Iowa Department of Human Services
Child Care Resource and Referral Agencies – SFY12
Summary of Re-Design of Services

The goal of the RFP was to establish contractors who could contribute to a consistent and effective CCR&R service delivery system that
1) Improves accountability for service delivery;
2) Builds a provider support system that is no longer “visit driven” but rather “improvement” driven;
3) Utilizes available technology to best serve parents and providers; and
4) Reduces administrative costs to move more resources to direct services.

Benefits of System Redesign

Redistribution of counties within the 5 Regions
- Aligns with proposed ECI map
- Balances geographic and county coverage
- Equalizes child population in Region 4 & 5

Service Delivery Model
- Provides flexibility in deploying staff throughout region – staff aren’t bound to a regional office location.
- Deploys FTE’s based on population & need – not the former “1 FTE for role per region.”
- Expands on-site support to providers -- all consultants are responsible for foundational knowledge to support all providers -- not limited to former ‘silos’ expertise.
- Increases efficiencies in the delivery of parent referral services – allows for expanded hours of service.
- Supports regional delivery -- provider and parent services will be available region-wide though they may not be “owned” by a local agency.

Telecommuting, Satellite offices and Limited Subcontracts
- Increases availability, accessibility and consistency of services - strengthens the whole CCR&R system.
- Increases identity of CCR&R -- to providers, parents, and community partners.
- Decreases windshield and meeting time – allows more time spent with providers.
- Increases participation at the local level – with community stakeholders and business partners.
- Reduces overhead (facility and administration costs) from area offices -- results in more funding available for direct services.
- Allows qualified staff to be home-based – benefits rural Iowa and increases ability to recruit and retain qualified staff.
Centralized Parent Services in Regions

- Increases access for parent referral services – expanded to include extended evening and Saturday mornings.
- Increases accuracy of referral information -- all staff responsible to ensure provider information is continually updated.

“CCR&R Child Care Consultant”

- Combines the work of the former CCR&R staff (home consultant, nurse consultant, infant and toddler specialist, and QRS specialist) – improves consistency, reduces confusion and the number of people coming on-site with providers.
- All consultants will complete the I-Consult Level I training -- a cadre of staff will be credentialed as Level II consultants to serve as mentors to all consultants in the region.
- Establishes “baseline” knowledge relevant to all provider types – all consultants will be well grounded in key health and safety practices, QRS, developmentally appropriate practices, etc.
- Aligns performance measures towards supporting child development homes, centers and preschools in 1) understanding and meeting regulations and 2) participating in quality improvement efforts (QRS).
- Assists providers – in identifying professional development needed to improve quality of care, linking to community resources, etc.

Points of Expertise:

- One staff per region will serve as the point for infant and toddler care (i.e., will be PITC certified). This staff person will also carry a provider caseload.
- One staff per region will be hired with a health background to serve as subject matter expert to providers and CCR&R staff (i.e., attends relevant training, keep updated on trends/best practices, maintain connection to community/regional/state contacts). This staff person will also carry a provider caseload.

Statewide Consistency

- Statewide meetings for CCR&R Network; Child Care Consultant Supervisors; Training Specialists; Data Specialists; and Parent Services Specialists.
- Consistent positions, titles, and educational requirements.
- A minimum of 1 Child Care Consultant Supervisor in each region to direct supervise all consultants; organize consultation trainings; and assure consistency in consultation throughout the State and region.
- Statewide training for all Child Care Consultants twice a year and regional training as needed.
- I-Consult training: Level 1 for all consultants; Level 2 to become credentialed; and Level 3 to become a mentor.
- Statewide Child Care Consultant Guidance Manual to provide key documents to assure consistent expectations and implementation of consultation. Documents include:
  - DHS Licensing and Registration process
  - Iowa Code Regulations vs. best practice recommendations for Child Development Homes
  - I-Consult strategies
  - Definition of TA and consultation
  - Statewide forms
• Training Reflections Consultation Tool (assure consultations aligns with series training curricula)
  • ChildNet policies and procedures
  • Training policies and procedures
  • Health, safety, and injury prevention policies
• CCR&R series trainings offered based on provider population:
  • ChildNet
  • Welcome to School Age Care
  • Welcome to Child Care
  • Program for Infant and Toddler Care Modules 1-5
• Develop one statewide website instead of five regional websites. Target launch date for www.iowaccrr.org is February 1, 2012.
• Optional bid provides support to the CCR&R Statewide Network.
  • Maintain statewide 800 number
  • Maintain www.iowaccrr.org website
  • Develop two newsletters
  • Develop an annual report
  • Coordinate the purchase and printing of statewide supplies and materials
• Collect and report same data on statewide datasheets.
• NACCRAware for data collection

**Statewide Inconsistency**
• Local funding for CCR&R and non-CCR&R services:
  • Staff
  • Training
  • Mini grants
  • Misc. programs
• Local contract requirements differ.
• Local sources fund other agencies for services that support providers can cause confusion to providers and community members.
• One region has telecommuting Child Care Consultants
• Three CCR&R regions have Community Liaisons, one region has a Communication Specialist, and one region has those duties dispersed among staff.
• Each region has an individualized plan to use technology to best serve families and child care providers. New technology and use of technology includes:
  • Webinars
  • Skype
  • Social media
  • Intranet database
  • Wireless internet access during consultation will allow consultants to:
    ▪ View websites and educate providers on how to access important information such as product recalls and National Accreditation
    ▪ Register for classes on the DHS Training Registry
    ▪ Complete online provider update form with open positions and other information important for parent referrals.
**SFY11 Data**

Statewide # of parent referrals
- 15,582

Statewide # of providers trained (unduplicated)
- 10,771

Statewide # of consultation visits
- 2,526 home consultation visits
- 1,246 Infant/toddler consultation visits to 712 programs

**SFY12 Budget and Staffing**

Region 1 – Northwest Iowa - $918,643 DHS Funding
- 14.5 FTE’s - DHS funded
- 2 FTE’s – ECI funded as CCR&R employees

Region 2 – Northeast Iowa - $877,607 DHS Funding
- 15 FTE’s - DHS funded
- 13.125 FTE’s – ECI funded as CCR&R employees

Region 3 – Southwest Iowa - $672,429 DHS Funding
- 11 FTE’s - DHS funded (estimated)
- 1 FTE’s – ECI funded as a CCR&R employee (estimated)

Region 4 – Central Iowa - $1,287,964 DHS Funding
- 17.6 FTE’s - DHS funded
- 3 FTE’s – ECI funded as CCR&R employees

Region 5 – Southeast Iowa - $1,246,929 DHS Funding
- 16 FTE’s - DHS funded
- 1 FTE’s – ECI funded as a CCR&R employee

Local funding sources contracts with non-CCR&R agencies to work with child care providers doing similar work (estimated FTE’s)
- Region 1 – 2.5 FTE’s
- Region 2 – 3 FTE’s
- Region 3 – Unknown
- Region 4 – 8.6 FTE’s
- Region 5 – 2.5 FTE’s
SFY12 Performance Measures

Parent
- A minimum of 60% of parents who requested referrals chose regulated child care.
- A minimum of 85% of parents are satisfied with referral services.
- A minimum of 55% of parents were able to secure child care from the referrals provided.

Provider
- A minimum of 15% of Child Development Home programs in the region will be ChildNet certified.
- A minimum of 9% of all child care programs in the region eligible for the Quality Rating System will achieve a Level 2 rating.
- A minimum of 9% of all child care programs in the region eligible for the Quality Rating System will achieve a Level 3, 4, or 5 rating.
- A minimum of 85% of child care program are satisfied with training, TA and consultation services.

Community
- At least 85% businesses served are satisfied with services received.
- Of the businesses contacted by CCR&R, 50% of the businesses serve as distribution points for marketing materials to families.

R&R-talking points 11-2011