
LOTUS VILLAGE CHILDREN'S WELLNESS CENTER INNOVATION PROJECT: METHODS AND DATA

The Lotus Village Children's Wellness Center Innovations Project references input from key informant and stakeholder interviews and focus groups. Two workgroups of more than 30 local stakeholders from 20 organizations convened to connect and share ideas. Interviews were conducted with over 25 workgroup members and national informants including professors, researchers, program administrators, and child psychologists. Areas of expertise included infant mental health, promoting social and emotional development of at-risk children, trauma-informed treatment, and classroom design. In addition to speaking with representatives from early care and education programs across the country, the research team visited seven community based programs with a focus on serving clients experiencing homelessness, leveraging partnerships, offering program-wide mental health supports, operating extended hours, and/or operating with a continua of approaches. Seventeen Lotus House participants and alumnae and many of the counselors and resource coordinators and management team supporting Lotus House families participated in focus groups and interviews. A summary of the work groups and focus group content follows.

COMMUNITY STAKEHOLDER WORKGROUPS

We convened two workgroups of local stakeholders from multiple organizations. Overall, stakeholders demonstrated enthusiasm about the project and the prospect of collaborating. Workgroup participants discussed topics including challenges facing women and children experiencing homelessness particularly regarding their child care, their therapy, along with opportunities to address these challenges through comprehensive, integrated services. Overviews of the two community stakeholder workgroups follow.

The Children's Trust Training Room

Overview

President introduced Lotus Village, which is slated for completion in December 2017. The new facility will double Lotus House capacity and have embedded support services, new programming space, new health clinic including psychiatric services. It will also include Lotus Village Children's Wellness, a therapeutic early care and education center. It has been a challenge to find high quality early care and education centers for Lotus House residents that also recognizes that children exposed to violence and in transition have special needs that need to be addressed. Research on supports for children exposed to violence emphasizes the importance of rebuilding attachments and broken bonds.

President shared the story of a little boy who was hyperactive and getting into conflicts during the intake process. His mother reported he had ADHD. In the course of meeting with clinical staff, we learned that this child was separated from his mother after she had been beaten unconscious in the next room. He went to foster care and his father (the abuser) went to prison. Mother and child were reunited, but his sense of the world had been shattered. Through play therapy and child-parent psychotherapy, this mother and child began to rebuild their bonds. In fact, he did not have ADHD but rather exhibited the effects of trauma and was able to heal. In a homeless shelter, some people focus frequently on how to stabilize mom, but children need as much or even more attention and wraparound support as their mother.

This school year, there were 6,000 registered homeless children in Miami-Dade County. The shelter system is full; the Homeless Trust is actually forced to rent hotel rooms for those who need to be accommodated. LH President presented renderings of Lotus Village. Our focus includes the needs of the mothers, who are often the last hired and first fired. They need 24/7 and holidays/weekends because they work those shifts and days.

Challenges/Opportunities Exercise

Prompt: "We would like to understand from your vantage point, organizational, and/or personal experiences, what you see as challenges facing women and children experiencing homelessness particularly regarding their child care, their therapy, along with what you see as opportunities to address these challenges through the Children's Wellness Center."

Opportunities

- LOVE
- Create model of what works
- Family engagement
- Screening and health outcomes
- Educate and empower mothers
- Model for teaching and learning in response to challenging learning styles
- Autonomy
- Make social emotional wellness and an awareness of the impact of life experiences on the child the foundation of the program
- Support not pressure
- Transitions: Partner with ECE programs with social/emotional competency or train and create a network for referrals
- Connect to MDCPS for transition
- Make it a child care training lab school
- Collaboration and partnership
- Staff cultural competencies and gender expansive environments
- Expansive hours
- “All About Me” doc. kids take with them
- Reduce length of stay
- Blend funding to maintain consistency

Challenges

- How to run the center
- Attract and retain high quality staff
- Symptoms of trauma and varied level of trauma recovery
- Transiency
- Integrate neighborhood children
- Creating stability
- Early learning is not babysitting! Staff training in early education, learning diffs
- Maslow’s Hierarchy: basic needs first
- Mistrust mindset may misrepresent delays. Avoiding pressure on families
- Meet licensing and quality minimums
- Coordination btwn therapies and eval
- Transition to kindergarten, centers
- Gender fluidity at early ages and in parents. LGBTQ trauma issues
- Loss of human life
- Work and ECE hours
- Documentation of effectiveness of the intervention

- Connections with other centers sensitive to these children's needs
- Consistency
- Insured status to continue services

The Children's Trust Training Room

Overview

LH President welcomed and reviewed shared purpose: We are here because we recognize that collaboration and close relationships with stakeholders are key to ensuring our most vulnerable children have opportunities to learn, grow, and thrive.

Facilitator reviewed introduction/update since first workgroup. We reviewed research on trauma informed and developmentally appropriate best practices and invited input and collaboration of community stakeholders and partners via work groups, in-depth interviews, site visits, and focus groups. We conducted over 24 interviews including workgroup members and focus groups and interviews with 17 Lotus House participants and alumnae. We also conducted local and national site visits, and are planning others. We are concurrently drafting the report.

LH President reviewed workgroup two goals: develop guiding principles of therapeutic early care and education serving children experiencing homelessness; formalize collaborative working relationships to provide a comprehensive, integrated support system for children and families; and, create community advisory council for ongoing collaboration and shared learning.

LH President emphasized integrating guiding principles, not just layering therapy on early care and education. She elaborated on network of supports and need to formalize collaborative working relationships in order to embed community support system/safety net in the shelter. LH President defined goal of creating community advisory council for shared learning.

Facilitator reviewed preliminary draft of five guiding principles: Collaboration to connect families to community resources that meet their current needs and prepare for smooth transitions; Professionals responsive to children's unique needs who cultivate respectful, strengths-based partnerships with families; Therapeutic and classroom practices that are evidence-based and nurture social emotional wellness; Environments that are peaceful, safe, and soothing to promote healing and development; Data utilization to continuously improve services. C.Collins

noted this is preliminary, in process, group to be part of process, hope to create enriched program and serve as national model.

Formalizing Collaborative Working relationships: Mandala Creation Exercise

Recognizing we are deeply interconnected and looking for connections, the group created a mandala together. The exercise related to meanings of comprehensive and integrated, and how we are directly creating these connections. Children were in the center of mandala, with mothers immediately around them. The flower petal represents our integrated support system.

Each participant wrote their connection and took turns placing their petal and sharing with the large group. Several examples follow.

- Participant from the Children's Bereavement Center discussed their concrete focus on Overtown and offered awareness building, education for healthcare/clinicians/staff/etc – including impact on them, and cooperation to provide support groups – include volunteer opportunities).
- Participant from Kristi House discussed evidence based trauma focused cognitive behavioral therapy and a drop in center for victims of sex trafficking. She also described evidence based targeted therapeutic treatment for moms to deal with unresolved trauma and training at no cost to staff and parents on stewards of children, sexual exploitation - also for non-clinicians for how to work with children experiencing multiple trauma.
- Participant from Early Discovery discussed providing occupational therapy, speech therapy, and behavioral intervention for children birth to five.
- Participant and Participant from MDCPS discussed facilitating smooth transitions, empowering families by providing classes for personal enrichment (eg. computer skills), adult literacy classes (GED), and postsecondary onsite child care training.
- Participant, and Participant from WIC discussed helping laying foundation for healthy families through breastfeeding and nutrition education, and expressed a desire to participate in the shared resource space at Lotus House.
- Participant from DCF offered to help get and maintain license and providing free training to help ensure a successful inspection as well as for staff and clients on topics like co-sleeping and drowning. He also described DCF as a hub when moms leave to help connect with other centers and expressed interest in DCF joining the Lotus resource space regularly to help moms get information.

Creation of Children's Wellness Center Advisory Council

LH President invited workgroup members to part of the advisory council, which will conduct quarterly meetings to share learning, address ongoing challenges and concerns, and build relationships.

COMMUNITY STAKEHOLDER INTERVIEWS

We conducted individual and small group interviews with community stakeholders. Overall, stakeholders seemed enthusiastic about collaborating in the development and implementation of a model of trauma informed care that others can learn from. Stakeholders also emphasized the need for comprehensive, intergenerational mental health, behavioral, and educational supports and highlighted the importance of qualified, highly trained, and experienced teachers. Stakeholders anticipated challenges to plan for including with family engagement, secondary trauma of staff, transitions from Lotus House, and securing sustainable funding. Sample quotes illustrating these themes follow.

COMPREHENSIVE MENTAL HEALTH, BEHAVIORAL, AND EDUCATIONAL NEEDS AND SUPPORTS

- “Our moms have severe mental health needs: PTSD, psychosis, along with complicating factors like being in foster care system, growing up in poverty, families with poverty/mental illness/drug abuse, and their own abuse. Many of them never had a secure attachment figure. Their way of integrating with the world is by being passive or by being aggressive to get what they need.”
- “Needs of children: death of parents, a lot of domestic violence and exposure, substance abuse. Children either shut down (limited talking) lots of tantrums, acting out, staff must be understanding! Know how to work through everything. Some kids want love and affection from whomever they can get it from. Moms are shut down because they’re dealing with so much.”
- “Moms were minimizing or weren’t aware of children’s issues. A lot of children are subclinical. They have things going on but they’re not clinical.”
- “A lot of what we do is preventative, we see families at risk. Children may not meet criteria for diagnosis so other places won’t treat them but the kid has a ton of risk factors.”

Qualified teachers

- “In the classroom, make sure the teachers are really well trained. Not just in what’s appropriate for the age, but also how to scaffold and build up the children, social/emotional health (risk factors, what’s normal). Have someone who can make referrals and explicit curricula to build social/emotional learning for children.”
- “You need to have people with degrees: well informed and well trained.”
- “It sounds obvious but certainly the teachers who understood the importance of relationships really got it so much quicker. Versus the others who say ‘oh I have to teach matching because that is what the assessment tool measures.’ That was hard for veteran teachers, it is a change in practice. Characteristics would be those who see things out of the box, aren’t challenged to see it as only one way when working with a child.”
- “Teaching staff who were also interested (say minor in psychology or had goals dealing with psychology or therapy) had easier time than teachers who see selves as only teachers. What their view of what a teacher was sometimes conflicted with the Pyramid.”
- “Staff should know and understand that children will have had traumatic experiences.”

Challenges

- Secondary trauma of staff
- “Prepare teachers for emotional highs and lows - lots of self-care talk because it is such an emotional journey.”
- “We began to recognize, understand, and build awareness of difficulties for staff. Digging into trauma, examining trauma informed ECE practices...Everyone understood that we had to go deeper than that in some instances. Implementation at the beginning was not easy, we lost staff because we were asking them to work different, harder in a sense, ability to reflect, to change practices, that was hard as a program to go through.”
- “Make sure that supervisors are tapped into staff. Talk about what your own triggers are and put strategies in place like how to swap out with another teacher when needed and how to get rid of static you may bring before stepping into the classroom. Establish this is a safe place to feel these things and it is ok to identify they need own strategies in place (eg. to take a breather)...It’s about open and honest dialogue – transparency to talk about it so it doesn’t come out in interactions with kids.”

Engagement of mothers

- “Engagement is one of our most difficult factors. In their mind, they came here to have a place to stay and get a job and get out. Some of them are more difficult to engage than others because therapy not a priority.”
- “Engagement is hard during their whole time here. It will be hard in the early care and education piece.”

Transitions from Lotus House

- “Begin with understanding that even connecting for two days makes a difference.”
- “We need some follow up whose role is to follow up with people who recently exited to make sure services continue.”
- “In transition housing and shelter - child care is an issue.”
- “When they leave the shelter, they could move to other EHS if there is availability.”
- “Need to look at who is around and influence the quality of the centers that they would go to for preschool. Who can help with dollars and services to assure next place continues quality. Maybe influence the new one that is coming.”

Funding

- “EHS funding could be perfect because the cost reimbursement would be higher.”
- “The model itself makes it really expensive.”
- “It is so important to create a realistic financial model so they understand what it takes to run a center like this.”
- “Think through your model for services and sustainability of 24 hour or extended care, understanding up to what point Lotus will be responsible for shortfalls in the budget... EHS- HS dollars won’t provide enough.”
- “Fundraising is the issue at the end of the day.”

LOTUS HOUSE GUEST AND ALUMNAE FOCUS GROUPS AND INTERVIEWS

We conducted focus groups and interviews with Lotus House participants and alumnae. Overall, mothers valued and recommended practices like well trained teachers who welcome and communicate with families, effective mental health and behavioral supports, and safe, clean environments. Participants also emphasized the need for extended operating hours to accommodate their work schedules.

The following quotes from transcripts illustrate participants child care related experiences and hopes for the design of the Children’s Wellness Center, forming the following themes:

Clean, Safe & Well Maintained Environment with Quality Materials

- “When I fill out the application it’s an interview. I need to know it’s clean, where the kitchen is, where he uses the bathroom, where’s his cubby for his pampers and diapers. No sharing of my baby supplies. When I do the application I need a walk through.”
- “Clean. Friendly invite. No violence. I would spend a whole bunch of money on private school. Classrooms separated by doors.”
- “Workers should wear uniforms. It makes the workspace a team because you’re wearing the same thing and when the kids look up and see that color shirt and they know it’s staff.”
- “And the uniforms, that’s what I like, I love the uniforms, less wash for the week. They all look so nice in their uniforms.”
- “I don’t like places that are open, just one big space, kids can’t pay attention, lots going on, atmosphere – for example my child’s one so I mean the area would have padding for him to fall, age appropriate toys for choking hazards.”
- “For the new daycare, a park would be nice. My son loves the little swing and that gives them a chance.”
- “No mulch, no rocks, no sand - so the cushiony stuff so they don’t eat it – the indoor/outdoor fake grass ok – can’t get dirty, can’t eat.”
- “I don’t like it easily accessible where people who can just go to door, I always find a one person to keep eye on the children – a person who work real good with kids, maybe security cameras to make sure not abuse because that is a big thing now, most schools have one big monitor to see what is going on in the classrooms.”
- “What I really really like is the schools... they have these sofa chairs and little tables and actual recliner kind of chairs for the babies. They are babies and have the opportunity to learn and touch and get further. It has texture and colors. Not just your regular plastic chairs. Cubbies made out of wood, not your plastic throw away cubbies. Something that feels like home. We’re going to the bottom, we ran out of everything, give them something while we go through the stress. In their world it’s all at their level because they’re always

looking up at us. They deserve it. They deserve the most. The little potties.. Hardwood, something they can see, feel touch, and explore...Green cleaning products.”

Welcoming, Compassionate, and Well-trained Teachers and Staff

- “They deserve so much. We have nothing. We shouldn’t just be taking someone who is going to turn the baby at the door because we don’t have anything.”
- “I want it to be inviting. I want to say that I like coming here. I like to feel important. I don’t like when the people at the daycare make me feel bad...The people at Lotus House, we’re going through a lot of things living here. The people who work there have to be very caring of the parents too. Compassionate. I’m not going to be here when it’s built but I’m thinking of future people. They have to love children. It has to be warm welcome and fond farewell. Sometimes you’re standing there and they don’t acknowledge you.”
- “People don’t understand kids can feel negative energy, especially babies.”
- “If you have people taking care of kids, if my kid has issue and another child has xyz and caretakers know how to deal with those issues across the board. In your training they need to know what they’re doing. When you open and train the people they have knowledge in all of these emotional, physical, and mental delays.”
- “They are getting the basic education in terms of early child care. But, those refresher courses are necessary.”
- “I want her teacher to get her to open up. I want her to be like I had her in class. Someone that is really going to make her feel comfortable in class. She is so shy, she is listening, need her to participate, feel comfortable. “

Open Communication with Families

- “Communication with everybody is the key to everything.”
- “Day for parents to come in and see. Every class has a family tree. Every child is with their family or parent together. If we don’t have time, give a list of what they did, what they ate. That was my big thing too because I get upset when I don’t know what he did.”
- “Progress report: they don’t say anything. I want to know how many pampers, how many poo poos, how much he ate and drank, did he have a good day, did he have his first step, did he fall.”
- “Another thing I don’t like is when I ask what happened and they say they can’t discuss – why you can’t discuss? It will look like it is on me and my kid got injured – don’t like how they keep stuff closed at that school.”
- “I like to know and see what you are doing with my child everyday so I know what his schedule is because it is a good thing – don’t get me wrong the two ladies that watch over are very nice but I have to be like what did you do today because if not I just get a slip of paper says he ate, pooped, etc. – that is not sufficient.”
- “I like ... because they are hands on, this is what we worked on today, his progress, what he is working on (without prompting but they give paper too and say ok cognitive skills, motor skills, etc). It’s important, I want to know, not just ok take care of my kid and I’ll be back. So a simple thing is I was against food in milk because he was getting used to spoon but she did

it anyway – it became a big issue. If I have something I want to work on with ..., there is communication between me and the teacher. I just want to be informed.”

- “When you feed him, hold his bottle. Let’s be on the same page. Work on the same thing.”
- “The daycare I go to, we’re not even allowed to go in when they have water days and stuff. We weren’t allowed. It should be an open door policy. Or if it’s glass and we can see the room.”

Low Ratios, Small Group Sizes, and Grouping by Age

- “I think with newborns, you got to play more close attention. They have different needs...Would want close attention, someone to keep a close, good eye on her. So little, precious, and small when they are like this.”
- “I don’t like a baby that age in same setting with a two year old.”
- “He is with two year olds, I like he is not with babies.”
- “The one my kids go, they put em in by their ages, that is how it's supposed to go.”
- “Separate kids by age because my kid is so small and I don’t want it divided. I don’t want the big kids coming in.”
- “There should be time scheduled so the little ones don’t crash into bigger ones – every class with set time to go out.”
- “Mixing kids together, learning from others, my two year old got bit. Too many kids – like one teacher to 15 kids versus ..., 3 teachers for 8 kids.”
- “She was getting rashes. That mean they had so many babies they take care that they didn’t change regular. When the kid is sick, don’t bring the kid around the ones who are sick.”
- “I witnessed it myself, little boy came up and slapped her in the face. And I said, Ms. ... you didn’t see that, she just said oh sorry mommy. Found another school with smaller group. And it is working out. There were lots of kids in the classroom.”
- “If they were doing floor play, there were one or two women, 12 babies. My son bites a child and they are like he can’t come back. So there is not enough monitoring going on.”

Educational, Developmental, Mental Health & Behavioral Supports

- “I hope it's not just about being a daycare, to have the children learn the key things they need to know when they are very young. Like the letters, numbers, shapes, engaged young readers, and lots of sensory things they can do.”
- “When he first went there he didn’t know how to count he didn’t nothing. Now he knows how to count, do his letters, trace, say his whole name, his birthday.”
- “Reading is big, can we do reading? a lot of reading.”
- “I would like a lot more learning than playing – but people say you can play and learn at the same time.”
- “Being a mom at Lotus – it's different because you have your routines but you have to ... they like to play and I have to teach them not to touch others stuff. I feel bad because they want to play.”

- “Could be creative – like learn fractions by cutting little fake pizzas. You gotta put some effort in that. You can find a way to play with toys but also learn with toys, that’s what goes on with hands on learning.”
- “Different kinds of learning should all be applied.”
- “Teach them in a children’s way and not the adult way.”
- “How do you expect them to take a nap if they aren’t running their energy out?”
- “The one I have now, he have a disability and there is a lot of schools that won't accept him – daycares – he is 21 months. He needs one on one, lots won't provide because they say he at risk...he is developmentally delayed. He is a piece of work. He went to one school before and they didn’t want to say what was really going on. I had to ask them and they gave me the run around about how he was interacting with the kids. But I know for a fact how he interact, if he see others .. he throw.”
- “He has respiratory too, would be good to have some kind of medical staff on site who can deal with disabilities. But the school my daughter go to they say they wouldn't accept because they would have to go through training to get help like that. So I am like people what do we do?”
- “Mine would head butt, bite, kick and punch. He got kicked out of two schools at one year old... it’s a church day care. He got kicked out cause he would bite the kids, head butt the kids, fighting biting. Both days first day got kicked out.”
- “My child is ADHD. He have an anger problem. He doesn’t care who he hits. They said that he grow out but they say he won’t grow out of it. The school he goes to he has a counselor to sit with him for an hour or two so when he has that, they put him to the side and talk to them. Counselor from ... First he went there and they evaluated him. When they evaluated him when he was 9 months. He wasn’t doing typical 9 months stuff. When he got 1 they started diagnosing him with ADHD, anger problems, spits on him, cuss him out, what I do, I go to . he goes to mental health. They’re fitting to put him on meds but they don’t like to do it that young. He gets that from his dad side, his dad was same way. I come to his school and I sit there for an hour teaching me how to deal with him. When I tell him something he kicks things, gets mad. He been at the school since nine months. He got better. They were fitting to put him out the school. They pull him to the side and sit down and he don’t move. He can’t talk, he talks with his tongue. When he can’t talk he gets mad.”
- “My children were with provider across the street until an incident happened with aggression. He was later identified with ADHD. They did not know how to handle him, women were underpaid, overworked, too many children to handle correctly, women were nice but the director was aggressive towards son. He refused to take a nap, he was acting out, she forced his head on pillow, he bit his lip, they filed a police report.”
- “I know for me my son who has ADHD needs more attention so to be able to provide for the children who do need more attention and don’t really interact with the other kids, so they aren’t ostracized for it. So I have had people say he cannot come back. Early on he had aggression issues, so they would put him in a room.”
- “Oh yeah my experience affected mine. She need that attention, that feeling where she want to be more closer to me because of the situation it is like she is acting out. It has a lot to do

with being in the situation here. Even at school, her teacher need to sit by her to just lay there at nap so she won't tear up nothing."

- "My daughter stabbed someone with a pencil and it is like what are you doing this for? You are too young for this to happen (four years). She needs a behavioral counseling – anger problems out of this world, and I feel like it comes from the daycare atmosphere too."
- "They gave me a list of things that weren't good like play fighting. If they hit, you don't hit them."
- "Ask them how they're feeling. They may go to school and act out because they're feeling a certain way...when you find out what that is, you can expand on it."

Work Requirements, Schedules, and Barriers to Accessing Quality

- "Trying to get her back in because I lost my ELC. You have to work a certain amount to qualify for ELC. But if you are on assistance maybe you pay only four dollars."
- "The big issue I had as far as even getting a job to get on track was to get child care. Being homeless, now ELC offers if you are in a shelter, they didn't have that then."
- "With me since I work, when I first did it I was on assistance and can't get it because not 40 hours a week - so to them I don't need child care."
- "I'm an event specialist for [company] – trying to get more hours. Have to be working at least 25 hours to get it. So now daughter is home. I like the job, I like to cook, that is what we do with food tasting but pregnancy with second is getting in the way."
- "I lost lots of jobs to stay with my child. You are stuck, who is going to let you go to an interview with a child? When they don't want to give child care when not working. Had interview, things get difficult, you say we can't get child care, how are we supposed to get a job if we don't have child care and can't bring child?"
- "I have brought my child once and trust and believe I did not get the job."
- "Yeah, they look at you like, is this how it's gonna be when you get the job."
- "I like it its just hours are short: open late close early 7:30-5:30. If I wanted to take a job from 7:00-7:00, I couldn't go there, I couldn't do the 12 hour shift at the hospital I want to."
- "Most retail, seasonal work they want you to work flex hours."
- "Everything is back up on you. And then there are days when you can't get child care during hours you work."
- "As we know, most jobs, hours vary, if you work at [company], you may work overnight, during the day. Now I am lucky, I've got my mom, but some people don't have the option."
- "Because I had someone to get him so I could work an overnight shift. I put him in a stroller, pack his backpack, had my charger so he could watch on the phone, when I did rounds my friend from across watching, I'd have someone watch him while I signed in and got my wand."
- "It was hard, the hours for a child care, especially for someone working a minimum wage job. Like now I have a flex schedule but other jobs I worked at [company], didn't work. Lots close at six or seven at the latest, so if you are homeless, or don't have a car, then that is a big problem."

- “When I eventually moved out, I got my own place, was there for a while, had a decent job with an events company. Then it was the recession so I lost job and became homeless again, went to Homeless Assistance Center, but then the cycle again because of the cost of child care.”
- “I wouldn’t put her in a daycare around here, the area is bad”
- “If you do not have adequate child care in order to work, you cannot live, you do all these things and they say you will help and then the centers they offer don’t have what you need (eg. hours and transportation). I had to pay forty dollars per week, per child for transportation between child care and home, so that wasn’t possible, not at all.”

LOTUS HOUSE RESOURCE COORDINATOR FOCUS GROUP

We conducted a focus group with Lotus House Resource Coordinators. Resource coordinators discussed topics including limited access to infant and toddler programs within the area and emphasized the need for programs to include children with special needs and to respond to behavioral challenges. Participants also discussed the need for efficient screening, assessment, referral, and data utilization processes and shared ideas for parenting classes. Resource coordinators suggested that access to information between agencies may represent a barrier in their daily work that could be addressed through increased interagency coordination and communication. Sample quotes illustrating these themes follow.

Limited Access to Quality Infant Toddler Programs

- “Finding schools nearby with openings that are accredited is definitely the biggest challenge.”
- “Most of the time, the biggest issue is finding the quality care.”
- “A big thing here is a lot of them don’t know or can’t access the Early Head Start program. I feel like there are schools out there but they can’t get to them because they are two or three bus rides to get there.”
- “First, we call to see which schools have availability. Usually if there is a child zero to two, then there is a problem because there are only two centers, [center] or [center]. Most of the time, they say it is a wait list, then you call around for farther places... Most of the schools start at three months, so they come in pregnant - waiting, waiting ‘I can’t wait to have this baby and go back to work,’ then the baby has to stay with you.”
- “[Center] is more like babysitting, they don’t even have a structured curriculum. My guests complained: they basically watched, changed, ... [center] is very good but they are always full. So to get that good curriculum and availability, it is even harder.”
- “The schools close by that have availability, a lot of the guests don’t like the school, they don’t like what is going on. There are a lot of complaints with the toddlers, ‘every time I go my child is just sitting there.’”

- “A guest had two job offers at night and weekends, most schools are 7 to 6 so she couldn’t accept that.”
- “As of right now, there is none available 24 hours. We had a Family Child Care, but she stopped weekends now. So, that is another challenge for our guests. On the weekends they have nowhere to go so a lot of them are losing jobs because of that.”

Responsiveness to Special Needs and Behavior Challenges

- “Will the children’s medical center have medical accessibility? I have a case where they were denied to go to medical daycare. Will children with special needs be able to attend with specialized care?”
- “We have our own individualities on how we do our work. I wish there was more time to be able to discuss a lot of these cases more in depth. We have a lot of these guests who fly under the radar, but need specialized services, but there is a wait. There is always a wait, I can’t explain it, everything is like a lag. Especially with the behavior part of it – I have a parent who is on the last limb with her son and it’s like we will get an appointment when it’s available, but they really need help.”
- “A big challenge is providing behavioral health, I think one would be convincing a lot of mothers. We may have the children who may want to but they may not agree, may not make appointment.”

Transitions to ECE programs

- “Many go to Homestead. If they were to get into Early Head Start, they could transfer to X. There are a lot of good ones, but they don’t have availability. So they end up going to other ones that aren’t that good.”
- “ELC usually provides a list of accredited. But most of the time the school doesn’t have availability. ELC will send the email, just let us know what school now. If they move to another location, not a big issue because we can search by zip code and make the transfer.”
- “We still work with them. We do post service, like most of my guests I try to empower teach them, but they always come back.”

Need for Efficient Screening, Assessment, Referral and Data Utilization Processes

- “When it comes to referrals ... it takes months. Someone in the Children’s Wellness Center should assess the children quicker, within two weeks of shelter.”
- “For strengths and needs assessment, it takes a while for the child to unfold and see the issues they are having. So I was thinking maybe something to see red flags. Because we meet personally but it could take 6 weeks maybe to realize say if a child may have a learning disability.”
- “Will they do the ASQ to target that?”
- “We need more assessments across the board as Resource Coordinators. We are experienced but what if were not or didn’t know what to ask? We need some kind of screening/assessment tool to raise red flags.”

- “Think of parents whose parents do not speak English. We need more bilingual staff on staff so that kids who need the evaluations do not have to wait.”
- “One of my guests, X got the referral and her child will enter Linda Rey but it took about five months.”
- “Could we have a basic referral like if a parent comes to us and says hey, my child is hyper, if there is someone we can directly send – like we aren’t doing an assessment/diagnosis.”
- “So could we send the referral directly to Early Steps.”
- “I’ve done a FDLRS referral for 3 guests. So here we have X and X and that is kind of like their division. But if we can work hand in hand, side by side on some stuff, sometimes it would be faster for the resource coordinators to do it.”
- “Maybe a data system like Child Plus. Child Plus would make this position so much easier because we can have everything real time.”

Ideas for Parenting Classes

- “Maybe introducing something like – first allowing staff, giving opportunities for staff be trained on things like parenting journey, not just the weekly parenting class because the dynamic of the group seems like parents get bored. Maybe something like parenting journey where there is a certificate/graduation instead of sitting in a session, talking – giving training to resource coordinators on certified motivational interviewing.”
- “Nurturing is being used but I notice they aren’t using strengthening families, so we have a gap between 3-5, so they really aren’t getting anything. I talk about stuff one on one with the guests – some of us are certified in it but they are not holding sessions. Like she said, a graduation for completing, bring them an award, clap it up.”
- “pre and posttest court approved family programs would be very beneficial.”
- “So, if they can do the one where they mail in, get approved, it would be a double award for them if they have a DCF – so they would meet the requirements for Lotus House and DCF.”

Community Partnerships and Barriers

- “Many families come in with DCF caseload and has ELC already. So one mother had issues with ELC but since we didn’t process, we didn’t have access. But it’s completely different in a shelter. So when I called it was hard to get information because the referral didn’t come from here. With DCF, CPI, we do have the CPI information if another incident would happen. Previously we were one on one with DCF, not so much now. We would have to have some kind of subpoena to speak to them, so that would be a barrier now.”
- “They have a 60 day phase with CPI. So then it transfers, so we can’t speak to a caseworker – but we can speak to a CPI if Lotus House calls the case in. (99% Lotus calls). But most of the moms come in with ELC because they have an open DCF case that assisted them in getting ELC.”
- “There is no partnership between DCF workers and Resource Coordinators. But, there is a lot of stuff that we can help each other with. I had one DCF worker who I was unable to speak to but the guest was with DCF. That worker was able to get transportation. They have

to go to an APPLE accredited center but there is nothing within 5 miles. We can't pay for transportation but DCF can."

- "If we had a contact person at Jackson north or the children's hospital to pull medical records or expedite the process – now we just go through mailing / faxing , a lot of times those records are needed for SSI and we have to wait it out."
- "A lot of our guests, if they need to go to the hospital, they don't have someone to watch their child, a lot of the mothers, they don't go. Most of the time, they will get a DCF call because the child is there and no one to watch. Same issue when a mom is giving birth and she has another child."
- "Sometimes we are waiting for weeks to be seen at WIC. If we could call and get a little wiggle room to fit them in."
- "Right now we have kids that need to be seen for the neurologist, and we are still waiting, it takes a long time."