## Agenda Items

<table>
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<tr>
<th>Equity and leadership in early childhood: What have we learned?</th>
<th>Summary Meeting Notes</th>
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| Dr Eva Marie Shivers, Indigo Cultural Center | Dr Eva Marie Shivers, Indigo Cultural Center  
See attachment, page 2. |
|  | - Business as usual is not working - we have to shift so we can make collective change.  
- Situating ourselves in the conversation- What do you believe?  
- Why are we gathered here today? To change things for children and families!  
- How do we enter into this conversation? Establishing group norms.  
- Four-Fold Way (Angeles Arrien): 1. Show up, 2. Tell your truth, 3. Pay attention to what has heart and meaning for you. 4. Be open to outcome but not attached.  
- Equity from the inside-out: Individual, Intergroup, and institutional levels  
- Leading equity in early childhood systems - 5 key strategies:  
  1. Initiating courageous conversations.  
  2. Making meaning and connecting  
  3. Raising awareness - shifting the discourse  
  4. Inclusive leadership  
  5. Recognizing and addressing resistance to change  
- Moment of reflection.. |

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<tr>
<th>Issue Groups Report Out</th>
<th>Summary Meeting Notes</th>
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| Telehealth: | Telehealth:  
- Access to telehealth is a life and death situation for some families  
- Telehealth opens up access  
- Reduces carbon footprint  
- Providers can see more patients via telehealth |
| IECMH-C: | IECMH-C:  
- Being more clear about defining infant early childhood consultation  
- Determine what the last legislature did/their goals  
- Leveraging some community work with the legislature- can we connect our work with legislation work?  
- Access  
- Diversification of the workforce- helps make access better/breaks down language barriers |
| Developmentally Appropriate Assessment & Care: | Developmentally Appropriate Assessment & Care:  
- Assess via HCA and Mercer  
- Bias against children of color - those in authority seeing those children as much older/more mature than they actually are  
- Kids of color are disproportionally diagnosed with ADHD and then medicated  
- Representation matters  
- Early Childhood workers are poorly paid- how do we get these people better paid?  
- How do we encourage people to join a poorly paid workforce? |
Welcome our new members:

- Megan Beers - Childhaven
- Meghan Begeman - WellSpring
- Gina Cardillo - Kindering
- Marie-Celeste Condon - UW
-webViewie Hernández Greenfield – Tacoma CC
- Jessica Wendell - Kindering
- Elisa Woldhuis - Chance Washington
- Katy Warren – WA Assn for Head Start/ECEAP

Agenda

- Welcome
- Welcome & Introductions
- Taking an Anti-Racist and Anti-Bias Stance
- Breakouts – Issue Groups
- Our 5 criteria:
  1. Fit the Budget
  2. Improve outcomes
  3. Transform foundational systems
  4. Create spaces for multiple truths and norms
  5. Strengthen/transform in health access and outcomes
- Next Steps

Color Brave Space Norms

1. Put Relationships First – Work to build community and trust with an awareness of power dynamics.
2. Keep Focused on Our Common Goal – We care deeply about [insert your mission], especially those who are directly impacted by racism.
3. Notice Power Dynamics in the Room – Be aware of how you exercise your privilege: from taking up too much emotional and airtime space or disengaging.
4. Create Spaces for Multiple Truths and Norms – Speak your truth, seek understanding of truths that differ from yours, with awareness of power dynamics.
5. Be Kind & Brave – Remember relationships first and want to be explicit with your language about race, class, gender, immigration, etc.
6. Practice Examining Racially Biased Systems and Processes – Individual actions are important, and systems are what are left after all the people in this room leave.
7. Look for Learning – Show what you’re learning, not what you already know. Avoid playing Devil’s Advocate, the devil has enough advocates.

To truly achieve equity and social justice, we need to:

- Share and hear diverse views
- Disrupt and transform the systems that currently enable or inhibit access
- Consider and respond to individual community interests, needs, and situations
- Take an active stance against bias
Dr. Eva Marie Shivers, Indigo Cultural Center
www.indigoculturalcenter.org

- For the past twenty years, Dr. Shivers has been conducting research on effective professional development approaches for early care and education providers.
- The predominant theoretical lenses influencing all research at the Indigo Cultural Center includes an attachment and infant mental health lens; systems lens; and socio-cultural and social equity lenses.
- Dr. Shivers is a Zero to Three Leadership Fellow (Class 2005) and served as faculty in the Harris Infant and Early Childhood Mental Health Training Institute at Southwest Human Development for 5 years.
- For the past seventeen years, Dr. Shivers has provided child care policy consultation to national, state and local government agencies and administrators.

Discussion

Children and Youth Behavioral Health Work Group

Vision: Washington’s children, youth, and young adults have access to high-quality behavioral health care.

Mission: Identify barriers to and opportunities for accessing behavioral health services for children, youth and young adults and their families that are accessible, effective, timely, culturally and linguistically relevant, supported by evidence, and incorporate tailored innovations as needed; and to advise the Legislature on statewide behavioral health services and supports for this population.

Important Elements of Work Group Charge:
- Support unique needs of children and youth (prenatally through age 25), including promoting health, and social and emotional development in the context of children’s family, community, and culture
- Develop and sustain system improvements to support the 15 behavioral health needs of children and youth

PSRHS Calendar

<table>
<thead>
<tr>
<th>Date</th>
<th>Actions</th>
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<tbody>
<tr>
<td>August 11</td>
<td>PSRHS meeting • Issue groups refine prioritized recommendations</td>
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<tr>
<td>From Sept 1</td>
<td>Potential budget cuts by State agencies</td>
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<tr>
<td>September 8</td>
<td>PSRHS meeting • PSRHS finalizes prioritized recommendations</td>
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<tr>
<td>September 15</td>
<td>Draft PSRHS recommendations due to CYBHWG</td>
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<tr>
<td>October 11</td>
<td>PSRHS meeting – Finalize recommendations</td>
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<tr>
<td>October-November</td>
<td>Advocacy agendas finalized</td>
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<tr>
<td>November 15</td>
<td>CYBHWG report due to the Legislature</td>
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<tr>
<td>November 10</td>
<td>PSRHS – Outreach and engagement with advocacy partners</td>
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<tr>
<td>December 8</td>
<td>PSRHS – Outreach and engagement with advocacy partners</td>
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<tr>
<td>January 11, 2021</td>
<td>Legislature starts</td>
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Guidance from CYBHWG Co-Chairs

- Focus on families experiencing the most significant disparities as the pandemic continues
- Make the case for what it will take to mitigate the deepest pain and hurt
- Demonstrate how any cost will save dollars in the very near future (and long-term if possible)
- For revenue asks or to lessen budget cuts → tell the story of the human cost
- Leverage if possible, noting how investments can create multiple outcomes and/or draw on/refocus diverse revenue streams

Ways to Make the Case

- This is a life and death situation for a lot of people – particularly Black, Indigenous, and/or people of color who are disproportionately affected by COVID
- Telehealth limits additional exposure and reduces the need to take time off work and find transportation

2021 Recommendation Brief

Request: Brief detailed description of the legislative or agency request.
Issue/Problem/Challenge: Add footnotes
A. What is the issue?
B. What is the problem and how does it affect specific groups of children, families, and communities?
C. What is the impact on the state budget and society?
D. How does this change address equity and health disparities?
E. Is this a previous priority of the work group, or is it new?
F. What options do we have to change this?
G. Given current limitations, why is this something we should pay attention to at this time?
Breakout – Issue Groups

• Review your notes from last time
• “Round Robin” to share initial thoughts if you like
• Using Google Docs (“+” to add a comment in margin)
  ✓ How will children and families of different races, ethnicities, and cultures be positively and negatively affected by these proposed changes?
  ✓ How can these prioritized changes make the most difference to close health disparities?
  ✓ What more do we need to learn to make our case?

• Make assignments

1. Telehealth (Garrison)
2. EICMH C (Kristin)
3. Developmentally Appropriate Assessment & Care (Jamie)

Wrap Up

1. Convene issue groups
2. Develop drafts of recommendation briefs

Thank You!

• Stay healthy
• Reach out to others ➔ “Distant socializing”, not “social distancing”
• Support our heroes in child care, emergency services, health care, food production, and retail
• Keep moving the prenatal to 5 relational health systems forward!