Early Childhood Support Services Gap Analysis

PREPARED FOR

GRAYS HARBOR COUNTY
PUBLIC HEALTH

BY

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Introduction

Grays Harbor engaged with Health Management Associates to conduct an assessment and gap analysis of the early childhood services and supports for the community. The analysis was conducted over the course of a three-month period in early 2023. This assessment included stakeholder engagement through key informant interviews with 10 organizations, two surveys (one for providers and one for community members), one community forum and two provider forums. Both the community survey and forum were accessible to people who speak Spanish as a primary language. The assessment incorporated geo-mapping and accompanying data analysis. Analysis was conducted of demographic data sets and key performance indicators available through both publicly available and subscription-based sources. The assessment below includes a summary of the background and methodology, themes from both providers and community, and considerations for future state.

In addition to direct engagement in Grays Harbor, the Health Management Associates team reviewed relevant statewide early childhood assessments, to give Grays Harbor a perspective with how the community is performing with respect to the broader Washington State ecosystem. Specifically, the following assessments were considered:

- 2020 Washington State Early Learning Needs Assessment (published by the WA Department of Children, Youth, and Families)[i]
- 2020 Washington State Home Visiting Needs Assessment (published by the WA Department of Children, Youth, and Families, Washington Department of Health, and the Ounce)[ii]
- 2021 Accelerative Progress for Infant and Early Childhood Mental Health in Washington Issue Briefs (published by the Perigee fund)[iii]
- 2022 Child Care in Grays Harbor County (published by Child Care Aware of Washington)

Background and Methodology

Overview

A mixed method design was used to gather data about early childhood services and supports in Grays Harbor County. HMA used the following methods to learn about the services, gaps, and perceptions of the early childhood system of care in Grays Harbor County. HMA, in collaboration with Grays Harbor Public Health:

- Designed and deployed two community surveys, one in English one in Spanish
- Designed and deployed a provider survey for early childhood providers across the continuum of care
- Hosted a community forum, with both in person (facilitated in English) and virtual (facilitated in English and Spanish) options for participation
- Conducted two provider focus groups with the Grays Harbor Early Childhood Coalition

- Conducted 10 key informant interviews with local early childhood leaders, including program directors (Department of Children, Youth and Families, ECEAP, local resource and referral connection through Child Care Aware, Help Me Grow, Arc of Grays Harbor, South Sound Parent to Parent, child care center owner, pediatric medical provider, and an early childhood navigator).

Additionally, the Health Management Associates team reviewed the following sources:

- Reports and data from statewide and county-focused early childhood assessments
- Data that is measured by scorecards from a variety of publicly available and subscription sources including: American Community Survey, CDC, and ESRI.

Lastly, the HMA team examined the Grays Harbor Community from a geo-mapping lens that included publicly and subscription-based census tract demographic and SDOH information, and early childhood services and supports across the continuum of care.

HMA examined the early childhood system of care both quantitatively and qualitatively. There was a strong community and provider engagement in data collection and a general congruence amongst the feedback obtained through surveys, key informant interviews, and community and provider forums. This gives us a high degree of confidence in the gaps and strengths identified in the report.

Forums and Key Informant Interviews

A diverse set of qualitative data was collected through provider and community forums and key informant interviews. Two provider forums were conducted virtually during the Grays Harbor Early Learning Coalition meetings. One community forum was conducted, with the option to attend virtually (facilitated in English and Spanish) and in person in English. Forums and interviews were semi-structured and guided by a set of questions developed to understand the current status of early childhood services and supports in Grays Harbor County and opportunities for change. Detailed interview notes were taken in each interview and forum and subsequently reviewed for themes, which are summarized in the results section below.

Surveys

Two surveys were developed and administered as part of the gap analysis: a provider survey and a community survey. Both were administered online through the Qualtrics platform. Copies of the surveys are included in **Appendix A**. Survey participants were recruited through a variety of means, including direct emails to providers, advertisement through Grays Harbor County Public Health, and through discussion at community and provider forums.

Provider Survey

The provider survey was completed by 52 individuals representing early learning/child care, parent support, and public health. Of note, there were key early childhood perspectives that were missing amongst the provider survey respondents, including pediatric primary care, prenatal/postpartum services, and developmental and other specialized therapy providers (e.g., speech and language, motor

therapies, mental health consultation). This may in part reflect the small numbers of these provider categories within Grays Harbor. This gap in respondents was considered in summarizing the results of this analysis and developing the accompanying recommendations. Of the providers who responded to the survey, 2 identified as executive leaders, 16 identified as individual contributors (e.g., teacher, therapist, physician, home visitor, etc.), 5 identified as holding a supervisory role, 11 identified as a program manager/director, and the remaining identified as other or did not answer.

Community Survey

The community survey was completed by 164 individuals, 156 who completed the survey in English and 8 who completed the survey in Spanish. The survey was open to individuals who currently had children under five living in their home, individuals who had a child under five living in their home during the previous two years, and parents of children under five who did not have the child living in their home. Survey respondents were predominately white (71%) and spoke English as their primary language (93%). The race/ethnicity of survey respondents is presented in **Figure 1** below. The bulk of the respondents (82%) were parents of a young child, with the remainder of respondents being foster/adoptive parents, grandparents, or other family members of a young child. While we received survey responses from individuals throughout the county, the bulk of respondents lived within Grays Harbor's most populated areas (e.g., Aberdeen, Hoquiam). A map with the density of survey responses by zip code is included in **Figure 2** below. Respondents included individuals with a range of ages in their household (see **Table 1** below).

Figure 1 The race/ethnicity of survey respondents

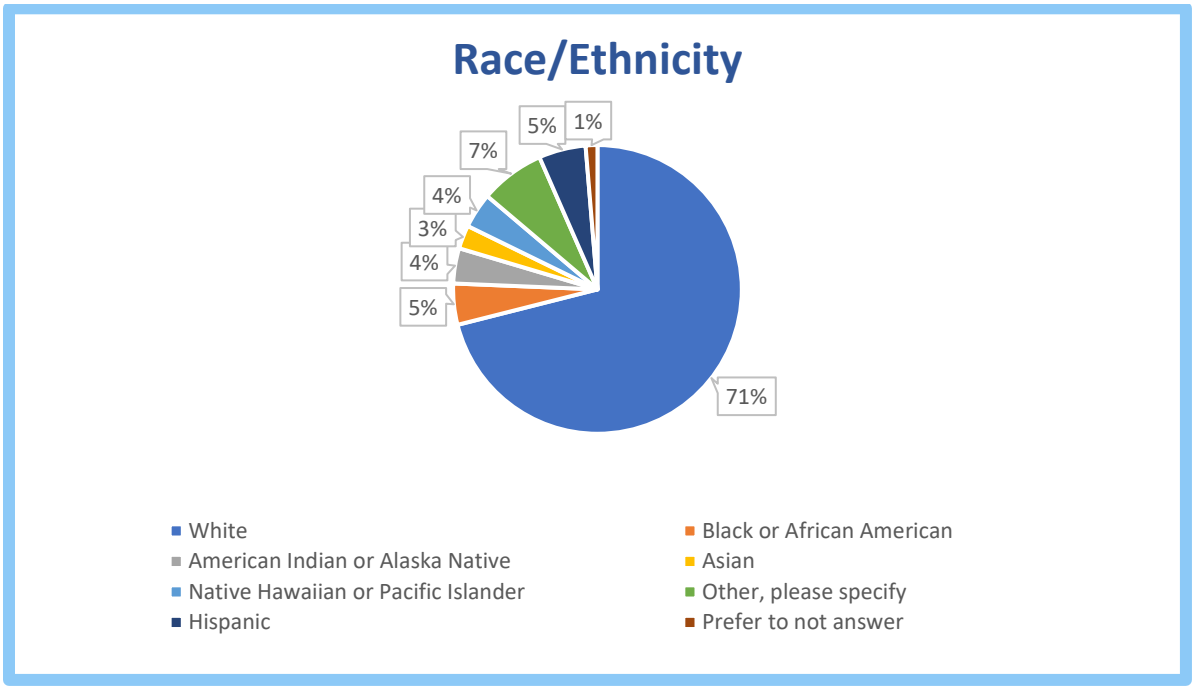


Figure 2 A map with the density of survey responses by zip code

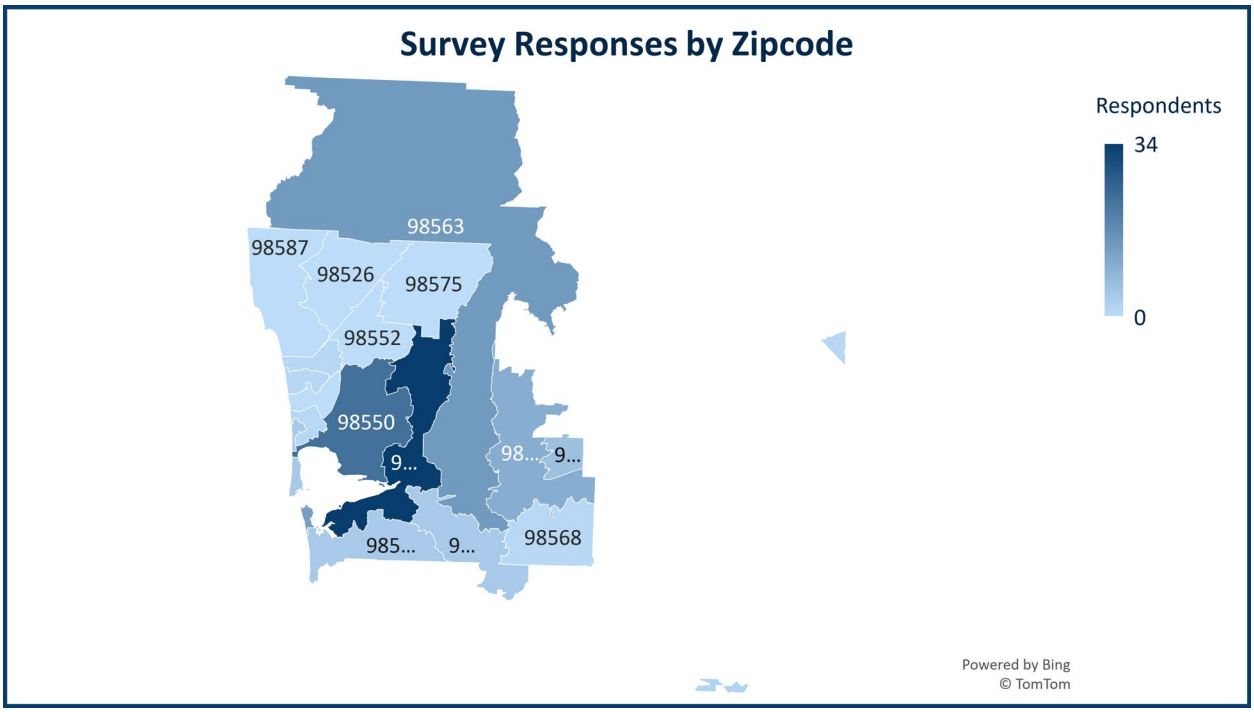
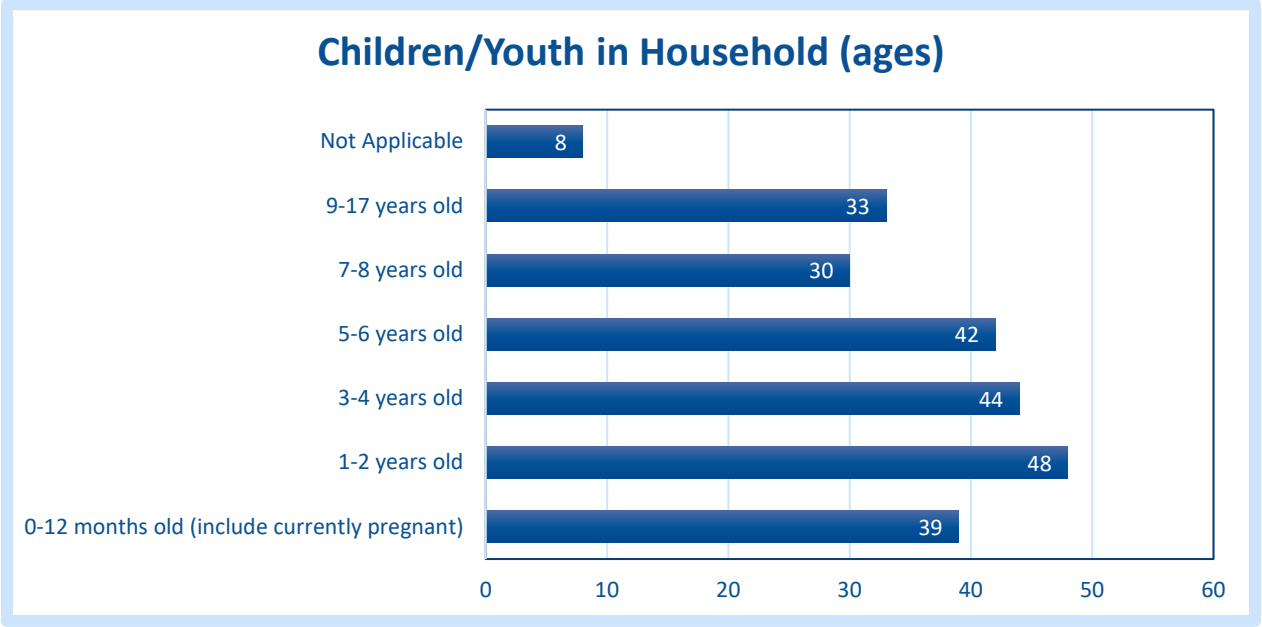


Table 1 Age ranges in households



Secondary Analysis and Dashboard

By examining publicly available and subscription-based data sets at the Census tracts level, along with the locations of providers in the region, we were able to create dashboards of Grays Harbor County. Using this map of the population centers by population type, combined with the pinpoint locations of providers, we were able to analyze where specific gaps exist in the early childhood health offerings within Grays Harbor. This was particularly useful in the context of feedback that lack of access to transportation is a gap area in the region. Data were also limited to very high poverty density tracts benchmarked to the county and state in comparison tables. Data can inform efforts to improve the access to resources in targeted regions that have the most need.

Results of the Early Childhood Support Service Gap Analysis

Analysis from Data Dashboard

This data analysis offers several opportunities for further evaluation and potential intervention. Overall, the County has a shortage of childcare and pediatric primary care resources. See **Figure 3** for overall resource availability by type in the County. However, two geographic areas seem most affected by gaps in the provider network. Oakville has a high percentage of children ages birth to four experiencing poverty and few to no available early childhood services. The Oakville area has only one family engagement and Head Start/ECEAP/Preschool program. On the other hand, Moclips/Ocean City has a high percentage of white children ages birth to four experiencing poverty and few to no available early childhood services. The Moclips/Ocean City area has only one Head Start/ECEAP/Preschool program. Families in the Ocean Shores area lack access to licensed child care providers. There is only one provider in the Ocean Shores region. In the Aberdeen area, the population has a high percentage of people who are experiencing poverty and a limited number of licensed child care resources (6 for a population of over 1,700 children under the age of 5 years). Access to pediatric services is also notably limited. Specifically, Westport does not have a pediatrician for its more than 150 children under 5 and Ocean Shores only has 1 pediatrician for its more than 200 children under the age of 5. **See Figure 4**

The data analysis shows that Grays Harbor is experiencing population growth among youth ages 0-5 in the Elma area. This is notable for future planning in determining where to focus efforts to increase service capacity. **See Figure 5.**

Figure 3 Resource Availability by Type

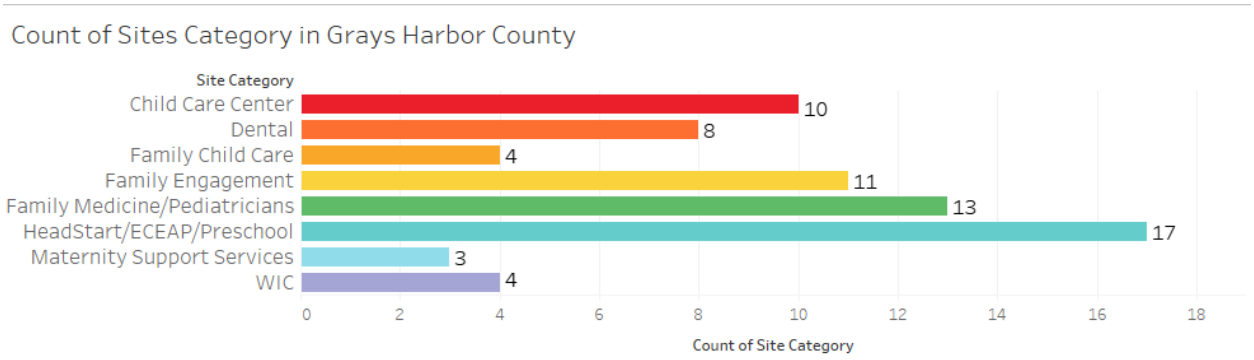
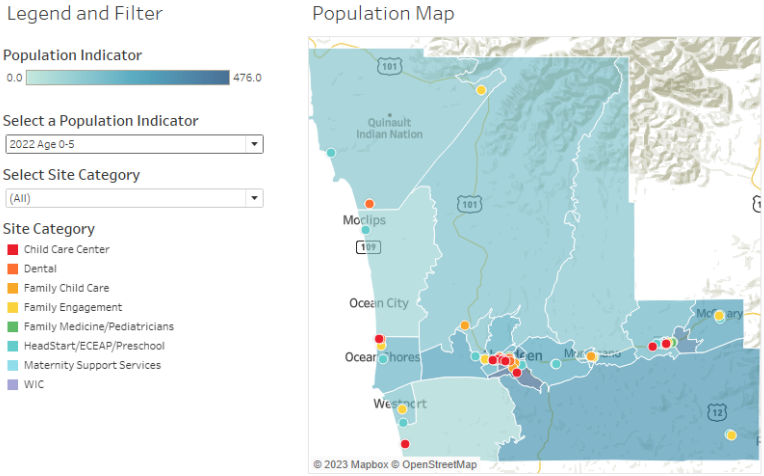
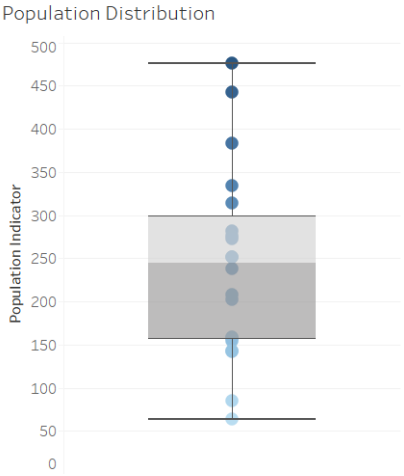


Figure 4: Population of Youth Aged 0-5 and Site Locations by Type



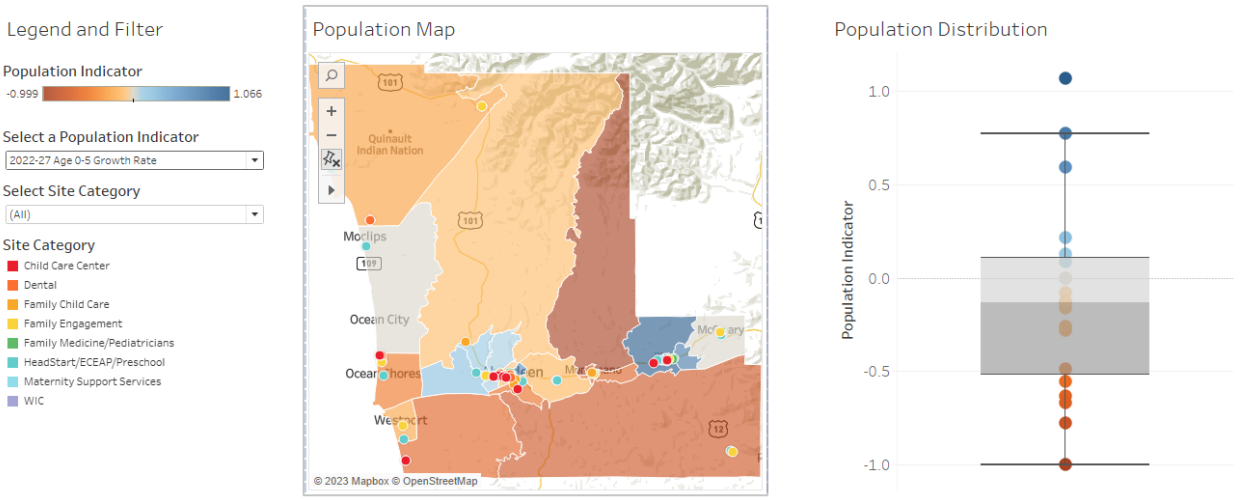


Population Comparison Tables

Very High Growth Rate Tracts		Grays Harbor	Mason & Pacific	Washington
2022 Total Population	11,219	76,176	90,260	7,895,191
Avg. 2022 Age 0-2 % of Total Population	3.99	3.18	2.54	3.38
Avg. 2022 Age 3-5 % of Total Population	4.07	3.26	2.68	3.43
Avg. 2022 Age 0-5 as a % of Total Population	8.06	6.44	5.22	6.81
Avg. 2022-27 Age 0-5 Growth Rate %	0.81	-0.12	-0.04	0.36
Avg. 2022 Child Dependency Ratio	377	300	270	316
Avg. 2022 Population Density	7,356	5,188	3,752	40,659

Definition(s):
A low **child dependency ratio** means that there are sufficient people working who can support the dependent population. A higher ratio indicates more financial stress on working people.
A very **high growth rate** means that there is a high compound annual growth rate of children age 0-5 projected in 2022 to 2027. There is one small tract in Aberdeen and two tracts in Elma that were flagged as outliers for very high growth rate (see first comparison table).
Population density means population divided by square miles.

Figure 5 Population Growth Youth Aged 0-5



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Themes Shared by Community Providers and Key Informants

Overall, early childhood providers in Grays Harbor reported a need for a greater number of providers across disciplines (e.g., pediatrics, dentistry mental health, developmental therapies, and child care). Providers cited key systems issues, including the need for improved compensation for early childhood providers and challenges with staff retention within the field. Additionally, providers highlighted the need for greater access to services, and affordability of those services for all community members. There were several key themes that emerged from providers, which are described below.

Lack of Timely Access to Key Services

Across the provider survey, key informant interviews, and provider forums, respondents spoke to a lack of early childhood specialty services. This gap includes a range of specialties, such as early childhood mental health, developmental therapies (speech therapy, occupational therapy, physical therapy), and services for children with particular diagnoses (e.g., Autism Spectrum Disorder) or experiences (e.g., young children who have experienced trauma). Respondents described that this lack of specialty services results in long wait times and missed opportunities for appropriate early intervention. Interview respondents noted that, for services that are designed to be home-based (e.g., Part C Early Intervention), there is a lack of capacity/willingness to provide home visits in certain geographical regions of the county. This was echoed in the provider survey, where respondents noted the need for

providers who are willing and able to work with young children and their caregivers in school and home-based settings. One particular theme that emerged around services in school/child care settings was the lack of access to intensive supports for children displaying significant emotional, behavioral, or developmental needs. Several respondents noted isolated examples of providers who were willing to come into the child care setting to provide both services to the child and coaching to the classroom teachers but noted that these examples are the exception rather than the rule and that there is a significant need for additional support in this area.

Heavy Reliance on Informal Connections

Providers describe a lack of centralized resources for accessing information about entire continuum of early childhood supports. Data from both interviews and the provider forums demonstrated the key role that the early learning coalition provides in coordinating early childhood providers. However, the coalition lacks representation from certain segments of the early childhood continuum and needs additional resource-support to maximize collective impact. Survey responses indicated a desire for a resource center and associated website that could clearly direct families to available resources.

Variability in Developmental and Behavioral Screening

It was difficult to obtain a complete perspective on the status of routine developmental and behavioral screening in Grays Harbor. This was the result of several factors, including that we received limited input from pediatric providers in completing this assessment. From interview completed, it appears that there are pockets of standardized screening (e.g., within ECEAP providers), but that consistent developmental and behavioral screening of children birth to five is not happening at scale.

Child Care Access

Lack of child care access came up repeatedly as a theme amongst providers. Providers highlighted access concerns generally, but also noted specific segments of the population for whom they observe that access challenges are the greatest. These included:

- Families who do not qualify for Working Connections subsidy
- Families who need infant or toddler care
- Families who need care for children with complex emotional, behavioral, and developmental needs

This observed lack of capacity has likely been worsened by a decrease in available child care slots in Grays Harbor following the COVID pandemic. In their 2022 Grays Harbor brief, Child Care Aware of WA reported that the number of child care providers in Grays Harbor dropped from 48 to 38 between 2017 and 2021, with the resulting loss of nearly 200 child care slots. The specific access challenges noted above are consistent with patterns at the state level, with gaps in infant/toddler care and children with complex emotional, behavioral, and developmental needs identified as key focus areas in the 2020 statewide early learning assessment.

Transitions of Care

Providers noted challenges that emerge when children and families are at transition points within their care. These included both age-related transitions (e.g., when a child is receiving Part C Early Intervention Services and transitions to Part B services through the school district at age 3) and transitions related to levels of care (e.g., when a home visitor identifies a family needing more intensive supports and makes a referral to a specialty provider). As noted regarding informal connections above, there is a reliance within these transitions on individual relationships between existing providers and individual provider knowledge about the range of available supports at these transition points. This lack of systematic supports for transitions of care is likely leading to loss of access to support at transition points for some children and families.

Culturally and Linguistically Appropriate Care

Survey respondents emphasized the need for culturally appropriate early childhood services within Grays Harbor. This includes both culturally relevant resources (i.e., printed, and online materials) provided in the family's primary language, as well as increasing the diversity of the early childhood workforce such that families are able to access culturally relevant services in their language of choice. Providers noted that community members have access to services in Spanish both through La Leche League and WIC but cited language gaps in other services. Additionally, providers noted that translating materials is necessary but not sufficient, and that printed and online materials also need to be reviewed and adapted for cultural relevance.

Themes Shared by Community

Lack of Timely and Affordable Access to Key Services

When asked "What are the top three things that Grays Harbor needs to better meet the needs of young children (prenatal to five years of age) and their families?" comments from the survey overwhelmingly cited a lack of sufficient providers for key early childhood services as priority area of need. While comments focused on services across the continuum of care, access to pediatric primary care and early childhood mental health services stood out as the most significant areas of need. Community members described having to travel regularly to Olympia or Tacoma for the critical early childhood specialty services (e.g., developmental therapies such as speech and occupational therapy). Community members also describe significant drives within or outside of the county to access pediatric primary care. In one example, a community noted, "*For our care we have to drive all the way to Elma because it was easier finding primary care there for my kid than in Aberdeen/Hoquiam. This lack of primary care is a huge barrier*." Importantly, community members also cited how the limited number of providers creates challenges when services are discontinued with a provider due to barriers that may be outside of the family's control. For example, if there is only one speech-language pathologist accepting young children and the provider discontinues services when a family has several missed appointments, the family is then left with no providers with whom they can seek services for their child. One community member described waiting for services for 6 months because services for their child were discontinued due to missed appointments following transportation barriers.

Heavy Reliance on Informal Connections

Community members echoed providers' description of Grays Harbor's heavy reliance on word of mouth, friends, and other informal networks for connecting to early childhood services. Participants in the community forum described seeking out one particular family support person with whom they had worked when their older children were young because, though this person no longer provided the same service, they did not know who else to turn to. Other participants found connection points within their child's child care/preschool and relied heavily on these individuals for connection to a broad range of early childhood services and supports.

Access to Basic Needs (Child Care, Infant Supplies, Transportation)

Like providers, participants in the community forum and survey reported significant challenges with access to affordable child care. This appeared to be most pronounced for families who were not eligible for Working Connections Child Care subsidy and/or whose children were presenting with behavioral, developmental, or emotional needs that resulted in their children being asked to leave programs. Example comments from community members listed below:

- *Child care is ridiculously high and not affordable. The criteria to get help when being a middle-class family phases you out to get the help. I have to decide whether to give almost my whole check to child care or not be in the workforce anymore.*
- *I attempted for two years to get my toddler in to preschool. Was on a chronic waitlist as my child did not qualify income wise [i.e. for ECEAP] or any deficits (had him screened at an Elementary School) so we had 0 preschool option in our area.*
- *I don't qualify for help from the state for paying for child care but cannot afford child care. I had to quit my job to care for my child. The amount of money I would be paying for child care is more than I would be taking home.*
- *My preschool age child, who is hyperactive, has had a hard time finding a preschool that doesn't ask an active child to leave.*

Community members also noted a lack of access to other basic needs services for families struggling financially, including infant supplies such as formula and diapers, as well as reliable transportation resources.

Recreation and Support for Families with Young Children

Community members highlighted a significant need for more recreational spaces for young children and their caregivers to gather and connect. When asked about what early childhood supports are missing in Grays Harbor that are accessible elsewhere, survey respondents highlighted the need for playgroups, parent support groups, and safe indoor and outdoor gathering spaces that they have seen in other communities. Representative example needs are listed below, in the community members' words:

- *Local access to indoor playgrounds/playgroups, activities for parents and children to gather to support one another.*
- *Play groups, parental support groups. They're helpful because they connect you to real people and expand your safety net.*

- *Moms are disconnected. There is a Facebook group for moms of Grays Harbor and I continually see people asking for friends. There's no public access spaces that welcome children other than the library.*

Strengths

Several strengths were noted when conducting the gaps analysis, including:

- Community access to mobile autism supports
- A dedicated and connected early learning coalition that is focused on bridging gaps between providers and building capacity across early childhood systems in Grays Harbor
- Deep community engagement in the gap analysis process

Considerations for Future State

Opportunities for Parent Support and Connection

Increasing access to facilitated play groups is an effective strategy to decrease parental isolation and support parents in connecting to resources, while also providing key developmental and socialization opportunities for young children. Timberland Regional Library currently offers one such opportunity through their Kaleidoscope Play and Learn (KPL) group. This is an evidence-based model (designated as a Promising Practice by the Washington Evidence-Based Practice Institute) developed in Washington that could be expanded county-wide and could address a number of the needs identified in this assessment (https://www.childcare.org/family-services/find-care-kaleidoscope.aspx). KPL could be offered in a variety of locations across the county, including in geographical areas and for cultural and linguistic communities where access to other early childhood supports is scarce. Additionally, the model could be enhanced to address other needs as relevant, such as providing developmental screening opportunities, on-site connection to other resources, or access to infant supplies such as diapers and formula.

Resource Navigation

WA state has invested resources in the statewide Help Me Grow system. However, many in Grays Harbor do not currently see this as a useful resource. In order maximize the value of this directory, current resources need to be identified and provided to Help Me Grow to populate the database. This requires dedicated resources that the community lacks currently. In some areas of Central WA, the community has requested specific support from the Help Me Grow system to fund a position that is locally based in the community but funded by Help Me Grow. This position serves a dual role of providing system navigation support to families in need and populating the statewide database with Grays Harbor specific resources. While there is not currently funding available for another community, Grays Harbor can request Help Me Grow to work with them to request the role through DCYF.

Another important aspect of the support that Help Me Grow can provide Grays Harbor is the development and hosting of a Grays Harbor branded website that includes a search engine for early childhood supports and basic need resources. The site can have the look and feel of the local community while being populated on the backend by the statewide Help Me Grow database. If paired with the Help

Me Grow funded Navigator who is populating the database, this could create a go-to resource hub for the community. The early childhood coalition proposed the name, "The Harbor Hub," as a potential name for a site of this kind.

Parent Partners

Some of the key strengths of Grays Harbor are the parent educator programs and the informal parent support that occurs at the library during story hours, and at Parent to Parent and parent educator offerings. To bolster this natural support and ensure that more families have access to this important form of peer support, Grays Harbor could fund a pilot to employ several paid partners to help with navigation and support to families. Similar to the role of a certified peer specialist, a parent partner is someone who has lived experience with navigating through and advocating for their own family member or foster children and is familiar with the resources in the community. Parent Partners for children and youth in the behavioral health system of care can be certified through WA state's certified peer support specialist training program. The WA state Medicaid State Plan Amendment (SPA) allows behavioral health agencies to submit encounters and be reimbursed for parent peer services for children and youth who are involved in the publicly funded behavioral health system. Grays Harbor might also want to consider piloting funding 1-2 parent partners whose lived experience with a family member includes early childhood supports in addition to, or instead of behavioral health services. Some programs to learn about include:

- Guided Pathways Parent Partner program: https://www.guidedpathways.org/services/parent-support/
- National Federation of Families Peer Specialist Certification program: https://www.ffcmh.org/certification/
- WA State Certified Peer Support/ Parent Partner Training: https://www.hca.wa.gov/billers-providers-partners/program-information-providers/peer-support

Family Resource Center

A family resource center model could be an effective solution to address many of the gaps identified in this assessment. This place-based model involves creating a "one stop shop" for families seeking support. Accessible supports in such a model often range from basic needs (e.g., infant supplies), family support through play groups, parent groups, and other recreational activities for young children and their families, access to developmental screening and navigation to specialty services. These supports are provided in one family-friendly physical location, and often include co-located services with other providers. At the core of this approach is a two-generational (2Gen) framework, where support is provided simultaneously to both parent and child.

- The Aspen Institute has a variety of online resources describing the principles of the 2Gen approach, as well as practice examples where a family resource center (or similar model) has been effective (https://ascend.aspeninstitute.org/2gen-approach/).
- Children's Home Society of WA (https://www.childrenshomesociety.org/) implements Family Resource Centers across the state. Their centers are community-driven, such that the resources

within a given center are guided by the needs within that community. Supports range from basic needs (e.g., diapers and clothing) to parent support and mental health services. They could be an effective service and/or thought partner in the design of a family resource center model.

Early Childhood Workforce Development and Technical Assistance

In the world of early childhood development and early intervention, wait time for access to resources such as mental health supports and occupational, physical, or speech therapy can translate into impacts that become more difficult to address as time progresses. One idea that providers shared in the early childhood coalition meeting/ provider forum was to have specialists train and mentor with technical assistance, front line primary care and other staff in basic support activities that can be done by a layperson that can help a child while they are waiting for these critical therapy services. This could be achieved through the current ESIT system and/or a partnership with the local college and could be a key workforce development pipeline for training local students in these essential skills.

Another type of training that Public Health could partner with providers and other partners to offer is training and awareness around early childhood screening and how to connect children and their caregivers to resources when a screening shows potential delays or needs for additional support.

Child Care Access

Addressing the gaps in child care access identified in this report is challenging and complex, as the gaps are reflective of state and national challenges within the child care system that were exacerbated during the COVID pandemic. One critical component in addressing these challenges is in acknowledging the variability of settings in which children birth to five receive daily care and considering solutions to bolster each of these provider types. While licensed, center-based care and ECEAP are critical components of the system, there is a high percentage of young children in Washington, including in Grays Harbor, who are served through either Family Child Care Providers or Family, Friend, and Neighbor (FFN) care. Several considerations for improving access to care are described below:

- Provide education and support to increase access to statewide supports (including subsidy) for FFN providers through the WA Department of Children, Youth, and Families. https://www.dcyf.wa.gov/services/early-learning-providers/ffn
- The Washington Department of Commerce issues grants for child care facilities construction and renovation (https://www.commerce.wa.gov/building-infrastructure/capital-facilities/early-learning-program/). This grant mechanism could provide key funding support for increasing center-based care in Grays Harbor.
- Providing technical assistance and support to providers around children with complex developmental, behavioral, and emotional needs is a key strategy to increase access to care for this population of children. Grays Harbor currently has access to mental health consultation through Child Care Aware of WA, and birth to three ESIT providers (e.g., South Sound Parent to Parent) have capability to provide developmental supports and coaching to teachers in child care environments. The key informant data gathered here suggest that both of these supports are underutilized. There could be value in Public Health, in collaboration with the Grays Harbor Early Learning Coalition, exploring this underutilization more (particularly focusing on barriers to

or hesitations around accessing these supports), while also expanding training and technical assistance for early childhood providers who do not yet have this access (as described in **Early Childhood Workforce Development and Technical Assistance** above)

No Wrong Door and Transitions of Care Toolkit

One barrier that families experience comes at the point of referral. Families and some community referral sources shared that the experience of calling an early childhood support resource in town can be highly variable. Some agencies, and some staff at various agencies have a strong commitment to customer service and help connect families to the appropriate resources even when the agency that they called was not the right fit for their needs. Other times, families report calling agencies and experiencing the feeling of being "*screened out*," or of *"…someone looking for a reason to say no."* The community could address this by creating a "no wrong door toolkit" and training program. Such a kit could include training materials on customer service, warm handoffs, basic resources that a caller might need that are outside of the scope of the services offered by their agency, etc. The toolkit could also include some case scenarios of children who are transitioning between resources. These scenarios would include workflows and sample scripting for engaging in warm handoffs to next level resources.

Creating smooth transitions of care will also involve advocacy efforts on the part of the community or some creative pilots. A systemic issue that will need to be solved involves the requirement that ECEAP programs are required to fill all available slots. This leaves no available capacity for children who move into the community mid-year or who are placed in the community through a foster care placement. A solution that has been considered was to create floating foster care slots that could help ensure continuity of support for those children who have already been enrolled in the program in another district but who have to relocate to Grays Harbor after the start of the school year.

Increase Public Awareness and Buy-in to the importance of Early Childhood Support

Many providers noted that there is a lack of community awareness about the importance of early childhood supports. A community awareness campaign that includes stories of children who received support, early intervention, and necessary resources and as a result were able to thrive could have an impact on community awareness and may increase interest in supporting initiatives for early childhood supports.

Appendices

Appendix A

Dashboard Definitions

A low **child dependency ratio** means that there are sufficient people working who can support the dependent population. A higher ratio indicates more financial stress on working people.

A **very high poverty density** means that there is a high concentration of children aged 0-5 with a family income to poverty ratio <0.5, the lowest category. There are two small tracts in Aberdeen that were flagged as outliers for very high poverty density (see first comparison table).

People who identify as **Hispanic** may be of any race.

Social Vulnerability Values range from 0 to 1 with higher values indicating more vulnerability. It provides specific socially and spatially relevant information to help public health officials and local planners better prepare communities to respond to emergency events such as severe weather, floods, disease outbreaks, or chemical exposure.

People are considered to have **no insurance** if they had no insurance coverage or only had coverage through the Indian Health Service (IHS).

An **outlier** is an observation that is numerically distant from the rest of the data.

Appendix B

Provider Survey

The Grays Harbor Department of Public Health has retained Health Management Associates (HMA), a national research and consulting firm, to conduct a gap analysis of early childhood systems and supports. **Building on existing assessments, the specific areas of focus for this survey are services for children (and their families) prenatal to age five, including child care and early learning, pregnancy and postpartum support, home visiting and parent support, pediatric medical care, developmental services (such as Part C Early Intervention), and other allied services. Questions aim to identify gaps and solutions in Grays Harbor County.**

Your participation in this survey is voluntary. Information from this survey will be aggregated and deidentified in the published reports.

If you have any questions about the survey, please contact Erin Schreiber at:
Eschreiber@Graysharbor.us

Thank you for your willingness to participate.

The data from this survey will be used to understand services offered across the county. The survey requires you to accurately identify locations of services. It also asks about what services your organization would like to add to its service continuum and/or expand. Below we ask for the name of your organization, as well as permission to contact you with any follow-up questions.

1. Please enter the name of your organization

_____

2. Can we contact you for any follow-up questions?

- Yes
- No

Please provide contact information.

_____
_____
_____
_____
_____

3. What is your role with the above organization?

- Executive leader
- Program manager/director
- Other supervisory role
- Individual contributor (teacher, therapist, physician, home visitor, etc.)

4. What are your organization's funding sources? Select all that apply.

- Insurance
- County or local government funds
- State government funds
- Federal government funds
- Grants or foundation support
- Private pay
- Other, please specify _____

5. What age groups does your organization serve? Select all that apply.

- 0-12 months old (include currently pregnant)
- 1-2 years-old
- 3-4 years-old
- 5-6 years-old
- 7-8 years-old
- 9-17 years-old
- None of the above

6. Please select the regions of the county in which you work. Please check all that apply.

- North Beach
- South Beach
- Central
- East County
- Other (Oakville, Amanda Park, etc.)
- Quinault Nation
- Confederated Tribes of the Chehalis Nation

7. Please provide an estimate of current full-time equivalents (FTEs) of staff serving children prenatal to five and their families employed by your organization.

- None
- 1 to 5
- 6 to 10
- 11 to 20
- 21 to 50
- 51 to 100
- More than 100

The following questions focus on understanding your organization's current early childhood service array.

8. Does your organization offer services to children prenatal to five and their families?

- Yes
- No

9. Does your organization refer clients/families to services for children prenatal to five and their families?

- Yes
- No

**Show questions 10-14 for individuals that answer YES to Q8*

10. Please check all that apply for early childhood services currently offered within your organization.

- Child care or preschool (including home and center-based child care, Early Childhood Educational Assistance Program (ECEAP), Head Start, or other places where children are in care for 3+ hours)
- Services to address a developmental concern for a child 5 years of age or younger
  - Examples:
    - speech therapy to address challenges with language
    - occupational or physical therapy to address motor skills such as learning to sit up or walk

        - autism supports
        - services to address other issues related to a child's development
- Services to address a behavioral or emotional concern for a child 5 years of age or younger
    - Examples:
        - Services to address tantrums or other behavior concerns
        - Services to address sadness, withdrawal, or difficulty with peers
        - Applied Behavioral Analysis (ABA)
        - Play therapy
        - Services to address exposure to trauma
- Respite Care
    - Examples: Crisis nursery, Developmental Disabilities Administration respite care
- Primary care (well child or sick visits) for a child five years of age or younger
- Parent support, parent education, or other services for young children and their families
- Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)

11. If applicable, please note any services for young children and families your organization currently offers that were not listed above:

_____

_____

12. Are there early childhood services that your organization doesn't offer but would like to or that you would like to expand within your organization but experience barriers to doing so? Check all that apply.

- Child care or preschool (including home and center-based child care, Early Childhood Educational Assistance Program (ECEAP), Head Start, or other places where children are in care for 3+ hours)
- Services to address a developmental concern for a child 5 years of age or younger
    - Examples:
        - speech therapy to address challenges with language
        - occupational or physical therapy to address motor skills such as learning to sit up or walk
        - autism supports
        - services to address other issues related to a child's development
- Services to address a behavioral or emotional concern for a child 5 years of age or younger
    - Examples:
        - Services to address tantrums or other behavior concerns
        - Services to address sadness, withdrawal, or difficulty with peers
        - Applied Behavioral Analysis (ABA)
        - Play therapy
        - Services to address exposure to trauma
- Respite Care
    - Examples: crisis nursery, Developmental Disabilities Administration respite care
- Primary care (well child or sick visits) for a child five years of age or younger
- Parent support, parent education, or other services for young children and their families
- Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)

13. If you noted services above that your organization would like to expand but experience barriers to doing so, please describe the barriers (e.g., funding, staffing, etc.):

_____

_____

14. What is the most significant challenge facing your organization *today*? (Select only one)

- Incomplete system of continuum of care
- Lack of collaboration with stakeholders
- Lack of licensure status for service levels in demand
- Limited ability to use data to drive program decisions
- Limited staff with necessary experience and training in early childhood to support services
- Limited staff with necessary language proficiency for families you serve
- Meeting the demand for services
- Recruiting and maintaining staff with needed experience and training in evidence-based models to support services
- Sustainable funding for service
- Waitlist/wait times to access programs and services
- Workforce recruitment and retention
- None
- I don't know
- Other _____

15. Please indicate the top THREE greatest challenges your organization is facing to meet its goals for service access, delivery, and outcomes. Select up to THREE options.

- Available workforce
- Lack of training in evidence-based treatments and strategies
- Inadequate training/preparation for emerging early childhood workforce
- Information sharing obstacles between providers
- Support from community stakeholders
- Reimbursement administrative burden
- Other administrative burden
- Reimbursement rates for services
- Data collection and reporting capabilities
- I don't know
- Other _____

**Show questions 16-18 for individuals that answer YES to Q9*

16. When referring a client/family to early childhood services/supports, do you have information you need about available resources?

- Yes, I generally have the information I need about available early childhood resources.
- Sometimes/with some resources I have the information I need, but sometimes/with some resources I do not.

- No, I do not have the information I need about available early childhood resources.

17. When referring a client/family to early childhood services/supports, what barriers to accessing care do you experience? Check all that apply.

- Lack of transportation
- Cost of care
- Lack of providers who take client's insurance
- Lack of providers with specialized knowledge or experience
- Lack of culturally appropriate providers
- Lack of providers who speak client's primary language
- Distance/ travel needed to get to service
- Wait time for care was too long
- Client had a previous bad experience with seeking care
- Lack of available care for needed for client age
- Lack of services that are tailored to American Indians and Alaska Natives
- Client/family discomfort with seeking care related to stigma or other factors
- Concerns about quality of the services available to the client
- Client concerns about confidentiality of sensitive health information
- Hours that services are offered don't meet client needs
- Other: please list_____

18. Do you receive feedback about early childhood services/supports from the individuals you refer to these services?

- Yes
- No

If yes, how satisfied are people with the availability and quality of services they receive?

(rate satisfaction from 1 (to at all satisfied) to 5 (completely satisfied) for each of the following service components.

- Access (wait times)
- Distance required to travel to service
- Number of resources available in community
- Quality of care received
- Cost
- Services are culturally/ linguistically appropriate

**Show questions 19-21 for all respondents*

19. What do you think would improve the system of early childhood services and supports in Grays Harbor?

_____

_____

20. Of these ideas, what would be the top 2 things that would have the most impact on young children and their families in Grays Harbor?

_____

_____

21. How do community members learn about available resources for 0-5 in your community?

_____

_____

22. Please share any other thoughts or comments regarding the system of care children prenatal to five and their families in Grays Harbor.

_____

_____

Thank you for completing this survey! We appreciate your participation.

Community Survey

The Grays Harbor Department of Public Health is working with Health Management Associates (HMA), a national research and consulting firm, to conduct a Gap Analysis regarding early childhood services and supports in the community. This means we are focusing specifically on services and supports for children prenatal to five years old and their families. **The questions in this survey are designed to help identify gaps and solutions in the early childhood systems in Grays Harbor County.**

Your participation in this survey is voluntary. Information from this survey will be aggregated and deidentified in all reports.

The survey should take 10-15 minutes to complete. We appreciate you taking the time to share your experiences and ideas with us.

If you have any questions about the survey, please contact: Erin Schreiber at: Eschreiber@Graysharbor.us

Survey Eligibility

1. Do you have a child 5 years of age or younger living in your home? (YES/NO)
2. If so, what is your relationship to the child(ren) in your home? (SELECT ALL THAT APPLY)

    - Parent of child
    - Adoptive parent of child
    - Foster parent of child
    - Grandparent of child
    - Other family member of child (e.g., adult sibling, aunt, uncle, friend of family). Please specify:_____
3. Is someone in your home currently pregnant?
4. If you do not currently have a young child living in your home, have you had a child 5 years of age or younger living in your home in the last 2 years?
5. Are you a parent or guardian of a child 5 years of age or younger who does not live in your home?

**If respondent answers no to questions 1-5, the survey ends at this point. If they answer yes to at least one of questions 1-5, the survey will proceed to demographics.*

Demographics

Zip Code

Respondent Age

Age of children/youth in your household (PROVIDE PLACE FOR NUMBER RESPONSE BY EACH AGE)

- 0-12 months old (include currently pregnant)
- 1-2 years-old
- 3-4 years-old
- 5-6 years-old
- 7-8 years-old
- 9-17 years-old
- Not applicable (no children currently living in my home)

Respondent race/ethnicity (include multi-racial as an option)

Primary language in household

Early Childhood Services

1. Which of the following services have you used or attempted to access in Grays Harbor (check all that apply)?
    - Child care or preschool (including home and center-based child care, Early Childhood Educational Assistance Program (ECEAP), Head Start, or other places where children are in care for 3+ hours)
    - Services to address a developmental concern for a child 5 years of age or younger
        - Examples:
            - speech therapy to address challenges with language
            - occupational or physical therapy to address motor skills such as learning to sit up or walk

        - autism supports
        - services to address other issues related to a child's development
    - Services to address a behavioral or emotional concern for a child 5 years of age or younger
        - Examples:
            - Services to address tantrums or other behavior concerns
            - Services to address sadness, withdrawal, or difficulty with peers
            - Applied Behavioral Analysis (ABA)
            - Play therapy
            - Services to address exposure to trauma
    - Respite Care
        - Examples: crisis nursery, Developmental Disabilities Administration respite care
    - Primary care (well child or sick visits) for a child five years of age or younger
    - Parent support, parent education, or other services for young children and their families
    - Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)

2. For each of the services below, would you know where to go if you needed to use? (same list as above- YES/NO for each)

- Child care or preschool (including home and center-based child care, Early Childhood Educational Assistance Program ECEAP, Head Start or other places where children are in care for 3+ hours)
- Services to address a developmental concern for a child 5 years of age or younger
        - Examples:
            - speech therapy to address challenges with language
            - occupational or physical therapy to address motor skills such as learning to sit up or walk
            - autism supports
            - services to address other issues related to a child's development
    - Services to address a behavioral or emotional concern for a child 5 years of age or younger
        - Examples:
            - Services to address tantrums or other behavior concerns
            - Services to address sadness, withdrawal, or difficulty with peers
            - Applied Behavioral Analysis (ABA)
            - Play therapy
            - Services to address exposure to trauma
    - Respite Care
        - Examples: crisis nursery, Developmental Disabilities Administration respite care
    - Primary care (well child or sick visits) for a child five years of age or younger
    - Parent support, parent education, or other services for young children and their families
    - Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)
    - Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)

3. Have you participated in any of the below early childhood services for your child/family? (check all that apply)
    - Child care or preschool (including home and center-based child care, Early Childhood Educational Assistance Program ECEAP, Head Start or other places where children are in care for 3+ hours)
    - Services to address a developmental concern for a child 5 years of age or younger
        - Examples:
            - speech therapy to address challenges with language
            - occupational or physical therapy to address motor skills such as learning to sit up or walk
            - autism supports
            - services to address other issues related to a child's development
    - Services to address a behavioral or emotional concern for a child 5 years of age or younger
        - Examples:
            - Services to address tantrums or other behavior concerns
            - Services to address sadness, withdrawal, or difficulty with peers
            - Applied Behavioral Analysis (ABA)
            - Play therapy
            - Services to address exposure to trauma
    - Respite Care
        - Examples: crisis nursery, Developmental Disabilities Administration respite care
    - Primary care (well child or sick visits) for a child five years of age or younger
    - Parent support, parent education, or other services for young children and their families
    - Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)
    - Pregnancy and postpartum support (doulas, OB/GYN, services for postpartum depression or anxiety, etc.)

**Ask respondents questions 4 and 5 below for each of the service areas their family received.*

4. Rate your experience with [insert name of service]

	Disagree Strongly	Disagree	Neutral	Agree	Agree Strongly	N/A
I was able to find a provider for this service in Grays Harbor						
I was able to receive this service in a reasonable amount of time						
I was able to receive this service from a						

provider who supported my cultural and language needs						
I was satisfied by the quality of the care I received						

5. Did you have to be on a waitlist for this service? If yes, how long?

_____

_____

6. Has a child in your care who received services had to change providers or setting due to aging out or graduating from the service> (Y/N)
    a. If Yes, Rate your satisfaction with your experience with that transition.
    b. How were you connected to the next level service (select all that apply):
        i. Given a pamphlet, flier, or phone number to call
        ii. Introduced to new supports by the current service provider
        iii. A staff member from another agency connected you to the new service (example: case worker)
        iv. Other: _____
        v. No connection was made

7. Did you experience any barriers to accessing early childhood services? If so, check all that apply
    - Lack of transportation
    - Cost of care
    - Lack of providers who take my insurance
    - Lack of providers with specialized knowledge or experience
    - Lack of culturally appropriate providers
    - Lack of providers who speak my language
    - Distance/ travel needed to get to service
    - Wait time for care was too long
    - Previous bad experience with seeking care
    - Lack of available care for needed age group
    - Lack of services that are tailored to American Indians and Alaska Natives
    - Stigma or discomfort with seeking care
    - Concerns about quality of the services available to me
    - Concerns about confidentiality of sensitive health information
    - Hours that service was offered didn't meet my needs
    - Other: please list_____

8. What are the top three things that Grays Harbor needs to better meet the needs of young children (prenatal to five years of age) and their families?

_____
_____

9. What is the most useful/ helpful support for young children (prenatal to five years of age) and their families in Grays Harbor right now? What is so helpful about this service?

_____
_____

10. Is there anything you have seen in another community that you would like to see in Grays Harbor – what is it and where is the program located?

_____
_____

11. Is there anything else about early childhood supports in Grays Harbor that you would like us to know?

_____
_____

[i] https://www.dcyf.wa.gov/sites/default/files/pdf/2020StatewideNeedsAssessment.pdf
[ii] https://www.dcyf.wa.gov/sites/default/files/pdf/WA2020MIECHV-NeedsAssessment.pdf
[iii] https://perigeefund.org/wp-content/uploads/2021/05/Intro-AcceleratingProgressIECMH-1.pdf