Goals

- Legislative initiative that provided funds to pay selected programs/providers *higher rates* to:
  1. Promote continuity of care
  2. Promote school readiness
  3. Improve quality of programming
  4. Continue to support parents’ employment and/or schooling leading to employment
# CCAP-SRC Policy Differences

<table>
<thead>
<tr>
<th>Policy</th>
<th>CCAP</th>
<th>SRC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum rates</td>
<td>Charges reimbursed up to county maximums, capped based on legislation.</td>
<td>Charges reimbursed up to 25% higher.</td>
</tr>
<tr>
<td>Payment rates</td>
<td>Cannot charge CCAP families more than non-CCAP families.</td>
<td>Higher rates can be charged if SRC services provided are different from services for non-SRC families.</td>
</tr>
<tr>
<td>Child ages</td>
<td>0–12 years, or through age 14 if child has a disability.</td>
<td>0–5 years (or until child enters kindergarten).</td>
</tr>
</tbody>
</table>
### CCAP-SRC Policy Differences

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<tr>
<td>Absent days</td>
<td>Limited to 10 consecutive days, 25 cumulative days per year, except for medical exemption.</td>
<td>Not counted; must attend an average of 25 hours per week.</td>
</tr>
<tr>
<td>Care authorized</td>
<td>Number of hours authorized is tied to parent’s participation in authorized activity. If parent’s hours change, the amount of care authorized may change.</td>
<td>Children are authorized for weekly care. If parent has authorized activity at least 35 hours per week and the schedule changes, authorized weekly care with the SRC provider continues as long as the family remains eligible for CCAP.</td>
</tr>
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</table>
SRC Pilot Sample

- Programs were selected that were delivering high-quality services and supports to children and families.
  - 14 providers participated included Head Start, center-based, home-based programs that were licensed to provide care for children 0-5.
- Families were eligible to participate if they were receiving subsidies, were in an authorized activity, had a child 0 to 5 years, and kept the children in a program a minimum of 25 hours per week.
  - 364 children participated for 9 months on average.
Selected Findings: Families and Programs

- Families benefited from additional services provided.
  - 36% of programs had a designated staff person working with families to connect them to other resources.
  - 15% of families were referred for developmental screenings for their children in addition to other child and family/parenting services.

- Programs used the additional funds to support their quality improvement efforts (e.g., teacher materials and professional development, activities to involve parents).
  - 71% of programs used SRC funds for teacher training and education.
Selected Findings: Quality Improvement and Child Assessment

- 93% used the WSS results to design goals and lesson plans for the children in the SRC project.
- All programs/providers reported that the WSS made it easier to observe children.
  - Some programs specifically noted gains in the areas that were included in the WSS assessment.
- 93% of programs/providers reported sharing the results with parents, who liked receiving this feedback very much.
**Selected Findings: Child Assessment**

- Most (84%) parents reported that the staff always or usually used assessment tools to track the child’s learning.
- Most (89%) parents reported that they met with their child’s teacher to discuss child’s development.
- Most (73%) parents reported receiving written reports about the child’s development with suggestions for activities at home (71%).
Selected Findings: Cost

- Program costs were 33% more than would have been authorized by subsidy alone.

- Cost per child per year of SRC services averaged $2,870.
  - This is the amount above the regular average CCAP costs per child.
Partnerships

- DHS leveraged the existing CCAP authorization and payment processes (i.e., families and providers used one system).
- Criteria were aligned with the developing QRS system in Minnesota.
- 17 counties and one administering agency worked with providers and DHS to implement the pilot project.
- Partnerships were supported by the requirement to refer to community-based services.
Key Lessons Learned

- Providers reported benefits of WSS; it helped them:
  - Observe the children more effectively.
  - Evaluate children’s progress on developmental milestones.
  - Communicate this information to the parents.
  - Create customized goals for the child.
  - Integrate the WSS results into the daily activities in the classroom and playground.
  - Offer parents opportunities to help foster their children’s development at home.
For additional information
School Readiness Connections

Full Evaluation


Evaluation Brief

Thank you!

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