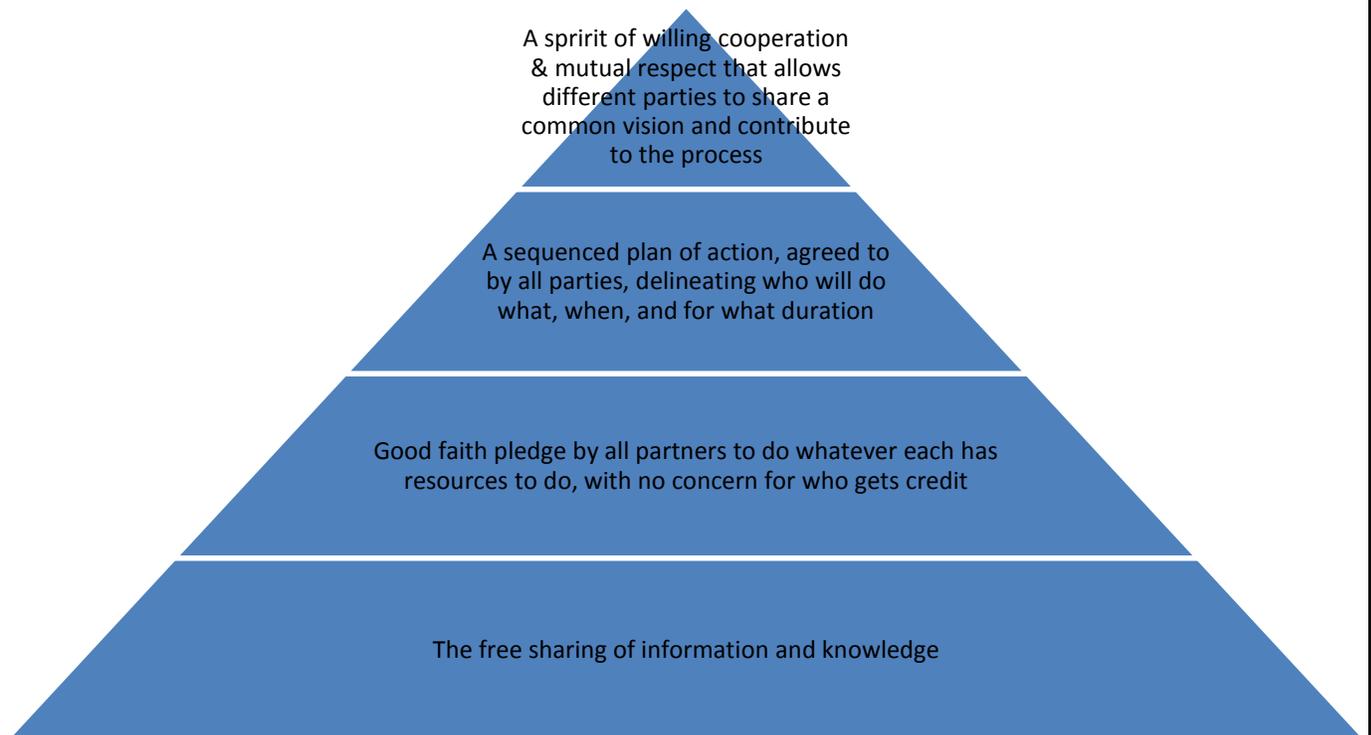


# MULTI-COUNTY CENTRAL COORDINATION COMMUNITY PLANNING TOOL

## INTRODUCTION

Multi-county central coordination can connect young children and their families with needed services. When establishing new or expanding an existing central coordination (CC), communities should consider several factors in order to ensure high-quality service delivery that meets the community need. In Ohio's history of central coordination in Help Me Grow programs, grants or contracts have established county-specific central coordination sites. Recent years have shown that locally determined multi-county central coordination sites can be done successfully. The ODH offers this tool as a way to help determine if your local community is ready to build a multi-county collaboration for HMG central coordination.

All partnering is not collaboration and all collaboration is not partnering. There are many levels of partnering to achieve a common goal. You can share information, which is *communication*, the broadest kind of partnering. Partners can share resources and work together without self-motivation, which is characterized as *commitment*. At the next level of partnership is *coordination*, which brings people together around an articulated action plan. And, at the highest level of partnership is *collaboration* where mutual respect and cooperation surround a common vision.



The most successful partnerships have the following in common:

- A community that understands the programs and supports its coordination
- Program staff that are well-trained and supported through high-quality supervision
- Strong administrative support
- Ongoing evaluation of program implementation so that quality issues can be addressed in a timely manner
- An environment where the need for the program is clearly understood and efforts are not duplicated
- A spirit of collaboration with other early childhood programs
- Strong local leadership to nurture the development of the services

Planning for a multi-county central coordination is a long-term and ongoing process. This tool can be used by counties to:

- Identify community needs and strengths based on data
- Explore current early childhood assets and service gaps
- Analyze components of both program- and system-level implementation that are critical to the replication of high-quality central coordination.

We have packed a lot into this resource. It is not expected that a county will be able to address all topics in this toolkit at one time. Rather, the tools included can serve as a guide that will take you through key elements of program planning, enable you to customize your approach to your county's unique and evolving needs, and align work at the local level with state efforts.

This must be a grassroots effort led by one of your own. If you would like a technical assistance program consultant to help answer questions you may have as you proceed, please make a request directly to us at the Ohio Department of Health Help Me Grow programs. We will support your efforts, but will not lead your local process.

## **STARTING THE DISCUSSION ABOUT MULTI-COUNTY CENTRAL COORDINATION**

Whether you are starting a new central coordination or expanding existing coordination, you should carefully consider who will be invited to discuss the pros and cons, and who will ultimately make the decisions. It is important to include a wide variety of stakeholders in the process, such as representatives of early childhood programs and other community services, health and mental health professionals, researchers, funders, advocates, parents, elected officials, and other community leaders. You want to invite people to the table of an inclusive process, which seeks to address real issues upfront so that all of the following can occur:

- Establish consensus, to the extent possible, as to whether or not you will pursue multi-county collaboration for central coordination;

- Outline a simple plan to delegate any work the group needs, including garnering commitments from key partners to participate;
- Agree on what information will be shared, by what means (in-person, phone conference, email), and how often.

## DEFINING THE WHAT OF CENTRAL COORDINATION

Before starting a self-assessment to ask “How Ready are We?” we should pause here to make sure that everyone who will utilize the tools provided knows what *the what* is. Central coordination is defined for Help Me Grow programs via a contract with ODH and the county Family and Children First Councils. Between this contract and the Ohio Administrative Code 3701-8-04, activities, timelines, and responsible parties define what central coordination is in Ohio for Help Me Grow programs. Another document available in this tool kit asks local community entities if they should/could/are ready for a multi-program central coordination. This tool asks if you should/could/are ready for a multi-county HMG central coordination site.

The key to central coordination is accessibility for the people you serve. Does the public know where to find you? Do they know enough about what you do to know when to call you? A central coordination process is dedicated to helping people, from the moment they contact the site, from the time they are referred to the program referral handoff, and sometimes even after. The role of the central coordination staff is to assist families by determining the supports that are best suited for the family’s particular needs. This is a big job which can be the key to successfully serving your community with the resources available to help them be the best they can be.

The process mandated by the current state contract for central coordination requires contractors to articulate their plan for targeted messaging and outreach to professional referral sources and families who may be interested in, or in need, of our programs.

The remainder of this tool kit provides different tools/resources you can use to start the self-assessment and/or discussions about partnering across county lines for HMG central coordination. None of these is a requirement to use; you decide whether a tool is used or not used; how each is used; and in what order you use them.

## TOOL #1: THE STATE OF YOUR COMMUNITY

Counties can examine local community data as one strategy for assessing whether or not their county should/could/is ready to collaborate to do HMG central coordination. To start this, you will need to define your “community” for the purposes of this tool (i.e., zip codes, town/city boundaries, townships, counties, early childhood region)?

Use data you already have access to through local Health Districts and websites. Gather together stakeholders to see who knows the data for the area you are considering. Remember than the minimum area for central coordination in SFY 2016 is one Ohio County, but that there is no maximum. Finally, you may want to add other data points or delete some of those included as suggestions here. These data will help give a focus to at least prenatal to age three, but you may decide to expand the age range depending on your local needs.

### Community Demographic Information

Construct	Community Data	State Data
Number of children <ul style="list-style-type: none"> <li>• ages 0–3</li> <li>• ages 4–5</li> </ul>		
Premature births <ul style="list-style-type: none"> <li>• percent: # of live births before 37 weeks/total # live births</li> </ul>		
Low birth weight <ul style="list-style-type: none"> <li>• percent: # resident live births less than 2,500 grams/# live births</li> </ul>		
Infant mortality <ul style="list-style-type: none"> <li>• # infant deaths ages 0–1/ 1,000 live births</li> </ul>		
Children with disabilities <ul style="list-style-type: none"> <li>• Eligible with Condition</li> <li>• Eligible with Delay</li> </ul>		
Poverty <ul style="list-style-type: none"> <li>• # residents below 100% Federal Poverty Level (FPL)/total # of residents</li> <li>• # residents below 185% FPL/total # of residents</li> </ul>		
Child maltreatment <ul style="list-style-type: none"> <li>• rate of reported substantiated maltreatment by child age</li> <li>• rate of reported</li> </ul>		

Construct	Community Data	State Data
substantiated maltreatment by type		
Health insurance <ul style="list-style-type: none"> <li>percent of children under 6 covered by health insurance</li> </ul>		
Teen pregnancy <ul style="list-style-type: none"> <li>percent of live births to females less than 20 years of age</li> </ul>		
Other		
Other		

**Given the above data and your community's comparison to your state's averages, what are your community's primary needs?**

- 1.
- 2.
- 3.
- 4.
- 5.

**Given the data above, what are your community's relative strengths?**

- 1.
- 2.
- 3.
- 4.
- 5.

## TOOL #2: EXISTING PROGRAMS & SERVICES

*In order to identify who you would like to include in central coordination, you should know who the potential partners are. Identifying the early childhood services and programs that already exist in your community is important, especially as you consider expanding the community beyond county lines. Add rows to the table to provide the most comprehensive picture of the area you are examining (single or multi- county).*

Program	Service Provided	Targeted Goals/ Outcomes	Eligibility Criteria	# People Served	Area Served

Based on the chart of existing programs and services that you completed, what are the major strengths of current programs?

- 1.
- 2.
- 3.
- 4.
- 5.

What are the populations currently not served by existing programs and services?

What are areas of need that are not being met by existing programs and services?

What geographic locations most lack programs and services?

Who do we want to serve in the central coordination?

### **TOOL #3: PUBLIC ENGAGEMENT**

*Another way to start this conversation is to answer these questions about who may be motivated and who may not be motivated to join forces with another county or two to do HMG central coordination. Once you know that, you will be better equipped to move forward.*

What is the level of community buy-in for multi-county central coordination?

What sectors in your community lend the strongest support?

How could buy-in be strengthened?

Based on local needs, gaps, and resources, what are the key messages that community members need to hear about central coordination?

How can those messages be incorporated into an outreach plan?

What are the various avenues for engaging and recruiting families in your community to participate in the coordinated programs and services?

Is there a process to ensure that families' needs and interests are understood so they receive the appropriate service connect from CC?

What opportunities exist for parents to influence program development and implementation decisions?

#### **TOOL #4: STAFF QUALIFICATIONS AND PROFESSIONAL DEVELOPMENT**

*Another tool which can factor into the discussions and decision making can be existing or needed staff. By examining what the motivations are around staff, you will be better able to address concerns, plan for the future, and make the best decision for your community possible.*

Who are the existing individuals staffing the central coordination site(s) in our defined community?

Are potential candidates present in the community with the experience, skills, and qualities needed to fill staff positions (i.e., experience with home visiting and working with children and families, culturally diverse populations, maternal and child health issues, child development from birth to age 3, and high-risk populations)?

Do the existing individuals have the professional or paraprofessional credentials required by OAC 3701-8-03?

What funding exists to bring needed professional development resources into your community?

How do program supervisors ensure that staff are able to fulfill their responsibilities?

## TOOL #5: PARTNERSHIPS AND COLLABORATION

*Another tool available to assess your county's' readiness for collaboration across county lines is to look at existing partnerships. The success stories work because the relationships were already in place when the discussion of potential partnering began. By assessing the partnerships with the potential community you have defined, you will see where relationships exist and where they could be strengthened moving forward.*

How do the program and service personnel in the community communicate, collaborate, and share resources?

Can families transition with ease between early childhood programs if their needs change or children age out of a program?

What formal agreements or system for referrals would we need to implement in an expanded definition of community?

*Use this chart to document to what extent the Central Coordination partners with the following community support services.*

Community Service	Limited Collaboration	Moderate Collaboration	High-Level Collaboration
Pre-K			
Child Care Centers			
Child Care Homes			
Early Head Start/Head Start			

Community Service	Limited Collaboration	Moderate Collaboration	High-Level Collaboration
Schools/School Districts			
Early Intervention			
Child Care Resource and Referral Agencies			
Infant Toddler Specialist Networks			
Infant Mental Health Networks			
Family Resource Centers			
Parenting Classes			
Family Literacy Programs			
SNAP (food stamps)			
WIC			
Local Health Department			
Community Health Centers			
Pediatric Practices/Clinics			
Birthing/MCH Hospitals			
Transitional Housing			
Food Pantries			
Mental Health/ Counseling Services			
Substance Abuse Treatment			
Domestic Violence Shelters/Services			
Faith-Based Services			
Funding Entities (United Way, local foundations)			
Advocacy Groups			
Community Facilities (libraries, community centers, higher education, parks, museums)			
Other			

Based on the chart above, what partnerships could be strengthened or new partnerships developed?

- 1.
- 2.
- 3.
- 4.
- 5.

Which community services listed in the chart above should be priorities for partnership?

- 1.

- 2.
- 3.
- 4.
- 5.

What community-level coalitions with multiple early childhood stakeholders exist to address challenges, advocate for improvements, or assist in starting a multi-county central coordination?

What entity “takes the lead” for CC in the counties you would partner with?

Who are the key people and organizations in the community to have at the table?

### TOOL #6: FINANCING AND SUSTAINABILITY

*It is also important to understand how much money other counties you are considering partnering with have to contribute to the overall costs. It is important to know what you spend now for the resource to exist locally and what you could gain by accepting another county doing CC for you or whether you would want to host the CC for other counties. Is it financially worth it?*

Funding Source	Received by Programs? (Y/N)	Potential to Be Received? (Y/N)
Children’s Trust Fund		
Criminal Justice		
Child Welfare		
Child Care		
Social Services		
Public Health		
Education		
State General Revenue		
Medicaid/SCHIP/Private Insurance		
TANF		
Early Intervention	Y	
Home Visiting	Y	
MIECHV	Y	
Tobacco Funds		
Domestic Violence Funds		
United Way		
Local Individual Donations		
City Funds		

Funding Source	Received by Programs? (Y/N)	Potential to Be Received? (Y/N)
County Funds		
Local Private or Public Foundations		
Other		
Other		

What “in-kind” resources are available to support an expanded CC in your community?

Is all funding spent on day-to-day program operations, or is some funding available to support administrative structures and program enhancements?

Are there ways that funds could better be used at the local level among programs to help minimize competition and streamline administrative requirements?

## **TOOL #7: EVALUATION AND QUALITY ASSURANCE**

*Finally, counties should examine whether collaborating across county lines would enhance their ability to meet the minimum requirements for quality. Are there capacity issues in the current structure which would have to be addressed (the tool on staffing can help answer this)? Are there technology issues which would have to be discussed first in order to know if the proposed is possible?*

What would change in your data quality plan in order to collaborate across county lines for central coordination?

How can you develop and improve upon your community’s capacity to do central coordination?

What tools do you need to ensure high quality CC for a multi-county area?

---

*The Ohio Department of Health's Wendy Grove & Jeffrey Wynnyk adapted with Permission from Authors: Lisa Schreiber, ZERO TO THREE Policy Center Consultant; Barbara Gebhard, ZERO TO THREE Policy Center Assistant Director of Public Policy; Jamie Colvard, ZERO TO THREE Policy Center State Policy Analyst, April 2011*

*Released October 31, 2014*