**Key takeaways from the mechanisms and oversight focus groups:**

* Racial equity should be central to the recommendations and not placed on the back end as a reflective lens to examine decisions already made. For historically marginalized communities, it is important to consider adequacy in both services and resources. Providing an equal opportunity in underserved communities is not equitable.
* Clearly defined measures of success for centralizing governance and funding mechanisms is needed. These metrics should drive decision-making and include child outcomes, kindergarten readiness, and quality.
* Creating a new agency would elevate the field, streamline processes, but should ensure consistent communication and technical assistance for new and existing providers. If consolidated, the agency should be placed at IDHS as ISBE is more focused on academics.
* The agency needs the ability to support small providers in order to be successful.
* Parents must be engaged as stakeholders.
* Regional representation is essential. There should be data-informed, regional strategic planning in communities to reduce oversaturation and underserved disparities; this could mitigate the competition for resources that occurs between communities. Regular community-needs assessments are desired.
* Funding formulas should include greatly improved salaries for the workforce and should seek to eliminate the disparities between regions.

**We recommend the following actions to address the key take-aways of these focus groups:**

1. **Each working group should have an intentional conversation on the racial barriers to equity in the existing system and how the emerging recommendations resolve those barriers.**
2. **The funding commission should explicitly state how their equity goals relate to quality or service “excellence” and should establish clear measures of success by which to assess the recommendations and their implementation.**
3. **Commission should have a presentation on how the City of Chicago operationalizes their early childhood system, including positives and negatives, for the sake of transparency and deeper understanding as we design a new regional infrastructure.**
4. **Commission must bring more parents into the conversation as co-decision makers.**
5. **Commission should explain more of the rationale for emerging recommendations, including trades offs discussed at the work group level, for clarity and transparency for stakeholders.**

**-- Focus group participant feedback by topic and by group --**

**Mechanisms and Oversight Focus Group #1 | August 13, 2020**

Participants:

8 Chicago providers

2 systems and advocacy supports individuals

**Key Takeaways:**

* Need to clearly define measures of success for centralizing governance and funding mechanisms. Metrics should include child outcomes and kindergarten readiness.
* Creating a new agency would elevate issues, but if consolidated - it should be at IDHS. ISBE is more focused on academics and K-12.
* Racial equity should be central to the commission across all aspects of the work, and not just on the back end as a reflective ‘lens.’
* System needs to be able to include and support small providers, including during the RFP process, to be successful.
* Regional representation is essential in a new or consolidated agency.
* Some providers have concerns about RFP and contracts vs. vouchers. The former offers more stability, but the latter offers more parent choice.
* A new agency could provide opportunities for creativity, innovation, and streamlined communication.
* Parents must be engaged as stakeholders.
* Quality should be a focus, and outcomes (children and families) should be on the forefront and driving the conversation.
* Children and outcomes need to be more prevalent in the recommendations and not only focused on providers and agencies.

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| **On centralizing an early childhood agency** |

* It would be important that if there is consolidation, that there is regional representation. What is important for downstate might be different than what is important in Chicago. Even within Chicago, different neighborhoods have different priorities.
* Has a cost benefit analysis in regards to centralizing ECEC management and oversight been performed?
* Chicago tried to do this under DFSS; has the Commission looked into what worked and more importantly, what did not work?
* What are the metrics that would indicate success of agency centralization?- And how realistic is centralization with all the different funding sources, though it may be better for providers?
* Each of the respective systems has likely identified “lessons learned” from the pandemic and how state systems have functioned. A major issue has been communication with stakeholders at all levels (systems, families, and professionals). A large concern is how centralized management and oversight would support and ensure effective communication at all levels.
* It may be hard for small providers to make this transition, and therefore small provider buy-in is needed.
* A concern with a move towards centralization is what will happen to community voice.

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| **Quality** |

* Does the commission believe if we achieve equitable funding there will be a direct correlation improvement in kindergarten readiness for children?
* Improving efficiencies and funding this field adequately are great outcomes, but it is not clear how these steps will improve quality.
* Quality should be a focus, and outcomes (children and families) should be on the forefront and driving the conversation.

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| **Racial equity** |

* Has the racial equity workgroup had a chance to inform these recommendations?What are the specific obstacles to quality as they relate to racial equity, and how can the Commission address racial equity without examining these obstacles first?
* To ensure racial equity is addressed comprehensively the Commission should consider whether the composition of the commission reflects racial equity

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| **Should we consolidate ECEC into an existing agency or create a new agency?** |

* Between ISBE and IDHS, the general consensus was to have an ECEC agency at IDHS over ISBE. A fear is that with ISBE, ECEC will be less about developmentally appropriate standards and more about meeting academic needs for kindergarten. As there is no expectation for college boards to own ECEC, the same logic is that ISBE should not run ECEC.
* One provider suggested avoiding “building the plane as we fly it,” and recommended building out a new system and testing the assumptions rather than rolling a new plan out in phases.
* IDHS designs processes that are community focused and has good infrastructure, especially for technical assistance.
* A new agency can provide a laser like focus on the needs of the ECEC community though both agencies have strengths. A new agency would be better to imagine something different, create it, and bring new energy. There would be greater opportunity for freedom to implement recommendations and achieve the mandate. The cost is the only drawback.
* A stand alone agency would elevate the profile that the field deserves.
* A new agency should have a diverse board for layered accountability.

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| **Funding mechanisms and current challenges** |

* One provider said that a lot of providers do not like the idea of RFP and Contract. They prefer voucher programs, especially those in Chicago. A contract has more stable funding. But for freedom for providers and parent choices, it is more negative and gives that state more control. The state controls the money in that situation. New providers/non legacy providers, and parents, are generally the losers in this situation.
* Also think it's important to consider on-site administrators for existing organizations. For the agencies that have the capacity to do it themselves so they can receive more funding and expedite the process. That is specific for CCAP.
* Would Public Schools (e.g. CPS) be held to the same standards? If there is a voucher system, do they have to compete just as the CBOs would have to? Would they have to pay co-pays?
* New providers would only get in if there's new money available or if a legacy site loses their funding.

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| **More parent voice is needed** |

* Parents haven’t been genuine stakeholders in this process. They are the evaluation tool that will make or break all the work put into the commission. They are the recipients of all the services.
* Parents can aid in problem solving; they are the ones closest to the problem and often have the best ideas about solving it. If we are going to embrace equity with integrity, then "all stakeholders," based on their "equity position," should have seats at the table.

**Mechanisms and Oversight Focus Group #2 | August 14, 2020**

Participants:

6 system advocacy and supports individuals

6 providers: 3 Chicago, 1 broader Chicago/Cook, 1 Peoria, 1 Rockford

**Key takeaways:**

* If creating a new agency is the choice, there is concern over the transition process, continuity once the Governor’s administration changes, and potential funding shortages in the agency when the state hits hard economic times. It is recognized that the upside of one agency would better meet the needs of children, families and providers.
* For historically marginalized communities, it is important to think of adequacy with both services and resources. Specifically, support for new providers in navigating the RFP process is critical. **Providing an equal opportunity is not equitable.**
* There should be data-informed, regional strategic planning in communities to reduce oversaturation and underserved disparities; this could mitigate the competition for resources that occurs between communities.
* Funding formulas should include generous salaries for the workforce and should seek to eliminate the disparities between regions.
* Some believe the flexibility providers were given during the pandemic was beneficial and should be made permanent.

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| **What are the unintended consequences of creating a new, stand-alone agency?** |

* Creating a new agency could take a long time, but streamlining would be best for children, families, and providers.
* There should be a solid infrastructure to support disenfranchised communities.
* How will operations in Chicago differ from the rest of the state?
* What happens to the plans of creating a new agency if new state leadership is elected? Things change every time there is a new administration.
* Instead of creating a new agency, maybe the strategy is having the current agencies improve working together.
* Were there helpful lessons learned from the restructuring 10 years ago at IDHS?
* Consolidation could lead to heavy reliance on a single funding source; now, when one funding source suffers, the others are unharmed. Does one state agency create vulnerabilities?
* If consolidated to GOECD (in allowing them to do fiscal oversight and contract management), this might be a good solution, however, can GOECD be given more authority?
* Can one agency handle all this work?

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| **Whose voice is missing from this conversation?** |

* Parent voice
* Home providers

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| **Who benefits from a consolidated agency? Who is further burdened?** |

* How are we planning to reach communities who have historically been ignored? You can bring these services into communities, but we have to realize that they don’t have resources; so how are we bridging that gap?
* May need a regional level of governance that can provide technical assistance and also accountability.
* Community needs assessments should be done more frequently and regionally; even within regions county needs differ widely. Many families are transient and demographics can quickly change within a year.
* Access to good data can help with planning. We need to stop creating new systems and keeping old systems simultaneously. Access and utilization data would help us be more informed.
* What problem are we trying to solve: a state problem at local level or local needs through larger systems? When we talk about data at local level it will be imperative to make sure we’re paying attention to those needs/ family dynamics, and to bring in other stakeholders to help balance that conversation.
* How do you balance quantity and quality? The focus seems to be on serving more and not serving more and better.

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| **Funding mechanisms** |

* Equal opportunity is not equitable opportunity. The current RFP process furthers inequity – it is geared toward providers already in the system who have the knowledge and resources to compete. New providers could benefit from the help of consultants or workshops.
* There is an imbalance: pockets of the state are underserved and others are oversaturated. There needs to be improved planning with communities to ensure a more transparent process meets their needs. There is currently a “shark tank” environment in some communities while others have no services. Likely, it is assumed that all parties are ‘playing nice.’ There continue to be territorial issues in areas where services are overfunded.
* On site accountability, beyond paper accountability, is greatly needed. If there is a low performer, there should be consequences and further measures if outcomes are not met or finances are not managed well*.*
* High scores on RFPs do not equate to a good program. A lot more should go into the RFP score beyond the writing. Existing good performers shouldn't have to compete every year.
* Multi-year funding is preferred.
* A shared services model would help providers a lot, especially small providers.
* The salary issue is pervasive across the field in general. There are disparities between counties for the same position, and the disparity increases between agencies and organizations.
* How do GATA regulations fit into this conversation?

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| **Lessons from COVID-19** |

* Pandemic shows that “powers that be” can come together and get things done quickly – why can’t that always happen?
* Pandemic highlights the need for flexibility.
* Can we reinstate some of the things while we were in an emergency state?