

Workgroup #2: Critical Issues within the Existing System Water Cooler Conference: March 25th, 2009

Meetings:

- October 1st, 2008 from 10 am to 2 pm
- December 19th, 2008 from 10 am to 2 pm
- January 14th, 2009 from 2 pm to 4 pm
- March 2nd, 2009 from 10 am to 2 pm

Chairs:

- Nina Buthee, CCDAA
- Debby Armstrong, First 5, San Mateo

Ultimate Goal:

Maximize the current system's capacity to provide quality care for California's youngest children by increasing efficiency and available resources for the current subsystems of care in the state.

Initial Recommendations:

Licensing

1. The ultimate goal should be to have all California children in care that meets basic health and safety standards.
2. Annual Unannounced Visits.
3. Expand the Ombudsman program to provide comprehensive training and technical assistance to providers.
4. Increase training in the pre-licensing process; increase funding to provide more frequent orientations for providers.
5. Require trustlining and basic safety training for all relatives; incorporate safety training and outreach to license exempt providers into a QRIS.
6. Study the possibility of including CDE/CDD in the licensing process to utilize additional expert staff to conduct licensing reviews and visits. Build (or expand) a web-based licensing system so input can be provided by an authorized set of qualified staff.
7. Study the possibility of streamlining and decentralizing the licensing system to utilize the expertise and additional manpower of local agencies to conduct licensing reviews and visits.

License Exempt Care

1. Include license exempt providers in a QRIS: require trustlining and basic safety training for all providers, and offer incentives for increasing the quality of their care.
2. Build on the existing training and support models that exist in the state.

Subsidies, Fees and Reimbursement Rates

1. Raise infant/toddler reimbursement rates to match the actual cost of care.
2. Raise the reimbursement rate for full day care so that it matches the actual cost of care and does not disincentivize providers from providing full day care for children.
3. Combine the RMR and SRR to reflect the actual annual increase in local cost of living.



4. The new combined reimbursement rate should be incorporate into a QRIS that rewards providers, including license exempt providers, for quality care.

CDE Resources and Reducing Unspent Funds

1. Increase funding for comprehensive training and technical assistance for providers in budgeting, accounting and other fiscal issues.
2. Provide funding for peer training for providers.
3. Increase funding to allow for internal tracking and monitoring of programs to assess where growth and unallocated funds should be used.
4. Incorporate provider fiscal training into a QRIS.
5. Provide adequate funding in order to implement a QRIS, both at the CDE level and at the provider level.

Streamlining Funding Processes and Procedures

1. Explore and allow for increased flexibilities and procedures, both on the contract level and at the CDE level, of new funds so that unused funds from one program may be transferred to a different program.
2. Evaluate the impact of AB 2759 to help identify what policy interventions are still needed to increase efficiency and streamlining.

Wrap Around Care

1. Increase CDE resources to allow for increased fiscal training and technical assistance.
2. Increase the SRR to cover the actual cost of care and to incentivize full day care for families.

Centralized Eligibility List (CEL)

1. Study the CEL to evaluate:
 - a. How efficient it is: in comparison to the previous system?
 - b. How effective it is: Is it working to make sure that the neediest children are getting access to programs?
 - c. Whether the requirements and data gathering is consistent across different counties and regions of the state.
 - d. Whether it is an accurate data source capturing the actual number of children who are eligible for a program but not yet receiving services.

Recommendations to the QRIS Workgroup:

1. License exempt providers should be included in a QRIS; those providers who participate in basic safety training and trustlining should be supported and incentivized.
2. Fiscal training on accounting, budgeting and blending and braiding should be incorporated into a QRIS; those providers who receive training in these areas should be supported and incentivized.
3. The reimbursement rate should be raised and simplified and should be tied to a QRIS to support and incentivize all providers to increase their quality of care.
4. Include funding for programmatic and administrative technical support for providers and for CDE in a QRIS.

