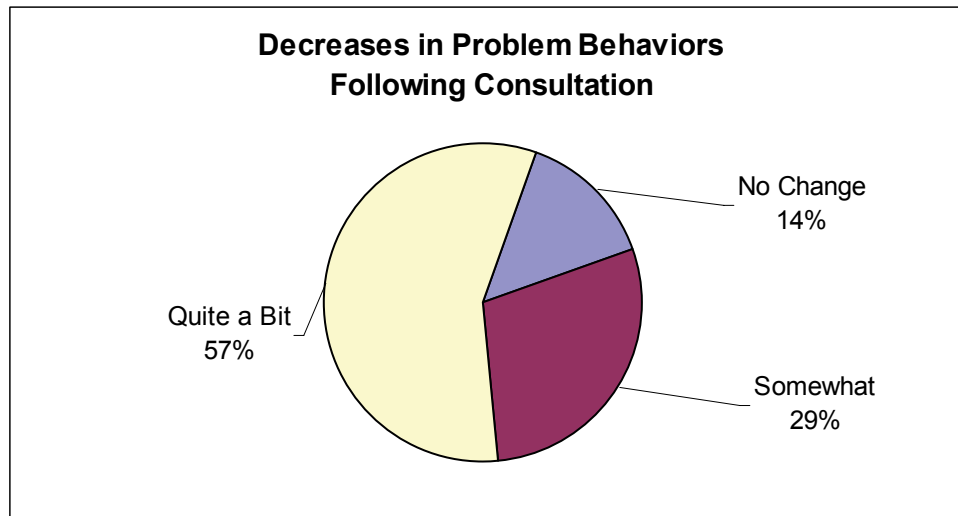
Item	Percentage of “Yes” Responses
The formal trainings offered through the CCHC program have been helpful.	96%
The individual consulting offered by the CCHC has been helpful.	100%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	100%
The CCHC responded to my questions/needs in a timely manner.	100%
Overall, I am satisfied with the Child Care Health Consultation program.	100%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

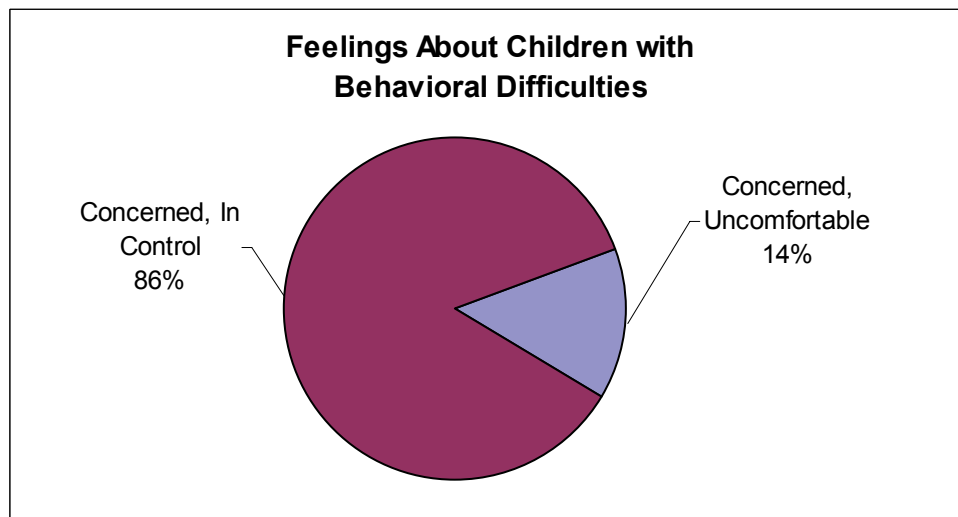
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure M24 shows the distribution of responses from the 22 providers who completed a follow-up Provider Survey.

Figure M24. Decreases in Problem Behaviors Following Consultation



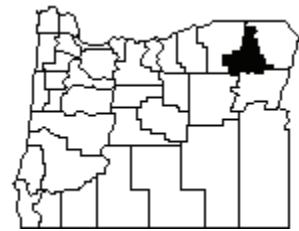
As shown above, 86% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure M25 shows the categories and responses.

Figure M25. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure M25, 86% stated that they feel concerned but in control. Fourteen percent (14%) noted feeling uncomfortable, and 0% described their feelings as anxious

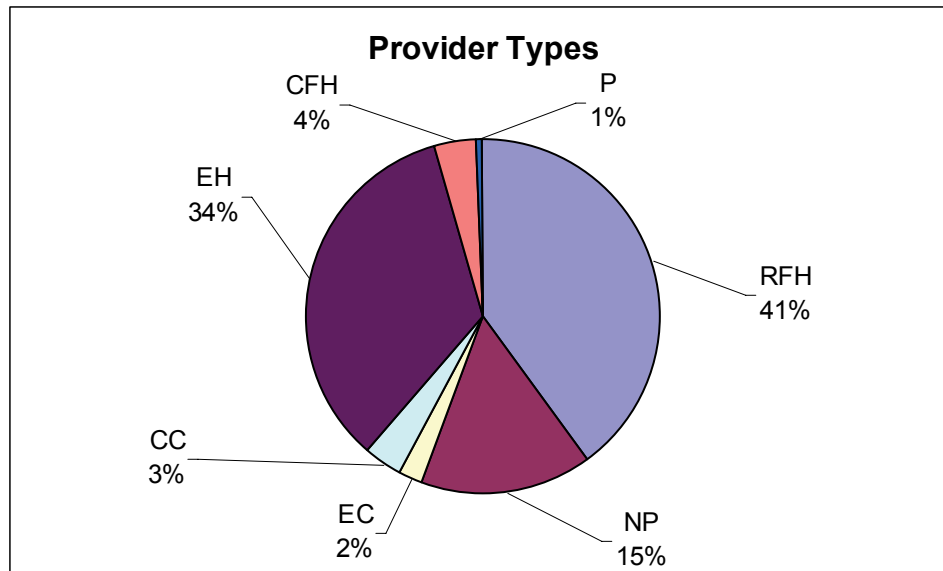
CCHC Phase IV in Union County



Consultation Services

Three-hundred sixty-one (361) contacts with child care providers were logged during Phase IV. Figure U1 depicts the types of providers contacted (RFH = registered family home, CFH = certified family home, EH = exempt home, CC = certified center, EC = exempt center, PS = preschool only, NP = new provider).

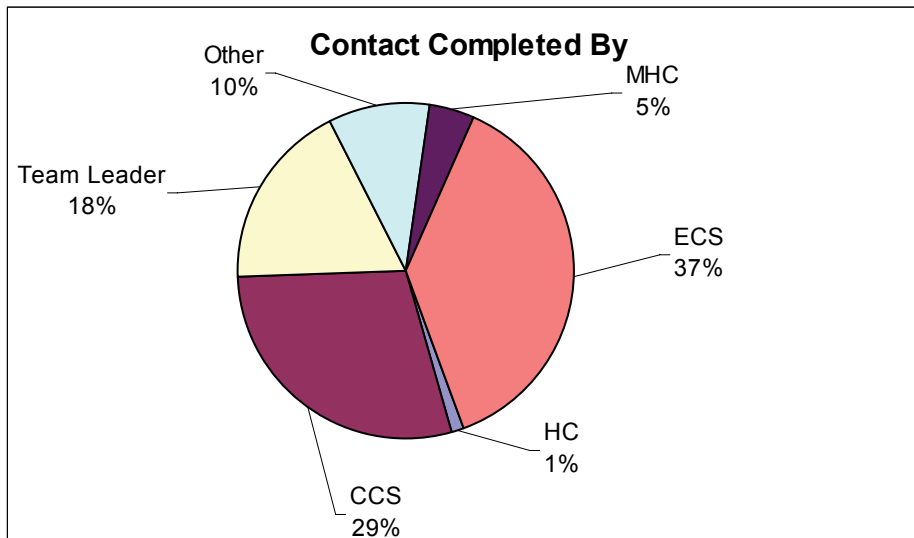
Figure U1. Phase IV Provider Types



As the above figure indicates, 40% of contacts occurred with providers in registered family homes, followed by 34% of contacts with providers in exempt homes.

Contacts were completed by child care health consultants (HC), child care specialists (CCS), mental health consultants (MHC), early childhood educators/specialists (ECS), and miscellaneous other individuals (e.g., lead staff). Figure U2 shows the percentages of each type of category regarding who completed the contact.

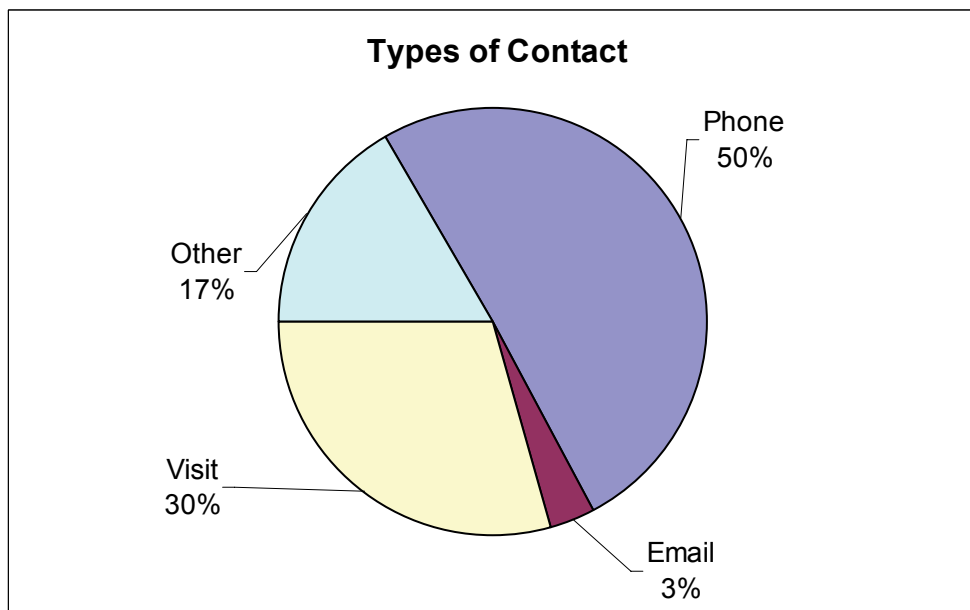
Figure U2. Contact Completed By



As seen above, the early childhood educator/specialist (ECS) completed the largest percentage of the contacts (37%), followed by the child care specialist (29%).

Child health consultation contacts occurred through three primary mechanisms: phone calls, emails, and visits. Figure U3 shows the distribution of these types of contacts.

Figure U3. Types of Contacts

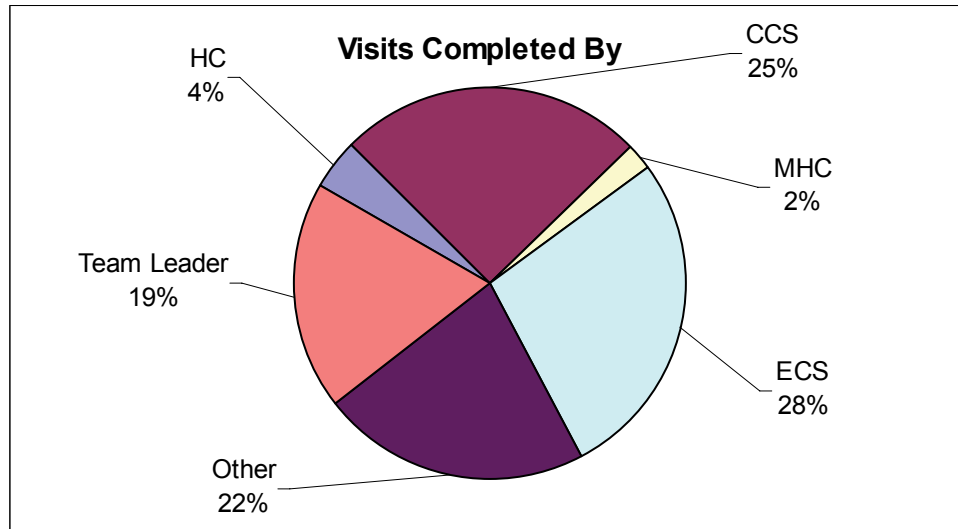


The largest percentage of contacts occurred through phone calls (50%). On-site visits accounted for 30% of the contacts. Sixty-five (65) different providers were visited with a total of 102 home visits occurring in Phase IV. Other contacts, such as through chance meetings in the community, comprised 17% of the contacts. Finally, emails occurred in 3% of the cases.

As mentioned above, 102 home visits occurred in Phase IV. These visits were completed by the health consultants (HC), child care specialists (CCS), mental health

consultants (MHC), early childhood educators/specialists (ECS), or a team leader. Figure U4 depicts the distribution of who completed the home visits.

Figure U4. Visits Completed By



As seen in the figure above, 28% of visits were completed by the early childhood specialist and 25% by the child care specialist.

Issues Addressed

Many issues were addressed during contacts with child care providers through health consultation. Figure U5 (below) shows the percentages of issues addressed that pertained to children. Child health was the largest category of topics addressed (47%). Immunizations, closely related to child health, accounted for 8%. Child development and mental health accounted for 29%. Access to resources came in at 14% and issues pertaining to special needs were 2% of these contacts.

Figure U5. Issues Addressed: Children

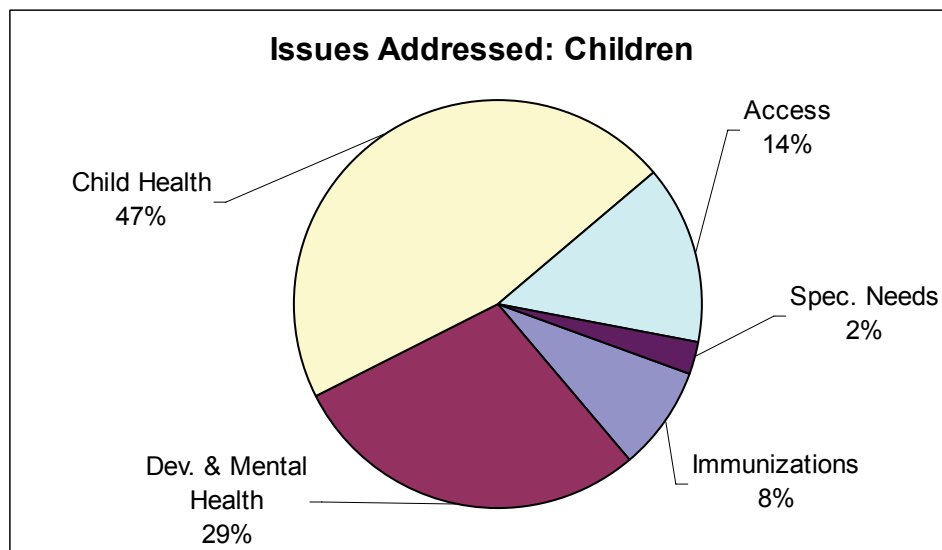
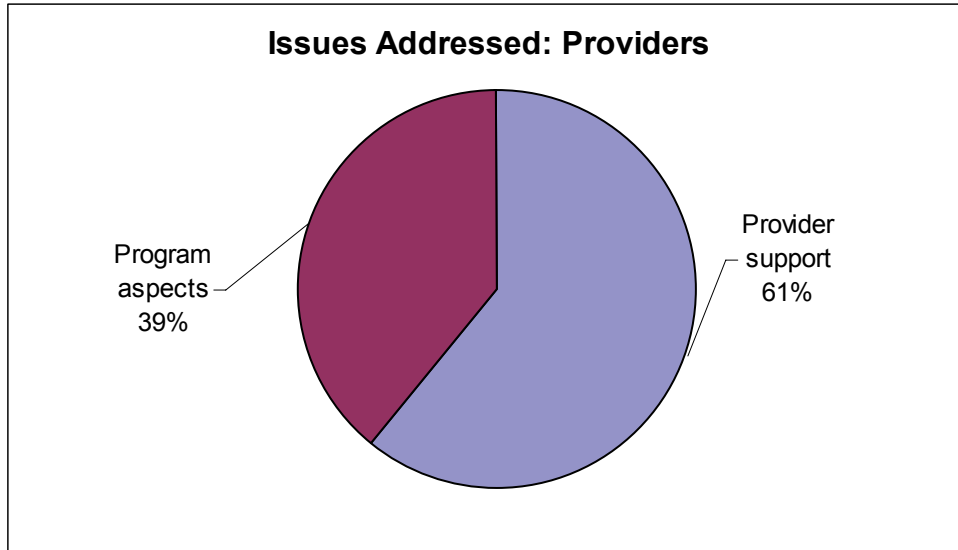


Figure U6 (below) shows the distribution of issues addressed that pertain to providers. Programming aspects, such as objectives, training, and evaluation accounted for 39% of these issues, whereas provider support accounted for 61%. This included issues such as their own health and well-being, business/practice issues, policies, et cetera.

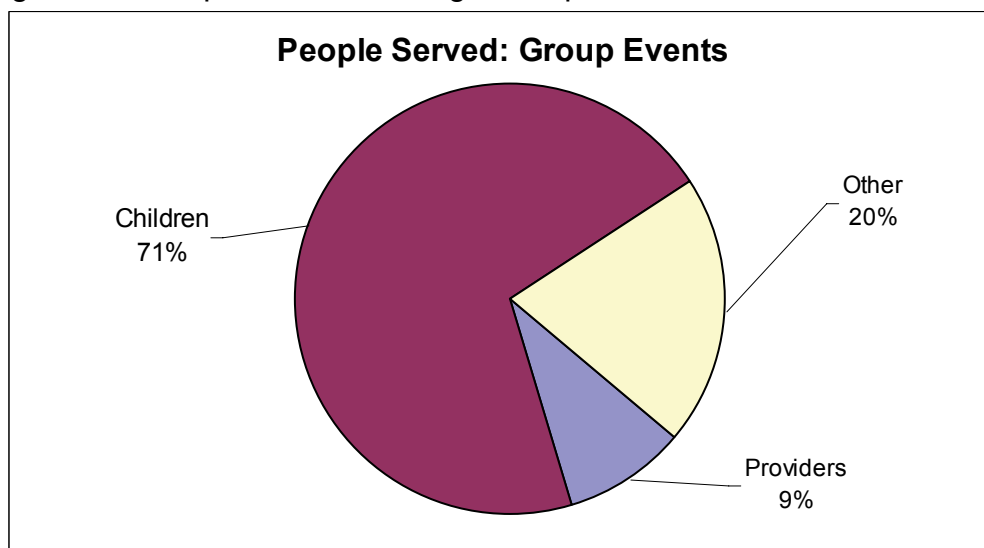
Figure U6. Issues Addressed: Providers



Providing support and encouragement was the most common intervention that occurred during contacts, followed by providing information and problem solving. Many issues were resolved during each contact, but other common follow-up plans included providing information or making a visit or phone call.

In addition to individual contacts with providers, another component of the CCHC program is group events. Sixty-eight (68) group events were logged during Phase IV in Union County. Four-hundred-nineteen (419) people were served. Figure M5 shows the breakdown of types of people served.

Figure M5. People Served Through Group Events



As Figure M5 shows, 71% of people served were children and 20% of people served were other individuals, such as agency staff and community members.

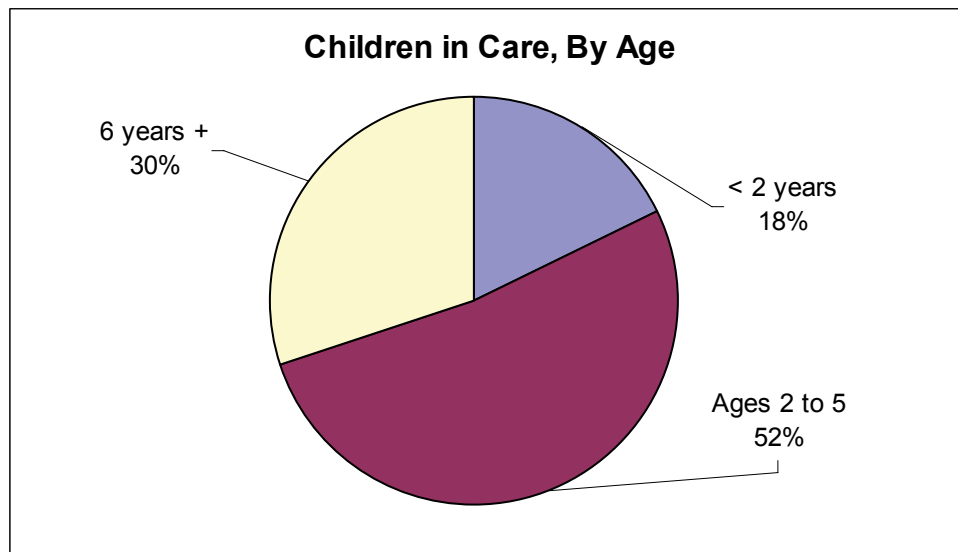
There are several types of group events, including trainings, events, mailings, focus groups, and overview classes. One-hundred percent (100%) of group events during Phase IV were trainings. The health consultant conducted 78% of the trainings. For specific information about training topics, please refer to the data tables in the appendix of the general report.

Intensive Consultation Services

Seventy-nine percent (79%) of providers were new to the CCHC program in Phase IV. Of those who received more intensive consultation services (i.e., site visits, record reviews, etc.), 83% had no prior involvement with the CCHC program. Of the overall contacts described above (i.e., in “Consultation Services”), 43% of providers were self-referred. Of those who received more intensive consultation services, 61% were referred by their local CCR&R. This group of providers who received more intensive services is who are described below (baseline n=18).

Seventy-eight percent (78%) of providers who received intensive consultation services were those in registered family homes. The average length of experience was 10.3 years. The range in age of children in care was 6 weeks to 12 years old. Over half of the children in care (52%) were ages 2 to 5 years. Figure U7 shows the distribution of children in care by age categories.

Figure U7. Children in Care, By Age

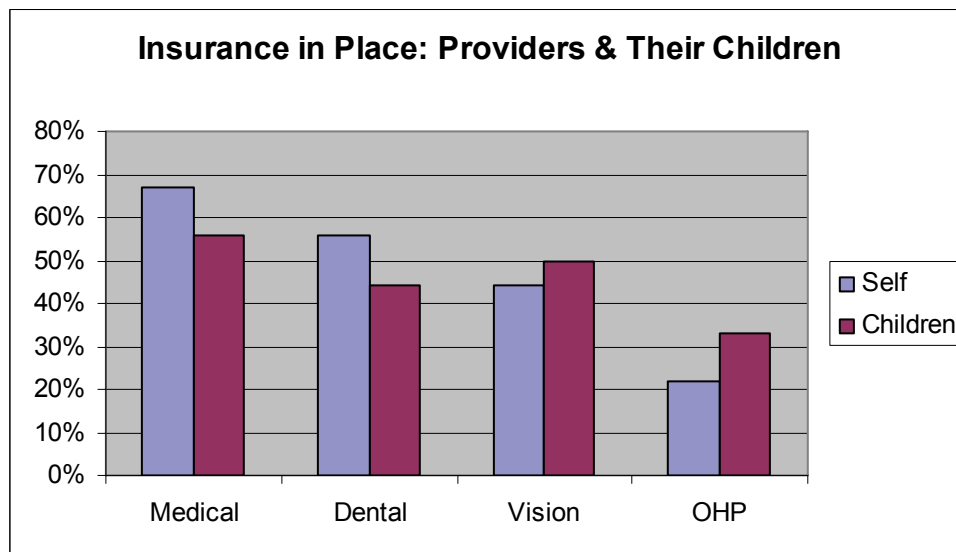


The 18 providers assessed at baseline reported having 1 child with special needs in their care. This accounts for 0.7% of the total number of children in care represented by these providers.

Providers were asked to disclose if they have insurance in place for themselves and their own children (i.e., *not* children in their child care practice). Figure U8 shows the

proportions of providers who have different types of insurance for themselves and their own children.

Figure U8. Insurance in Place for Providers and Their Children



As seen above, over half of providers have insurance in place for the medical needs of themselves and their children. Fifty-six percent (56%) of providers have dental insurance in place for themselves, and 44% for their children. Fifty percent (50%) have vision insurance for their children. Twenty-two percent (22%) of providers reported having the Oregon Health Plan (OHP) for themselves, whereas 33% has OHP for their children.

Child Care Assessment

The primary purpose of assessing providers at the baseline of their consultation services is to evaluate their levels of confidence in several areas of child care. By doing so, consultation is guided and targeted to what the providers indicate they need. The Self-Assessment tool was used by consultants for this purpose. Confidence levels were assessed again at the end of Phase IV using a retrospective pre-test methodology, and changes in levels of confidence were examined. Findings from this comparison will be described below (see page U-8).

Twenty categories related to the child care setting were assessed. Providers were asked to rate their levels of confidence in each area (high, moderate, mild, not at all confident). Providers reported feeling most confident (high + moderate) in the areas of environment (94%), emergencies (89%), sleep practices (89%), cleaning (89%), food preparation (89%), child development (89%), and access to healthcare (89%). The areas with the lowest levels of confidence were challenging behaviors (61%) and equipment (71%). Retrospective pre-test and follow-up change data are reported below (page U-8).

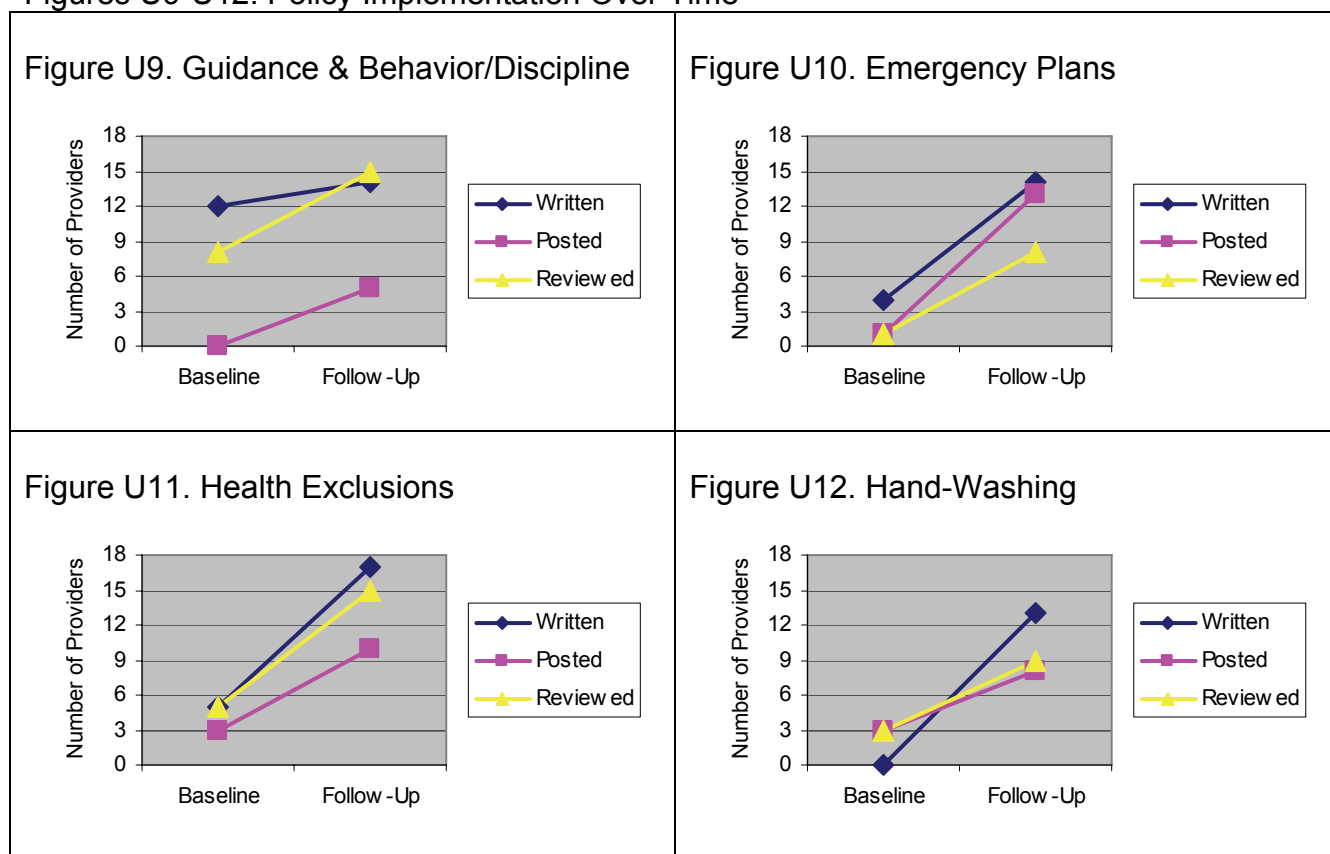
Record Review Data

In-depth baseline and follow-up record reviews were completed with 18 providers. At

baseline, 78% of providers reported using enrollment forms at registration. This figure increased to 94% at follow-up. Seventy-two percent (72%) of providers indicated that they used medical authorization forms at registration, and this figure increased to 100% at follow-up. The percentage of children with a medical provider indicated in their records increased from 62% at baseline to 73% at follow-up. An increase in dental providers was found: 36% at baseline and 47% at follow-up.

Part of the one-on-one record review consisted of reviewing the providers' use of policies. Four types of policies were examined: guidance and behavior/discipline, emergency plan, health exclusions, and hand-washing. Three levels of policy implementation were noted: written, posted, and reviewed. In general, the use of policies and levels of implementation increased from baseline to follow-up. Figures U9 through U12 depict each policy and implementation over time by the 18 providers.

Figures U9-U12. Policy Implementation Over Time

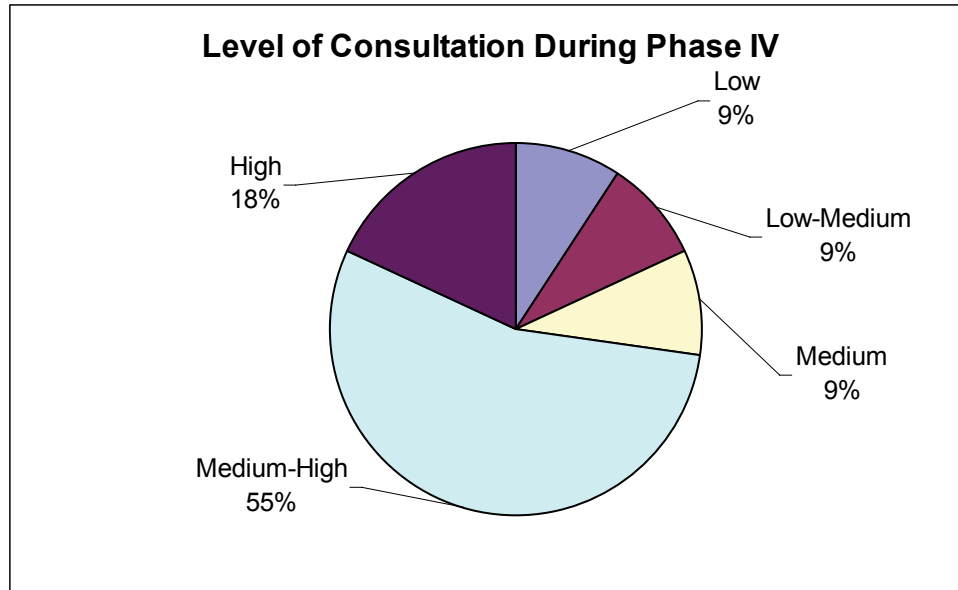


Child Care Provider Follow-up Survey Data

Changes in providers' characteristics and levels of confidence were assessed by having providers complete a Provider Survey at the end of Phase IV. In addition to reassessing levels of confidence, providers were asked questions regarding their levels of satisfaction and impact of consultation in the child care environment. Providers were offered a \$10 incentive for completion of the Provider Survey and surveys were mailed directly to the evaluator. A total of 11 providers completed a Provider Survey.

At follow-up, providers were asked to rate the level of consultation they received during Phase IV. Figure U13 shows the distribution of level of consultation received.

Figure U13. Level of Consultation During Phase IV



Seventy-three percent (73%) of providers surveyed reported receiving medium-high or high levels of consultation services during Phase IV. Eighteen percent (18%) of providers reported receiving medium or low-medium levels of consultation.

At the end of Phase IV providers were asked on the Provider Survey to again rate the 20 categories related to child care with regard to their levels of confidence. They rated their levels of confidence at the end of Phase IV (follow-up), and they also reflected back on how confident they were at the beginning (retrospective). The following figures (U14-U21) depict provider levels of confidence as reported on the Provider Survey (retrospective and follow-up). The retrospective and follow-up data contains responses from 11 providers.

Figures U14-U21. High Levels of Confidence: Retrospective & Follow-Up

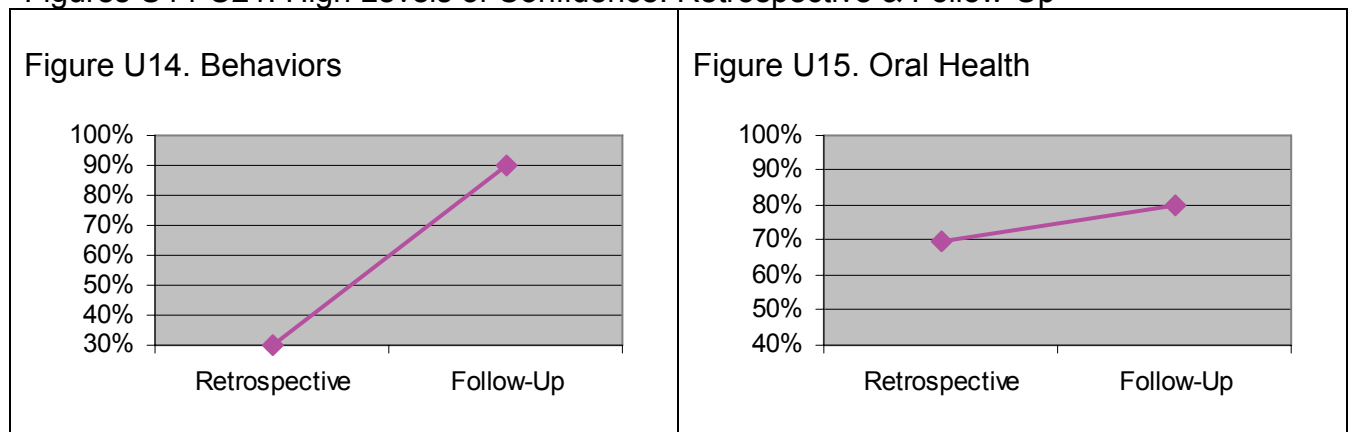


Figure U16. Special Needs

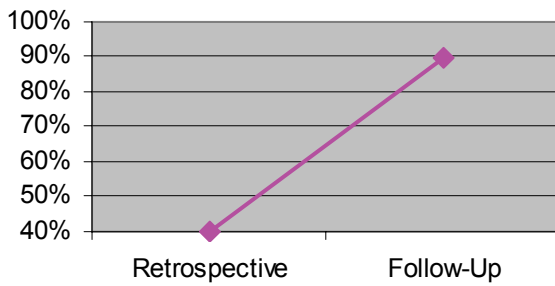


Figure U17. Guidance & Discipline

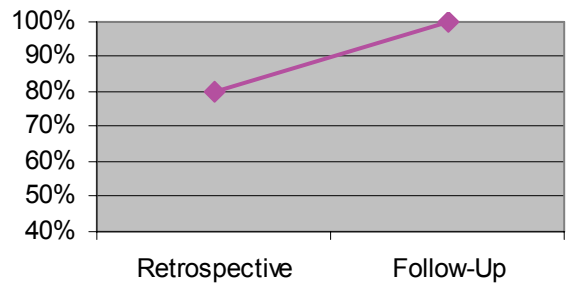


Figure U18. Access to Care

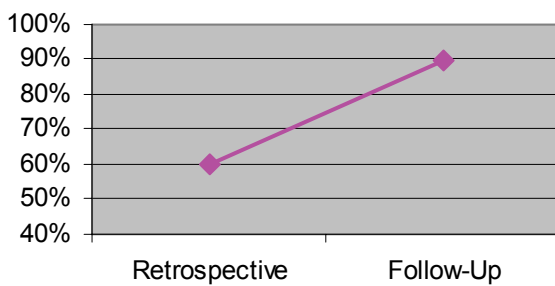


Figure U19. Illnesses/Immunizations

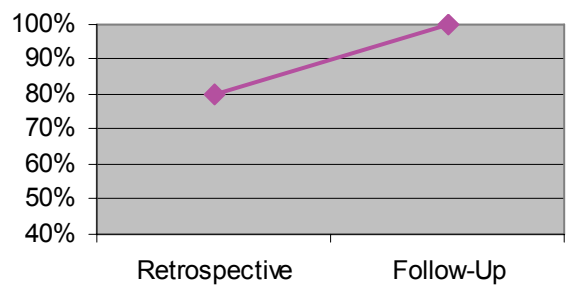


Figure U20. Child Development

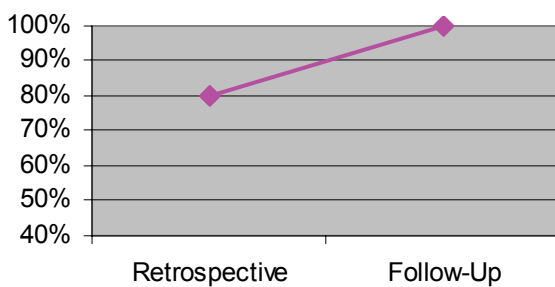
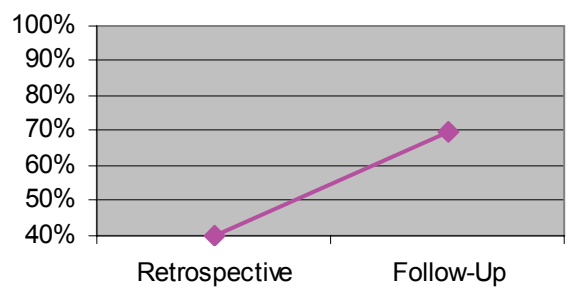


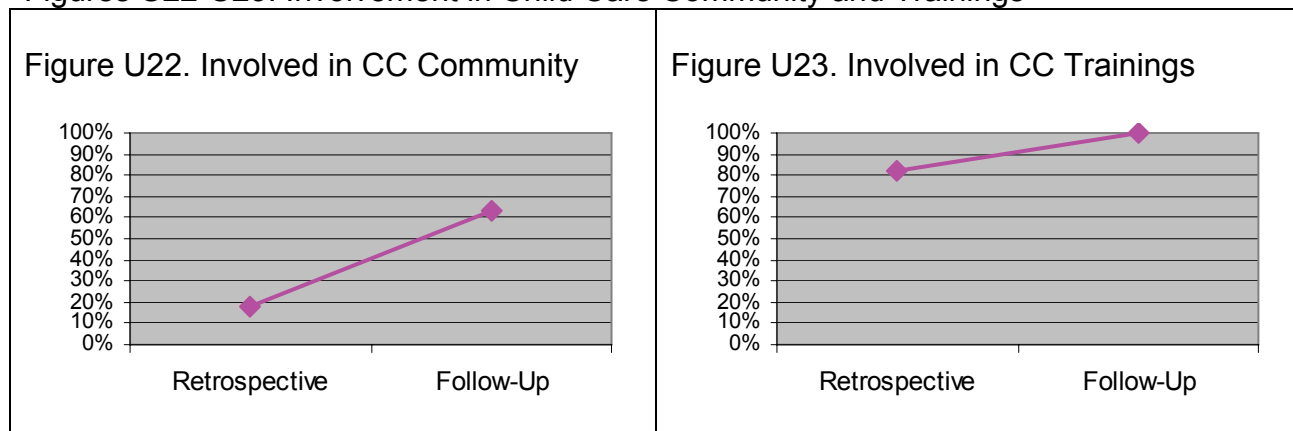
Figure U21. Policies



As the above figures depict, these categories showed considerable increases in high levels of confidence over time. Based on these findings, it appears that the CCHC program met many of its objectives during Phase IV in Union County, as providers' levels of confidence increased in several key areas.

Providers were asked to indicate if they were involved in the local child care community and in child care trainings. Again, they rated themselves retrospectively, as well as at follow-up. Figures U22 and U23 show the findings

Figures U22-U23. Involvement in Child Care Community and Trainings



As seen above, providers rated being much more involved in their local child care community at the end of Phase IV than they were at the beginning.

The final set of questions on the follow-up survey was related to quality of and satisfaction with the CCHC program. Table U1 outlines the percentages of providers who answered affirmatively to each question.

Table U1. Quality of and Satisfaction with CCHC Program

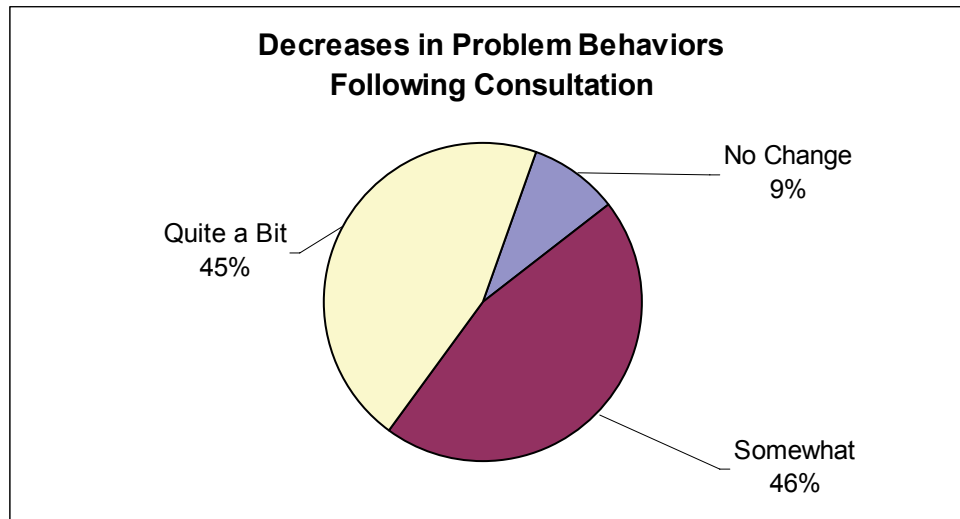
Item	Percentage of “Yes” Responses
The formal trainings offered through the CCHC program have been helpful.	100%
The individual consulting offered by the CCHC has been helpful.	91%
The CCHC was knowledgeable about child care health and safety issues.	100%
The CCHC was available to me when I had a question or needed help.	82%
The CCHC responded to my questions/needs in a timely manner.	91%
Overall, I am satisfied with the Child Care Health Consultation program.	91%

As the numbers indicate, providers rated the CCHC program highly, both in terms of quality and satisfaction.

Consultation on Challenging Behavior

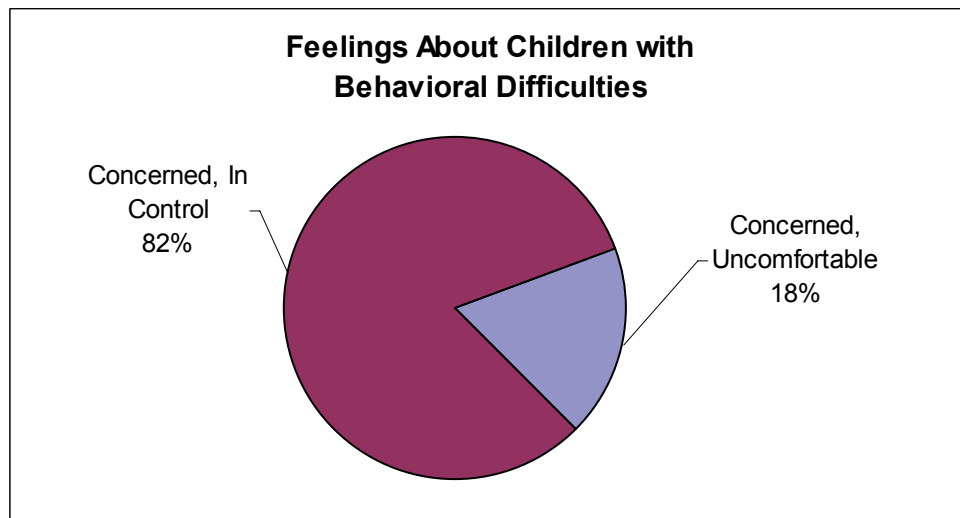
Consultants worked with child care providers on a variety of social and emotional development and behavior issues using concepts from the Promoting First Relationships (PFR) curriculum. On the follow-up Provider Survey, providers were asked if they experienced a decrease in problem behaviors in their child care setting as a result of CCHC training and/or consultation. Figure U24 shows the distribution of responses from the 11 providers who completed a follow-up Provider Survey.

Figure U24. Decreases in Problem Behaviors Following Consultation



As shown above, 91% of providers noted a decrease in problem behaviors (i.e., “quite a bit” or “somewhat”) as a result of CCHC training and/or consultation. Providers also were asked to indicate their personal feelings about children with behavioral difficulties. Figure U25 shows the categories and responses.

Figure U25. “How do you feel when a child in your care has behavioral difficulties?”



As seen in Figure U25, 82% stated that they feel concerned but in control. Eighteen percent (18%) noted feeling uncomfortable, and 0% described their feelings as anxious.