Considerations for the Implementation of Infant/Toddler Contracted Slots

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1:00–4:00 p.m.
Welcome

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Please Share

1. Your state or territory
2. Your role
3. Your state’s or territory’s goals to build the supply of high-quality infant and toddler care
**Child Care and Development Fund (CCDF) Reauthorization**

Develop and implement strategies to increase the supply and improve the quality of child care services for the following:

- Children in underserved areas
- **Infants and toddlers**
- Children with disabilities
- Children who receive care during nontraditional hours

Prioritize investments that increase access to high-quality child care services for children in areas that have significant concentrations of poverty and unemployment and lack high-quality child care services.

Develop and implement strategies to strengthen the business practices of child care providers to expand the supply and improve the quality of child care services.

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Strategies to Build and Sustain High-Quality Infant/Toddler Care

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<th>Provider Payment Rates That Support High-Quality Care</th>
<th>Financial Incentives</th>
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<td>High-Quality Family Child Care Options for Infants and Toddlers</td>
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<td>Public-Private Partnerships</td>
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Elements of a Subsidy

• Eligible family and child
• Eligible and willing provider
• Direct child care service
• State payment and family copayment
Two Types of Subsidies

• Certificates
  – Family selects among providers in the market
  – Payment is usually a reimbursement
  – Agreement is with the family—child specific

• Contracts
  – Family selects among targeted providers
  – Payment can be before or after service
  – Rates and rules may be customized
  – Agreement is with the provider—not child specific
Why States Use Contracts

• Specific type of care for a population or geographic area
• Higher quality care
• Comprehensive services
• Underserved families
Examples of How States Use Contracts

- Early Head Start, Head Start, or prekindergarten extension
- Age-specific high-quality care
- Special populations
- Centers or family child care networks
- Rural or inner-city providers
- Temporary Assistance for Needy Families temporary care
Benefits of Contracts

• Stabilize and support the targeted care
• Ensure more access for low-income families
• Facilitate quality improvement
• Reduce administrative burden
• Broaden the scope of services
• Promote continuity of care
Possible Limitations of Contracts

• Budget implications
• Longer-term commitment
• Response time to changing needs
• Maintaining full enrollment
Implementation Considerations

- Funding and budget
- Specific target group
- Layering of funding
- Contracting process
- Standards
- Scope of services
- Outreach and placement of children
- Rate and payment provisions
- Eligibility determination
- Monitoring
- Reporting
Implementation Science

“Implementation science is the scientific study of the process of making evidence-based practices work in real-world settings. Implementation science is important because when you scale up a program to reach more children and families, you want to make sure you achieve the desired outcomes.”

—Tamara Halle (emphasis added)

Why Focus on Implementation?

- Implementation science is a specific framework that early care and education program implementers and technical assistance providers can use to guide the implementation of quality improvement efforts.

  - It places an overt emphasis on reflection of practices and evaluation of supports for those practices.

Implementation Stages

- Emerging/exploration
- Installation
- Initial implementation
- Full implementation/revision


What Is Your Level of Knowledge and Experience with Implementation Science?

• Yikes ... implementation what?
• I can fit my knowledge in a carry-on suitcase.
• I am pretty familiar with it. I can help you with the presentation!
• I wrote the book on this.
Emerging/Exploration

• **Task 1:** Assess readiness, fit, and feasibility of implementing contracted slots.

• **Task 2:** Identify where infant/toddler contracted slots could be the most effective.

• **Task 3:** Begin to think about funding needs.

• **Task 4:** Review research and examples of states using contracted slots.
Implementation Considerations

- Funding and budget
- Specific target group
- Layering of funding
- Contracting process
- Standards
- Scope of services

- Outreach and placement of children
- Rate and payment provisions
- Eligibility determination
- Monitoring
- Reporting
Innovations

• Setting rates—base, tiered, or negotiated
• Attendance and guaranteeing payment
• Linking to quality improvement
• Contracting for 3–5 years with rate increases
• Reassessing need, supply, and provider cost
• Layering funding in contracts
Identifying Infant/Toddler Care Supply Shortages Based on Data

Assess

- Where families with low incomes live
- CCDF provider locations
- The quality level of existing providers—CCDF and non-CCDF
- Where jobs are located
Where Does Your State or Territory Gather Information about Your Infant/Toddler Care Supply?

- Child care resource and referral (CCR&R) agencies
- State’s or territory’s market rate or price study
- Waiting lists (for example, Early Head Start, community-based programs, subsidy)
- Quality framework or quality rating and improvement system
- United Way, Individuals with Disabilities Education Act Part C, Early Head Start
- CCDF quality progress report
- Early Head Start needs assessment
- Others?
Using Grants and Contracts to Increase Supply

- **43** states and territories use grants or contracts to enhance the supply of child care and increase the quality of their programs.
  - **Nine** states offer integrated care or wrap-around services (for example, Early Head Start, Head Start, preschool).
  - **Nine** states serve infants and toddlers.
  - **Eight** states serve children with special needs.
  - **Six** states provide services in specific geographical areas.

Planning and Implementing Grants and Contracts

**Conduct needs assessments**
- Lead Agencies should conduct needs assessments of targeted demographic groups, geographic areas, and underserved populations.

**Link the contracted services to other quality improvement efforts**
- Coordinating direct service contracts with other quality improvement initiatives will produce the best results and provide for efficient use of available funds.

**Use the state’s or territory’s procurement process**
- Lead Agencies need to develop a comprehensive scope of services and performance standards.

**Develop accountability controls**
- Lead Agencies are responsible for ensuring that grantees and contractors expend CCDF funds for their intended purposes.

Assessing Progress toward Implementing Contracts and Grants

- Have you identified shortages in the supply of high-quality child care for specific populations or geographic areas?
- Do you have state or territory authority to contract directly with providers?
- Have you considered using or leveraging other funding sources to finance direct-service grants and contracts?
- Have you pursued partnerships with organizations to become contracted providers?
- Do you have the resources to establish direct-service grants and contracts?
- Have you included reporting requirements in your contracts to help measure overall stability in your provider supply?
- Have your contractual relationships led to program improvements and expansions?

How Does My State or Territory Determine the True Cost of Care?

- Provider Cost of Quality Calculator (PCQC)
- Provider rates from the subsidy program
- Quality rating and improvement system or other supplemental financing
- Families’ ability to pay
- Other sources of funding
- How large is the gap?
Your Turn: Small Group and Share Activity

• What questions should be asked at this stage of implementation?
• What tasks need to be on your to-do list?
• Are you at this stage? If so, share your challenges, wisdom, and successes.
Installation

• **Task 1:** Identify readiness and capacity for the state or territory to organize the resources and will to implement.

• **Task 2:** Design a logic model to guide the work and prepare for formative evaluation and feedback loops.

• **Task 3:** Explore key administrative and operational rules.

• **Task 4:** Create a timeline for implementation to account for decisionmaking.
Your Turn: Small Group and Share Activity

• What questions should be asked at this stage of implementation?
• What tasks need to be on your to-do list?
• Are you at this stage? If so, share your challenges, wisdom, and successes.
Initial Implementation

• **Task 1:** Examine initial implementation of state or territory contract programs to identify early indicators of success and course corrections.

• **Task 2:** Examine inputs and activities in the logic model to determine whether they are achieving the desired goals (for example, build supply, stabilize care in certain areas, meet parents’ needs, improve program standards).

• **Task 3:** Gather data on perspectives of parents and providers regarding their experiences with child care provided through contract policies.
Your Turn: Small Group and Share Activity

• What questions should be asked at this stage of implementation?
• What tasks need to be on your to-do list?
• Are you at this stage? If so, share your challenges, wisdom, and successes.
Full Implementation

• **Task 1:** Continue formative evaluation and utilize feedback loops.

• **Task 2:** Consider continuous quality improvement additions or changes for revisions.
Your Turn: Small Group and Share Activity

• What questions should be asked at this stage of implementation?
• What tasks need to be on your to-do list?
• Are you at this stage? If so, share your challenges, wisdom, and successes.
Additional Information
Infant/Toddler Resource Guide

Developed by the Child Care State Capacity Building Center; available at https://childcareta.acf.hhs.gov/infant-toddler-resource-guide.
State and Territory Strategies


Supply Building Action Plan: What Should We Do Next?

Contact Your Infant/Toddler Specialist

<table>
<thead>
<tr>
<th>Region</th>
<th>Infant/Toddler Specialist</th>
<th>Email</th>
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Thank You