

**Child Care Resource and Referral Assessment
Stakeholders Report/Conference Call Summary
January 15, 2009**

Purpose:

- Increase standardization for greater consistency and equity of service provision across the state
- Enhance funding utilization for more effective service delivery
- Increase accountability for identified outcomes

Process:

- Create an “As Is” profile of current Ohio’s CCR&R system to gain insight into the strengths and opportunities of the system
- Conduct Benchmarking study to gain an understanding of CCR&R system standards and promising practices in 6 similar/dissimilar states
- Conduct a Cost Functional Analysis in order to develop an optimal cost model for the system
- Develop performance measures to support systematic tracking and monitoring of CCR&R data

As Is Report Findings:

- Ohio’s CCR&R network, which started in the 1970’s, is comprised of eight agencies that cover 12 service delivery areas. Five of these agencies are “stand alone” not-for-profits and three are part of larger community based organizations
- Currently the CCR&Rs provide the following Core Services:
 1. Assist families in accessing early care and education services to meet the needs of children and families;
 2. Support providers in increasing the supply and quality of early care and education services;
 3. Support community involvement in improving the early care and education system; provide ODJFS policy makers and community partners with data reports to inform decision making and demonstrate progress towards meeting Core Service goals
- Currently the CCR&Rs support the following statewide initiatives: Step Up To Quality, First Steps and The After School Initiative
- OCCRRA, which started in the 1980’s, is a statewide not-for-profit that provides both coordination of services and management oversight for Step Up To Quality, First Steps, The After School Initiative, Healthy Child Care Ohio, TEACH and the Ohio Professional Development Network

- Strengths of the CCR&R network:
 - Local service delivery , knowledge and experience
 - Professional development and quality improvement efforts
 - Leadership and subject matter expertise
 - Responsiveness and innovation in addressing state priorities and services
- Challenges of the CCR&R network:
 - CCR&Rs are stretched too thin and perhaps have lost focus
 - Some traditional CCR&R services are slipping
 - Varying capacity/structure to provide Core services
 - Variance in quality and comprehensiveness of services
 - Current reporting requirements are not adequate to ensure accountability
 - Difficulties in attracting and retaining qualified staff
 - Dual role of OCCRRA as both coordinator and manager
 - Rapid growth and changes in leadership positions

Benchmarking Study Findings:

- Service delivery:
 - One state has three regional hubs that provide oversight to CCR&R's;
 - Two states contract with state CCR&R network that in turn contracts with local CCR&R's;
 - One state contracts with an agency that serves as the state network and then subcontracts with 13 CCR&R's;
 - Two of the six states have conducted extensive cost functional analysis
- Goals and top priorities: top three priorities for all 6 states included parent referrals/education (identified as 1st by 4 states), provider training/technical assistance (identified as either 1st or 2nd priority by all 6 states) and community education/awareness (identified as 3rd priority by one state); one state had health care consultancy as their second priority
- Core services: all of the states have the same scope of core services with the same performance standards and outcomes associated with them but local needs factor into how the services are delivered (i.e., targeted toward a particular program or population)
- Budget and funding: three states rely on state funding and additional funders; one state utilizes federal funding only (prohibited from accessing additional funding); one state federal funding and additional funders; one state utilized state and federal funding
- Personnel: most states have "baseline/base-level /generalist staff" with specialist positions based on local needs; all states have professional development requirements/opportunities for their staff (one state has a 7 day institute for new agency directors, one state provides scholarships to staff to pursue degrees); salaries and benefits vary across the states due to being locally determined - one state benchmarks salaries against similar salaries within the state system; several identified moderate to high staff turnover
- Data collection/reporting: five of the states utilize NACRAWARE to report out on provider data and generate additional reports based on performance indicators mostly on a quarterly basis to funders (one state sends reports to the state legislature); reports are used to show progress in meeting outcomes/goal, identify trends/strengths/weaknesses; and to inform continuous improvement; three states survey customers on their level of satisfaction
- Strengths/Challenges in their own words-
Strengths:
 - Good job of coordinating/managing comprehensive services for both parents and providers across the state (two states)

- Network structure of having districts and regions leads to efficiencies
- Community relations lead to strong linkages due to being in the communities for many years
- Self regulation/reflection leads to continuous improvement
- Network management that is transparent and that is focused on the provider

Challenges:

- Individual R & R support to make sure that funding gets to the right places
- CCR&Rs can't say no to new tasks and can't let go of old tasks
- Funding (two states)
- Geography the territory is too large to cover
- Consistency when trying to manage so many different agencies/initiatives

Questions/Answers

Q: If there is additional clarification needed from the CCR&R network, will we be asked to provide it?

A: Yes - if there is a need for additional information you will be asked to answer/clarify.

Q: We have a follow-up question from the conference call today. Can you share the break out of how the current core services are emphasized here in Ohio and what the benchmark study may indicate? *For example...* do the R&R's focus 25% on support to families in accessing child care, 50% on professional development support to providers, and 25% community awareness.

A: Unable to answer at the present time due to the RFP process.