

Core Service Report

Child Care

Resource and Referral

Consumer Category:

Educational / Employment Limitations

Primary Consumer Group:

**Persons with Educational Disadvantages
Preschool and K-12**



February 2007

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COMPANION REPORTS

In addition to the information included in this report, a report of the other core services (80 in total), community leader key informant interviews, United Way - First Call for Help staff focus groups, consumer snapshots, and e-survey of United Way funded executive directors, board presidents, and United Way Community Investment staff are available at <http://www.uws.org>.

ACKNOWLEDGEMENTS

We are grateful to the multiple public and private funders, provider agencies, experts in the various fields of interest, and staff of United Way of Greater Cleveland for their assistance, support, information, and insight. We would specifically like to acknowledge the substantial contributions of the Starting Point.

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SNAPSHOT

AIRS Code Level I: Individual & Family Life (P)

AIRS Code Level II: Individual & Family Support Services (PH)

Core Service: Child Care Resource and Referral (PH-240.150)

Investment Committee: Learning and Earning for Life

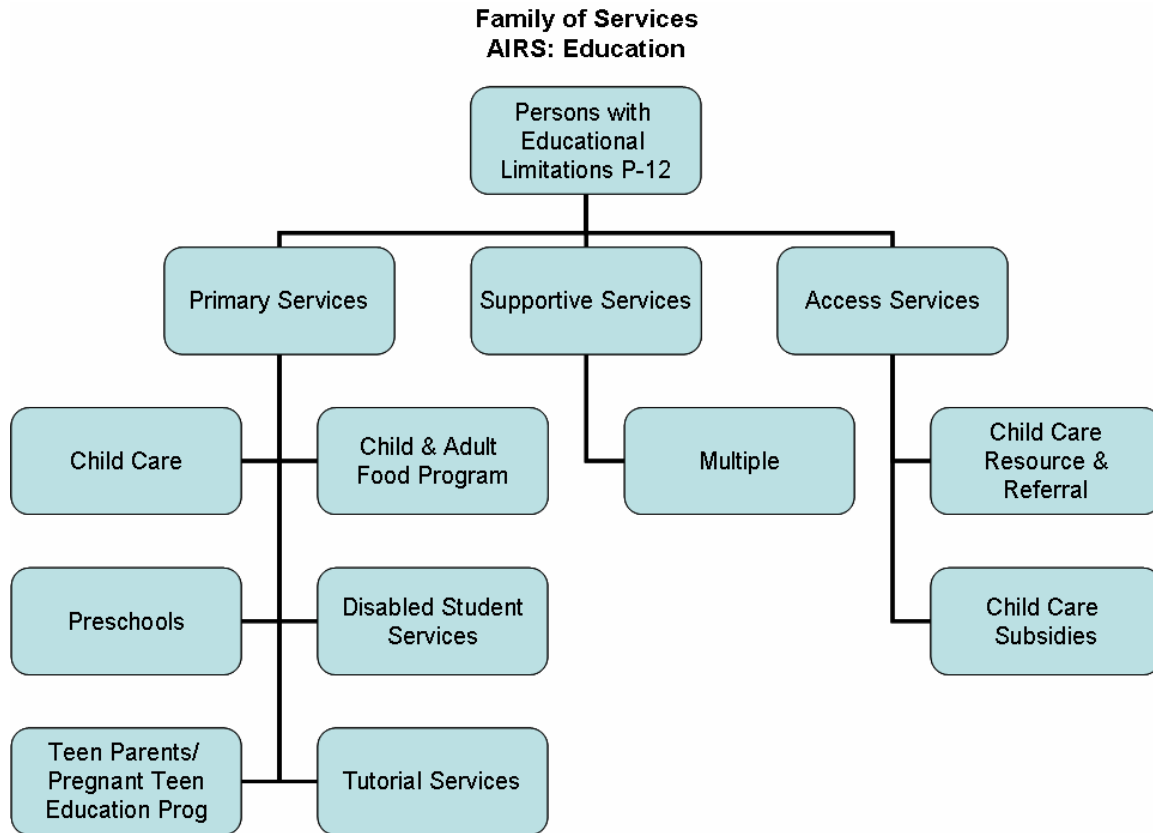
Cluster: Early Learning

AIRS Definition: Programs that provide statewide and community-based services that are designed to improve the availability and quality of child care. CCRR programs maintain lists of child care resources and link families in need of child care services with child care centers, licensed family child care homes, and other organization-based providers; provide information that helps families become good consumers of child care services; recruit new child care providers to expand the availability of the service locally; provide training and technical assistance for providers; and collect and disseminate data which document the demand for child care services and the current availability of child care resources.

Special Note: There are five core services related to early childhood education and preschool: child care, child care subsidies, child care food program, child care resource and referral, and preschools. To avoid as much duplication as possible across reports, the content of the core service reports were organized as follows: Child Care deals with children ages 0-12 who need full day care. Preschools are defined as part time programs for children ages 3 to 5 years. However, it is recognized that at times families use preschools as part of a larger package of child care services and thus consumer data from Starting Point is included in the Child Care report. By making these distinctions, it does not suggest that the standards of quality preschool programs are not or should not be implemented in child care programs. The ideal is for all child care and preschool programs to achieve the highest standards possible to benefit the children who are their primary consumers.

Another distinction is made between the subsidies included in the Child Care report and the Child Care Subsidies report. The former includes all public sources of subsidy for child care; the latter deals only with subsidies from alternative, non-traditional sources.

The Child Care Resource and Referral Program is part of a family of services for those with educational limitations in grades P through 12. It is one of six services targeting this consumer group. (See figure below.) In addition, there are two services that facilitate access to some of these services.



Core Service Environment

According to the National Association of Child Care Resource and Referral Agencies (NACCRRRA), parents increasingly rely on child care as a means of satisfying employment obligations to support their families. Nearly two-thirds of children in the U.S. under the age of six are cared for by someone other than their parents. Of mothers with children aged newborn to five years, 65 percent are in the workforce, with 12.5 million children in that age group receiving non-parental care. On average, children of working mothers spend 36 hours every week in child care. Too often, child care is hard to find, difficult to afford, and of questionable quality (NACCRRRA, 2005).

Aside from decline in the numbers of families enrolling their children in child care, adjustments in federal or state funding formulas have a direct effect on revenues of child care resource and referral agencies (CCR&R). According to a 2001 report by the OCCRRRA, resource and referral services in Ohio are funded via a private/public partnership, with approximately three-quarters of such funding originating from public sources that include federal, state, and city funds. State funds include those distributed to CCR&R agencies by the Ohio Department of Education (ODE) and Ohio Department of Job and Family Services (ODJFS). ODJFS has primary responsibility for distributing the relevant federal and state funds to resource and referral agencies. The OCCRRRA reported that 22 percent of CCR&R agencies’ funding originated from ODJFS. In this way, as federal and state funding for child

care services is altered, so too is the attendant funding provided by ODJFS for resource and referral services altered (OCCRRA, 2001).

Core Service Consumers

The target population addressed in this core service report is working families with children 0-12 years old.

Parents are challenged to find the highest quality care as they navigate the early childhood services system. A national poll of nearly 600 parents with young children was commissioned by NACCRRRA in February 2006 to question them on their usage, perceptions, and thoughts on child care. When parents were asked about their biggest concern, the top two responses were quality (by an overwhelming majority) followed by cost. Many parents assume that child care providers have training in first-aid and CPR, in child development, in recognizing and reporting child abuse; and that child care programs are regularly inspected. This is not true in many states.

In Cuyahoga County in 2000, an estimated 157,365 working families with children and youth 0-12 years old were in need of child care resource and referral services. That number is expected to decrease to 147,214 in 2015 as the result of population shifts.

Core Service Delivery

The definition of the core service for this report is: an organization that provides the following resources on a community-wide level:

- Provides information to parents about child care availability in their communities and provides referrals in response to family needs.
- Develops and maintains regional and/or local databases on child care programs.
- Builds capacity by providing training and technical assistance to new and existing providers.
- Improves child care quality by offering training for family child care providers and center staff and directors.
- Plans for local child care needs by collaborating with other community groups.

Generally, child care resource and referral (CCR&R) agencies serve the public by making referrals by phone, in person, or on the Internet to local child care providers and by providing information about state licensing requirements, the availability of child care subsidies and other forms of guidance to help working parents choose the appropriate child care services for their children (OCCRRA, 2005).

Beyond issues involving funding for resource and referral services, there also are differences in the comprehensiveness by which communities within the states are served. For example, at least one CCR&R agency is located in each of California’s 58 counties, but in many states, including Ohio, local CCR&R agencies serve more than one county. There are currently 25 CCR&R agencies providing services in the 88 counties throughout Ohio (OCCRRA, 2005).

Starting Point provides resource and referral services to Ohio Child Care Resource & Referral Association OCCRRA’s Region Three, which is comprised of Ashtabula, Geauga, Lake, and Cuyahoga Counties, and is Northeast Ohio’s child care resource and referral agency serving families, early childhood professionals and the community (Starting Point, 2006). Formed in 1990 on the recommendation of the Cuyahoga County public-private initiative, the Child Day Care Planning Project, Starting Point, works to:

- Link families with child care services;

- Increase the supply of child care;
- Improve the quality of child care;
- Stimulate early education alternatives;
- Plan child care and early education initiatives; and
- Address child care and early education issues.

Based on United Way - First Call for Help’s (FCFH) database (February 2005), there are 3 child care resource and referral program providers operating from 3 different sites, 1 of which is government and 2 are nonprofit. In FY 2004 (July 2003 to June 2004), one provider was funded by United Way. FCFH call data shows an increase in the number of total requests for child care resource and referral programs in the county: from 361 in 2000 to 399 in 2004 (11 percent increase). Over the same five-year period, FCFH had 2,008 requests for information on child care resource and referral. Of these requests, they were able to make referrals to 99 percent of callers.

Child care resource and referral agencies rely heavily on government funding. In addition to providing funding for child care services, Child Care and Development Fund (CCDF) funds are also used for activities intended to improve the overall quality and supply of child care for families in general, including child care resource and referral agencies.

The CCDF is funded through a combination of “discretionary” and capped “entitlement” (referred to as “mandatory”) funding. Funding for child care resource and referral agencies is from discretionary funding. Since 2002, funding of the discretionary portion of the Child Care and Development Fund has been frozen. Discretionary spending, which affects child care resource and referral agencies, is expected to be reduced by over \$1 billion in the next five years (CLASP, 2006). Starting Point receives \$440,000 from the CCDF to serve four northeastern counties and estimates that \$220,000 is utilized for Cuyahoga County. Funding has remained flat for the past eight years.

For the past several years, the Cuyahoga County Department of Employment and Family Services has provided stable funding (\$47,000) for Starting Point’s child care resource and referral program. A request for an increased allocation has been made.

With reductions in funding at the state and federal levels, as well as the continued deterioration in the availability of local tax dollars and increasing competition for declining block grant funds, CCR&R agencies have been forced to diversify their funding bases and expand support from the private sector as public dollars have decreased. Starting Point has made significant progress in diversifying its resource pool.

As of May 11, 2006, \$325,998 in revenues for child care resource and referral programs has been identified countywide. Eighty-two percent of the revenues are from contracts or grants from government organizations and 18 percent are from United Way.

The cost of resource and referral services is free to parents.

What Works; What Doesn’t

National best practices and procedures includes having the capacity to providing training and technical assistance to child care providers to increase the quality of care being delivered; monitoring and evaluating the quality of care given by child care providers; completing supply, demand, cost and quality reports; improving access to quality child care items by providing statewide child care search websites and toll-free lines; and partnering with business, education,

government and policy leaders to improve services and outcomes for children and families (NACCRRRA, 2005).

From a system-wide perspective, there have been increased collaborations and new cross-system referrals and linkages developed between community-based agencies and families across the county. At the time of this writing, and related directly to the scope of services provided by Starting Point, there have been 1,499 new home-based child care providers certified—an increase of 150 percent (NCCP, 2003).

Programs that do not provide parents with information on all available resources, or those that make it difficult for parents to navigate through the system, are not meeting the needs of their clients.

A recent Center for Community Solutions report highlighted the community-wide “return on investment” obtained from the availability of quality child care: early childhood programs for low-income children generated a return on investment of 16 percent, 12 percent of which was a “public” rate of return. The study defined the return on investment as a rate measuring decreases in crime, higher potential earnings, greater likelihood of graduating from high school, and fewer public assistance payments (Corlett & McClung, 2004).

Child Care Aware[®], a program of NACCRRRA, administers a national voluntary quality assurance system for community child care resource & referral agencies (CCR&Rs). Developed in 2001 by a team of local, state and national CCR&R experts, the program was created to ensure that families across the country have access to consistent, high-quality consumer education and referral services (CCAQAP, 2006).

Gap Analysis

The estimated universe of possible consumers is 46,026, including both realized (3,537) and unrealized (42,489) access.

I. FOREWORD

INTRODUCTION

United Way of Greater Cleveland (UW), in partnership with the Cuyahoga County Board of Commissioners, has initiated a large scale core service planning process to generate data and engage in community-wide dialogue about the community’s safety net of core service and consumer needs in the Greater Cleveland area. In addition, UW envisions this process as an opportunity to better understand its role in the community and its long term capacity to improve the lives of Greater Clevelanders.

The primary goal of the Cuyahoga County core service research is to identify consumer needs and assess whether there are service gaps/duplications on a community-wide level. The findings from this research will guide future funding decisions at UW, and they will also be used to stimulate dialogue with other funders and groups in the community. United Way intends to continue to fund a broad array of “safety net” services that are important to the Greater Cleveland area. But it is hoped that the research findings will inform how UW dollars may be dispersed to have the greatest impact on current realities, needs, and priorities in the Greater Cleveland community.

METHODOLOGY

United Way contracted with MCS Consulting Service, LLC, to conduct the core service research, which focuses on both the consumers served and services provided. (See Attachment 1 for list of members of the research team.) The research team has obtained information about each core service from multiple data sources. At the end of the research process there will be substantial information available for some services and less for others, which will provide a clearer picture of what information *is* available and where there are *significant gaps*.

The questions addressed are:

- Including public policies, what are the environmental influences that are impacting both service consumers and the capacity for service delivery?
- Who are the service consumers? What are the factors that lead to a need for services? How many consumers are there? How many have there been in the past several years and what factors influenced the historic trend line? What are the projected numbers for the future? What is their demographic profile? Where do they reside? How many are receiving services funded by government and/or United Way?
- What is the philosophy that drives service delivery? Has it changed? What does the service consist of? Who provides the service?
- What are the funding sources? What are the annual revenues from government sources, federated fund raising organizations, foundations, and United Way of Greater Cleveland? What are the historic government funding trends and what is projected for the future? What is the reimbursement amount?
- What works and what doesn’t work in service delivery?
- Are there service gaps, duplication, under-utilization?

The primary information sources used for this report are:

- Results of 20 focus groups with 159 direct service staff of United Way member agencies and non-members, and key informant interviews with 93 experts in the respective service areas (February 2005). Participants were asked about consumer populations that are increasing and those with unmet needs; they provided insight about specific service gaps and duplication, as well as services they perceive to be outdated or under-utilized.
- United Way Program Report data for FY 2004 (July 2003 to June 2004). Each year United Way member agencies submit information to their respective investment committees on each funded core service they provide. Among other things, this information includes a demographic profile of the consumers served, the zip codes where the consumers reside, and all revenue sources that support the service. The research team has aggregated this information for each core service.
- United Way - First Call for Help call data (2000 to 2004) - United Way - First Call for Help provides a 24/7 information and referral service through its 211 telephone line. The research team analyzed data from its large database, which includes the names of service providers for most core services, the activities they provide and the zip codes in which they and those they serve are located, the number of calls received, and whether the need was met or unmet. Unmet needs are those for which there was no resource to reference.
- Literature reviews on service trends and issues as well as best practices (i.e., what works/ what doesn't work in service delivery), including impact on the individual/family and on the community.
- Searches for information on public policies that are currently impacting consumers or service delivery.
- U.S. Census and American Community Survey data for various time periods.
- Data from funders on actual consumer populations and funding levels.

(See Attachment 2 for technical notes on the research methodology as well as limitations of the data.)

II. THE CORE SERVICE ENVIRONMENT

CORE SERVICE ENVIRONMENT

According to the National Association of Child Care Resource and Referral Agencies (NACCRRRA), parents increasingly rely on child care as a means of satisfying employment obligations to support their families. Nearly two-thirds of children in the U.S. under the age of six are cared for by someone other than their parents. Of mothers with children aged newborn to five years, 65 percent are in the workforce, with 12.5 million children in that age group receiving non-parental care. On average, children of working mothers spend 36 hours every week in child care. Too often, child care is hard to find, difficult to afford, and of questionable quality (NACCRRRA, 2005)

The potential benefits of quality child care are substantial, given the large number of children under the age of five who are enrolled in some type of child care. Access to quality child care is recognized as a first step to a child’s success in school. Research indicates that children who receive quality child care tend to enter school with better math, language, and social skills (NACCRRRA, 2004).

For most families, child care is the second largest expense in their budget after rent or mortgage—easily costing \$4,000 to \$10,000 or more a year. And even those families who can afford the costs nevertheless struggle to find *quality* care. One recently completed study found that only one in four preschool classrooms and one in twelve infant classrooms in centers were of good quality. A critical issue confronting child care providers is defining what constitutes “quality child care” and the creation of standardized formats to measure that quality. Given their existing responsibility to maintain regional databases to track trends, it is logical that child care resource and referral organizations are also at the nexus between parents and providers in building capacity for identifying and linking to quality services (OCCRRA, 2005).

PUBLIC POLICY ISSUES

National and State Funding Trends

Adjustments in federal or state funding formulas have a direct effect on CCR&R agencies’ revenues. According to a 2001 report by the OCCRRA, resource and referral services in Ohio are funded via a private/public partnership, with approximately three-quarters of such funding originating from public sources, which include federal, state, and city funds. State funds include those distributed to CCR&R agencies by the Ohio Department of Education (ODE) and ODJFS. ODJFS has primary responsibility for distributing the relevant federal and state funds to resource and referral agencies. The OCCRRA reported that 22 percent of CCR&R agencies’ funding originates from ODJFS. In this way, as federal and state funding for child care services is altered, so too is the attendant funding provided by ODJFS for resource and referral services altered (OCCRRA, 2001).

Child Care and Development Fund

The Child Care and Development Fund (CCDF) (also know as the Child Care and Development Block Grant) is the key source of federal government funding for child care resource and referral programs. The 1996 welfare reform law consolidated several different sources of federal funding for child care into the CCDF. The CCDF is administered by the U.S. Department of Health and Human Services (HHS) and provides allotments to states according to a formula which is used to subsidize the child care expenses of low-income families with children under age 13 (Butler & Gish, 2003). In Ohio, the Ohio Department of Job and Family Services administers the allocations at the state level with

county departments administering at the local level. In addition to providing funding for child care services, CCDF funds are also used for activities intended to improve the overall quality and supply of child care for families in general, including child care resource and referral agencies.

The CCDF is funded through a combination of “discretionary” and capped “entitlement” (referred to as “mandatory”) funding. Discretionary funds are subject to the annual appropriations process (\$2.083 billion from FY 2002 through FY 2006), while the capped entitlement (i.e., mandatory) funding is provided in amounts set by the welfare law (\$2.717 billion FY 2003, 2004, and 2005, and \$2.917 billion in FY 2006). With a capped entitlement, funding is guaranteed to be available up to a set limit.

Funding for child care resource and referral agencies is from discretionary funding. In addition to the money available from the Child Care and Development Fund from discretionary and mandatory spending, states can transfer up to 30 percent of the TANF block grant allotment into their CCDF. Note also that this amount is reduced to 20 percent if states transfer 10 percent of their Title XX – Social Services Block Grant to the Child Care Development Fund. Transferring funds from TANF to the CCDF can provide more flexibility in whom the funds can serve (for example, TANF funds for child care would not be available to families who could not find work or to foster children) (McClung and Corlett, 2005).

Funds from TANF transferred to CCDF vary from year to year and have decreased dramatically because of states’ fiscal crises (Butler and Gish, 2003). Since 2002, funding of the discretionary portion of the Child Care and Development Fund has been frozen. Discretionary spending, which affects child care resource and referral agencies, is expected to be reduced over \$1 billion in the next five years (CLASP, 2006).

Details of funding are addressed in Section IV.

III. THE CORE SERVICE CONSUMERS

DEFINITION OF TARGET POPULATION

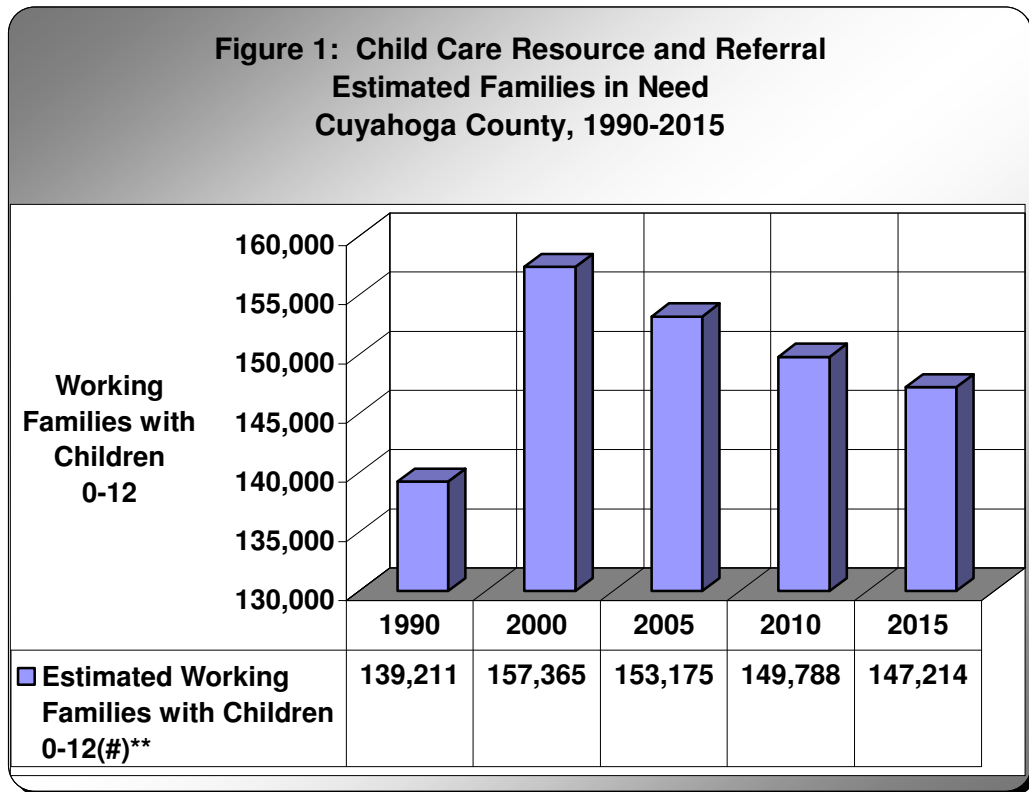
The target population specifically addressed in this core service report is working families with children 0-12 years.

DEMOGRAPHIC CHARACTERISTICS

Parents are challenged to find the highest quality care as they navigate the early childhood services system—a system that ranges from center-based options in nonprofit and for-profit centers to Head Start, from public pre-kindergarten and faith-based programs to family child care homes and care by neighbors or relatives. In February 2006, NACCRRR commissioned a national poll of nearly 600 parents with young children to question them on their usage, perceptions, and thoughts on child care. When parents were asked about their biggest concern, the top two responses were quality (by an overwhelming majority) followed by cost. Many parents assume that child care providers have training in first-aid and CPR, in child development, and in recognizing and reporting child abuse; and that child care programs are regularly inspected. This is not true in too many states.

Estimated Persons in Need

In Cuyahoga County in 2000, an estimated 157,365 working families with children and youth 0-12 year old were in need of child care resource and referral services. That number is expected to decrease to 147,214 in 2015 as the result of population shifts. (See Figure 1.)



Sources:
* U.S. Census 1990, STF3 (P4); 2000, SF3 (PCT61); 2005-2015, Ohio Department of Development (Families estimated from total population projections using 2000 average family size).
** U.S. Census 1990, STF3 (P74); 2000, SF4 (PCT81); 2005-2015 estimated from Total Families using 2000 ratio of Working Families with Children 0-12 to Total Families. Working Families includes two-parent families with both parents in labor force, and single-parent families with parent in labor force.

This estimate of families in need of child care resource and referral services begins to offer some clarity about the extent of need in Cuyahoga County.

REALIZED ACCESS TO SERVICE

Realized access to service is represented by the number of consumers actually served. It includes the actual number of consumers reported by agencies funded by United Way and by government funders from which it was possible to obtain data. Thus, it is an underestimate of actual numbers of consumers receiving service.

In FY 2004, the United Way funded program, Starting Point, assisted 3,537 parents of children in child care or needing child care for the child care resource and referral program. The Cuyahoga County Department of Employment and Family Services funded 309 actual consumers. United Way reported 94 percent of those served were female, with only 4 percent male (parents). (See Attachment 3.)

Child care resource and referral participants funded by United Way were 40 percent Caucasian, 46 percent African American, and 0.7 percent Asian.

Just over 7 percent of those funded by United Way reported annual household income between \$0-9,999; 2 percent reported annual income of \$10,000-14,999; 5 percent \$15,000-19,999; 5.5 percent \$20,000-29,999 and 9 percent \$30,000 and above. The rest were unreported.

Forty-two percent of United Way funded consumers resided in Cleveland and 55 percent in the suburbs. (See Attachment 4.)

IV. CORE SERVICE DELIVERY

CORE SERVICE DEFINITION

The definition of the core service for this report is an organization that provides the following resources on a community-wide level:

- Provides information to parents about child care availability in their communities and provides referrals in response to family needs.
- Develops and maintains regional and/or local databases on child care programs.
- Builds capacity by providing training and technical assistance to new and existing providers.
- Improves child care quality by offering training for family child care providers and center staff and directors.
- Plans for local child care needs by collaborating with other community groups.

BACKGROUND ON CORE SERVICE

There are over 850 local and state child care resource and referral (CCR&R) agencies across the country to link working parents (the population in need) with child care providers. Forty-eight states, including Ohio, make some form of CCR&R services available. Of those CCR&R agencies considered local in their activities, 86 percent are coordinated centrally by a statewide network. Sixty-eight percent of such local agencies provide child care subsidies; 70 percent conduct community needs assessments; and 62 percent prepare reports on child care supply and demand (NACCRRA, 2005).

Child care resource and referral agencies help to increase the quality of child care by providing training to more than 500,000 child care providers nationally each year. Further, CCR&R agencies have a role in developing additional child care capacity. Collectively, resource and referral agencies help create more than 450,000 new care spaces annually. Specific child care resource and referral services are provided each year to approximately 5.1 million families—working parents and others receive child care and parenting information as well as referrals from CCR&R agencies in their communities (NACCRRA, 2005).

Generally, child care resource and referral (CCR&R) agencies serve the public by making referrals by phone, in person or on the Internet to local child care providers and by providing information about state licensing requirements, the availability of child care subsidies and other forms of guidance to help working parents choose the appropriate child care services for their children (OCCRRA, 2005).

Resource and referral programs are designed specifically to provide a bridge between parents, child care providers, community leaders, and policy makers. These agencies make available a mix of direct services and planning functions intended to ensure that children enter kindergarten ready to succeed. In addition, resource and referral agencies may provide subsidies, offer referrals to families who live in areas not served by local programs, and collect data concerning child care supply and demand.

Developments following September 11, 2001, have had an impact on resource and referral services. In the time since the attacks, many communities have organized disaster planning and preparedness efforts. Additionally, the start of the war in Iraq has raised fears of terrorism and

renewed the focus on community emergency response plans. In this context, resource and referral programs are expected to play an ever increasing and critical role as they serve to provide information and resources related to meeting the needs of young children in the event of a terrorist attack or other disaster.

Beyond issues involving funding for resource and referral services, there also are differences in the means by which CCR&R services are provided. It was noted above that CCR&R programs exist in 48 states; however, there are differences in the comprehensiveness by which communities within the states are served. For example, at least one CCR&R agency is located in each of California's 58 counties, but in many states, including Ohio, local CCR&R agencies serve more than one county. There are currently 25 CCR&R agencies providing services in the 88 counties throughout Ohio (OCCRRA, 2005).

In Ohio, the Ohio Child Care Resource & Referral Association (OCCRRA) coordinates local CCR&R agencies across the state. The OCCRRA, as the statewide association of resource and referral agencies, divided the state into twelve regions. These regions are comprised of several contiguous counties that have at least one child care resource and referral agency identified as serving the people living in that particular region.

Ashtabula, Geauga, Lake, and Cuyahoga Counties comprise OCCRRA's Region Three which is provided resource and referral services by Starting Point. Arguably due to the area's large population size, Region Three is comprised of one of the smallest numbers of counties (four) among the OCCRRA's defined regions. Many regions, including Region Four (encompassing the Akron-Canton area), are served by CCR&R agencies that provide resource and referral services to persons across many more counties (OCCRRA, 2005).

Starting Point for child care and early education is Northeast Ohio's child care resource and referral agency, serving families, early childhood professionals and the community (Starting Point, 2006). Formed in 1990 on the recommendation of the Cuyahoga County public-private initiative, the Child Day Care Planning Project, Starting Point works to:

- Link families with child care services;
- Increase the supply of child care;
- Improve the quality of child care;
- Stimulate early education alternatives;
- Plan child care and early education initiatives; and
- Address child care and early education issues.

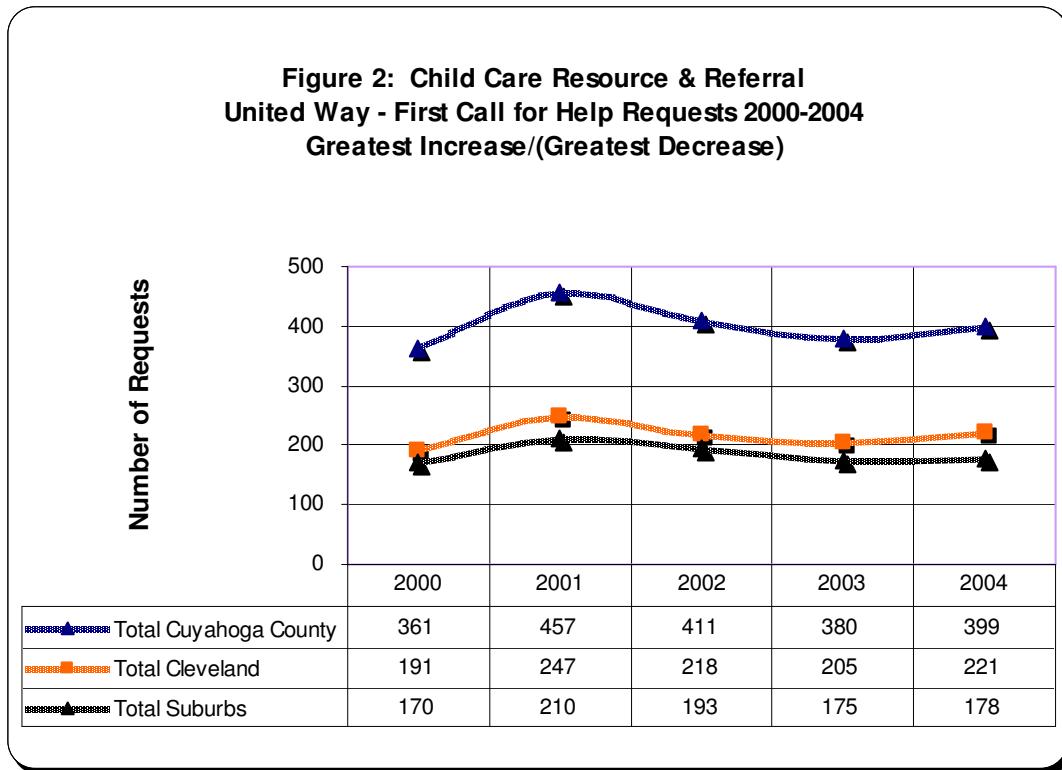
United Way First Call for Help Call Data

Based on United Way - First Call for Help's (FCFH) database (February 2005), there are 3 child care resource and referral program providers operating from 3 different sites, 1 of which is government and 2 are nonprofit. In FY 2004 (July 2003 to June 2004), one provider was funded by United Way. (See Attachments 5 and 6.)

United Way - First Call for Help call data shows an increase in the number of total requests for child care resource and referral programs in the county: from 361 in 2000 to 399 in 2004 (11 percent increase) with a 16 percent increase in Cleveland (191 to 221 requests) and a 5 percent in the suburbs (170 to 178 requests). (See Figure 2.) Calls came from the majority of Cuyahoga County zip codes with the following experiencing the highest average number of calls from 2000-2004:

- 44102 (Cleveland/Brooklyn) – 35 calls;
- 44113 (Cleveland) – 19 calls;
- 44128 (Warrensville Hts/Cleveland Hts) – 18 calls; and
- 44104 (Cleveland) – 18 calls.

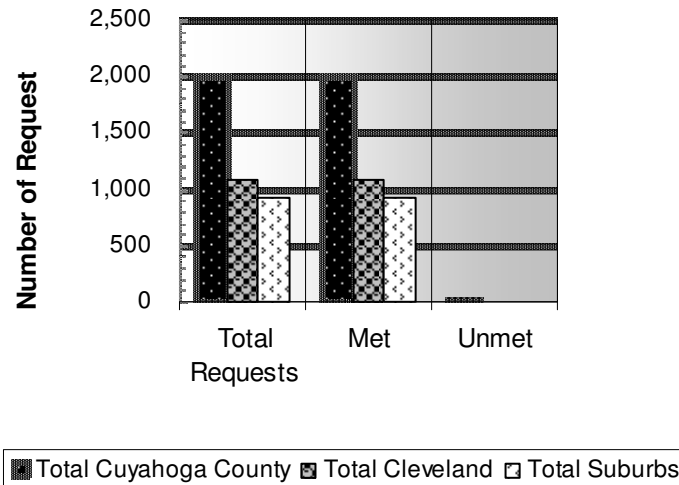
(See Attachment 7.)



Over the same five-year period, United Way - First Call for Help had 2,008 requests for information about child care resource and referral, they were able to make referrals to 99 percent of callers; however, 1 percent of all Cuyahoga County callers (11) had an unmet need, meaning there was no agency to which to refer the caller. Callers from the City of Cleveland had a 1 percent unmet need rate and from the suburbs, 1 percent.

(See Figure 3 and Attachment 8.)

**Figure 3: Child Care Resource and Referral
United Way - First Call for Help Requests 2000-2004
(TOTAL REQUESTS: n=2,008, TOTAL UNMET NEED: n=11)**



FUNDING OF CORE SERVICES

Major Government Funders

The major government funders of child care resource and referral programs in Cuyahoga County are the following:

- Child Care and Development Fund (CCDF); and
- Cuyahoga County Department of Employment and Family Services.

Funding for child care resource and referral agencies relies heavily on government funding. Although dated, a 1997 national survey of child care resource and referral agencies demonstrates the degree to which CCR&R agencies rely on public revenue sources. Local resource and referral agencies reported receiving almost \$97 million in income during the period studied, of which \$61 million, or 63 percent, came from the following public sources: (1) the federal Child Care and Development Fund (\$27.2 million); (2) the federal Family Support Act and matching state funds (\$7.2 million); (3) the federal Dependent Care Planning and Development Block Grants and matching state funds (\$3.6 million). CCR&R agencies also received funds from contracts held to administer or deliver federally funded program services like the Child and Adult Care Food Program and the Job Training Partnership Act (JTPA). The survey also found that child care resource and referral agencies received funds from state or county departments of human services to offer specialized services such as enhanced referrals and services for very low-income families working toward self-sufficiency. Finally, funding was also received from private sources such as fees charged to parents, as well as from local employers, national corporations, and foundations (NCSL, 2000).

Below is a summary of the key funders of the child care resource and referral agency in Cuyahoga County.

FEDERAL

Child Care and Development Fund (CCDF)

Starting Point receives \$440,000 from the CCDF to serve four northeastern counties and estimates that \$220,000 is utilized for Cuyahoga County. Funding has remained flat for the past eight years. See Section II for more detailed information regarding CCDF policy.

LOCAL

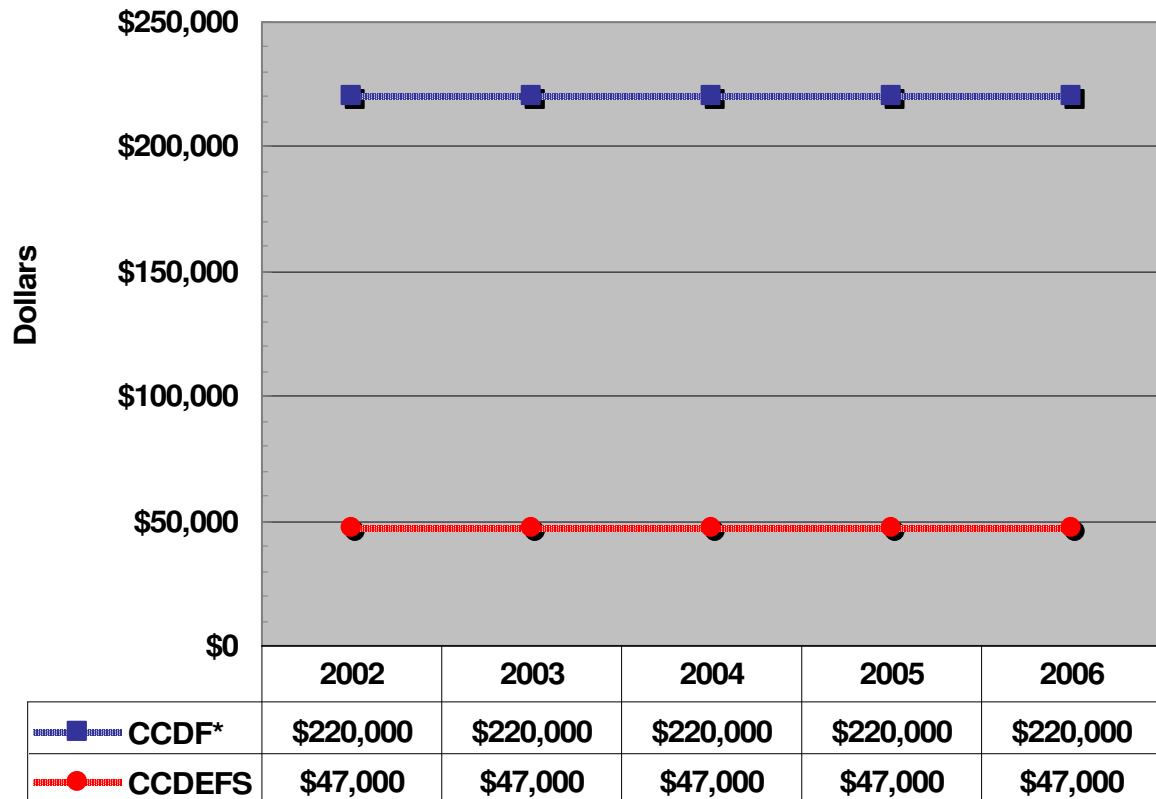
Cuyahoga County Department of Employment and Family Services

For the past several years, the Cuyahoga County Department of Employment and Family Services has provided stable funding (\$47,000) for Starting Point's child care resource and referral program. A request for an increased allocation has been made.

Trends of Identified Government Funders in Cuyahoga County

With reductions in funding at the state and federal levels, as well as the continued deterioration in the availability of local tax dollars and increasing competition for declining block grant funds, CCR&R agencies have been forced to diversify their funding bases, expanding support from the private sector as public dollars have decreased. Starting Point, the CCR&R agency serving this region, has established itself as a willing collaborator in joining efforts with the county, the Community Vision Council, local United Ways, the state, and foundations to diversify its funding base. In Cuyahoga County, funding for child care resource and referral from government sources has been flat at \$267,000 for the past several years. (See Figure 4.)

Figure 4: Identified Government Funding for Child Care Resource & Referral Cuyahoga County, CY 2002-2004



*Starting Point's CCDF total allocation is \$440,000 to serve four counties, including Cuyahoga.
Source: Starting Point and Cuyahoga County Department of Employment and Family Services

IDENTIFIED REVENUES

As of May 11, 2006, \$325,998 in revenues for child care resource and referral programs has been identified countywide. (See Table 1.) Eighty-two percent of the revenues are from contracts or grants from government organizations and 18 percent are from United Way.

Table 1: Identified Annual Revenue for Core Services: Countywide and United Way of Greater Cleveland Child Care Resource & Referral Programs, 2003/2004.

Funder	Period	A		B	
		Total Dollars County-wide		Total Dollars UW-Funded Agencies (Actual FY2004)	
		Amount	% of Total (A)	Amount	% of Total (B)
Cleveland Foundation, The				24,589	
Total - Foundations & Trusts		0	0.00%	24,589	7.19%
Child Care and Development Fund	2004	220,000			
Subtotal Federal Government		220,000	67.49%	0	0.00%
Department of Job and Family Services				220,402	
Subtotal State of Ohio		0	0.00%	220,402	64.41%
County Commissioners				13,604	
Employment & Family Services	2004	47,000			
Subtotal Cuyahoga County Funding Sources		47,000	14.42%	13,604	3.98%
Total - Contracts/grants from government organizations		267,000	81.90%	258,595	75.57%
Subtotal Non - UWGrCle Support		267,000	81.90%	283,184	82.76%
Total - UWGrCle investment committee allocation		58,998	18.10%	58,998	17.24%
Subtotal UUWGrCle Support - 4001, 4701 & 4703		58,998	18.10%	58,998	17.24%
Total Support/Revenue		325,998	100%	342,182	100%

REIMBURSEMENT/COST

The cost of resource and referral services is free to parents. The program is funded mostly by government contracts and United Way.

V. WHAT WORKS; WHAT DOESN'T

IMPACT ON INDIVIDUALS/FAMILIES

What Works

Child care resource and referral agencies can have a dramatically positive impact on their respective areas by utilizing national best practices and procedures that include things such as providing training and technical assistance to child care providers to increase the quality of care being delivered; monitoring and evaluating the quality of care given by child care providers; completing supply, demand, cost and quality reports; improving access to quality child care items by providing statewide child care search websites and toll-free lines; and partnering with business, education, government and policy leaders to improve services and outcomes for children and families (NACCRRRA, 2005).

Locally, the Cuyahoga County Early Childhood Initiative (ECI) has joined the resources of the county's public and private funders to promote and improve early intervention and supportive services to children aged birth to 5 years. Specifically, the ECI has defined as its targets the ensuring of healthy children, effective parents, and quality child care. The ECI has five defined components: (1) home visitation; (2) improved child care services, including an expansion of the network of home-based child care in the county; (3) enhanced child care services for children with special needs; (4) expanded health insurance coverage; and (5) a public education campaign to raise awareness of the importance of a child's first few years of life. Within this framework, Starting Point has maintained a high profile as the CCR&R agency that, as noted, serves OCCRRA's Region Three (comprised of Cuyahoga, Ashtabula, Geauga, and Lake Counties). Indeed, because of its status as a regional referral and data collecting agency, Starting Point has played a prominent role in the development of the community-wide initiative (National Center for Children in Poverty [NCCP], 2003).

Substantial developments and contributions to the child care system in Cuyahoga County have come out of the ECI. The initiative has developed the "Care for Kids" family child care home system, as well as expanded child care for children with special needs. The ECI has served to increase funding and programming for child care; ensured adequate child care for parents moving from welfare to work; stimulated key local, state, and federal legislation; and developed new public and private child care approaches (NCCP, 2003).

From a system-wide perspective, there have been increased collaborations, new cross-system referrals and linkages developed between community-based agencies and families across the county. And with these systemic developments has come the need for additional capacity by CCR&R agencies such as Starting Point as there are more providers to train and support (NCCP, 2003).

At the time of this writing, and related directly to the scope of services provided by Starting Point, there have been 1,499 new home-based child care providers certified, an increase of 150 percent. The program has reached nearly 83,000 Cuyahoga County children, including referrals to Early Start services for 15,441 children. Nearly 63 percent of the children born since ECI began have received one or more ECI-defined services (NCCP, 2003).

What Doesn't Work

Resource and referral programs are designed specifically to provide a bridge between parents, child care providers, community leaders, and policy makers. Programs that lack key components struggle to meet these needs. While there have been increased collaborations, cross-system referrals and new linkages developed between community-based agencies and families across the county, more work is still needed in this area. Programs that do not provide parents with information on all available resources, or those that make it difficult for parents to navigate through the system, are not meeting the needs of their clients.

IMPACT ON COMMUNITY

As working parents are able to obtain quality affordable child care, families become, or stay, more stable; parents with access to quality child care need not interrupt their work schedules or miss work deadlines to address the basic care needs of their children. And the increased stability of working families has very real effects on the community. A recent Center for Community Solutions report highlighted the community-wide “return on investment” obtained from the availability of quality child care: early childhood programs for low-income children generated a return on investment of 16 percent, 12 percent of which was a “public” rate of return. The study defined the return on investment as a rate measuring decreases in crime, higher potential earnings, greater likelihood of graduating from high school, and fewer public assistance payments (Corlett & McClung, 2004).

Thus, as CCR&R agencies provide information to parents in need of child care while at the same time actively working to build the capacity of child care providers, these agencies play a direct role in linking parental need to the positive returns on investments in child care.

ACCREDITATIONS/STANDARDS/CERTIFICATIONS

Child Care Aware[®], a program of NACCRRA, administers a national voluntary quality assurance system for community child care resource & referral agencies (CCR&Rs). Developed in 2001 by a team of local, state and national CCR&R experts, the program was created to ensure that families across the country have access to consistent, high-quality consumer education and referral services. The following are the criteria and outcomes for the “Criteria for Best Practice in the Delivery of Consumer Education and Referral” (2006). For each there are specific indicators.

Criterion 1: Direct Services to Families

- Outcome 1.A: The consumer education and referral staff delivers high-quality, family-centered services by a variety of methods. (For the purposes of quality assurance, services are defined as the provision of consumer education and/or referrals). Each family’s needs for early care and education and out-of-school time are identified, and appropriate referrals are given that include more than name, address, and phone number.

Criterion 2: Supporting Child Care Resource & Referral Services for Families

- Outcome 2.A: The CCR&R agency or umbrella organization employs qualified staff to assist families in accessing early care and education and out of school time needs.
- Outcome 2.B: CCR&R strategically plans for effective services and long-term program growth.

- Outcome 2.C: Families evaluate CCR&R services and the program has a continuous improvement plan in place.
- Outcome 2.D: CCR&R agency uses accurate, up-to-date data to inform practices.
- Outcome 2.E: A governing or advisory board is in place. The board provides guidance and policy direction for the CCR&R agency.

Criterion 3: Fostering Community Engagement

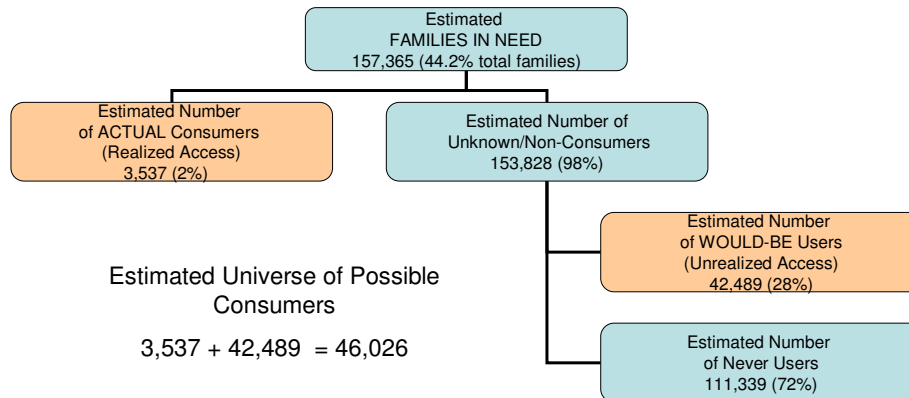
- Outcome 3.A: The community is aware of and uses the CCR&R services.

VI. GAP ANALYSIS

The following is the formula for arriving at the estimated universe of possible consumers for Child Care Resource and Referral:

- An estimated 157,365 working families with children 0-12 need resource and referral services as was discussed in Section III.
- Based on available information about actual consumers, approximately 3,537 families had realized access to child care resource and referral programs. This leaves a net estimate of 153,828 families who are either receiving services from unaccounted-for sources or are not receiving resource and referral services. (157,365 – 3,537 = 153,828)
- It is estimated that 16 percent of all children in Ohio are in child care centers and 11 percent in day care homes (a total of 27 percent), according to the Human Services Policy Center, Evans School of Public Affairs, University of Washington (November 2003).
- By applying the 27 percent figure to the estimated families in need, the result is an estimated universe of 46,026 possible consumers , including both realized (3,537) and unrealized access (42,489). (See Figure 5.)

**Figure 5: Consumer Estimates
Child Care Resource and Referral**



Service Site Index

Because this is a countywide service, no service site index was completed.

VII. SUMMARY

These are the major findings from the research on child care resource and referral programs:

- According to the National Association of Child Care Resource and Referral Agencies (NACCRRA), parents increasingly rely on child care as a means of satisfying employment obligations to support their families. Nearly two-thirds of children in the U.S. under the age of six are cared for by someone other than their parents. On average, children of working mothers spend 36 hours every week in child care. Too often, child care is hard to find, difficult to afford, and of questionable quality.
- ODJFS has primary responsibility for distributing the relevant federal and state funds to resource and referral agencies. The OCCRRA reported that 22 percent of CCR&R agencies' funding originates from ODJFS. In this way, as federal and state funding for child care services is altered, so too is the attendant funding provided by ODJFS for resource and referral services altered.
- Since 2002, funding of the discretionary portion of the Child Care and Development Fund has been frozen. Discretionary spending, which affects child care resource and referral agencies, is expected to be reduced by over \$1 billion in the next five years (CLASP, 2006).
- For the past several years, the Cuyahoga County Department of Employment and Family Services has provided stable funding (\$47,000) for Starting Point's child care resource and referral program.
- As of May 11, 2006, \$325,998 in revenues for child care resource and referral programs has been identified countywide.
- National best practices and procedures includes having the capacity to provide a full package of services including training and technical assistance to child care providers to increase the quality of care being delivered; monitoring and evaluating the quality of care given by child care providers; completing supply, demand, cost and quality reports; improving access to quality child care items by providing statewide child care search websites and toll-free lines; and partnering with business, education, government and policy leaders to improve services and outcomes for children and families.
- Programs that do not provide parents with information on all available resources, or those that make it difficult for parents to navigate through the system, are not meeting the needs of their clients.
- The estimated universe of possible consumers is 46,026, including both realized (3,537) and unrealized (42,489) access.

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ATTACHMENTS

Attachment 1: Researcher List

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Thanks to *The Center for Community Solutions* for providing multiple sources of information.

Attachment 2: Technical Notes

Technical Notes: Methodology, Caveats, Limitations of Data

The following provides descriptions, definitions, methodologies, caveats, or limitations of data for the following components of the core service reports:

- Unit of Analysis
- First Call for Help Data
- Funding Information for Core Services
- Consumer and Financial Data: Caveats
- Gap Analysis Methodology & Limitations
- Service Site Index

Unit of Analysis

The core service is the unit of analysis. United Way of Greater Cleveland either funds or could fund 80 core services. These are the object and subject of the research, specific to Cuyahoga County. A separate report has been developed for each service. It must be noted that the aggregate of any quantifiable data across all of the reports does not comprise a picture of the totality of health and human services in Cuyahoga County because there are many more than 80 services that comprise the community's safety net.

The unit of analysis for estimates of service consumers is the individual, the family, or the household.

United Way - First Call for Help Data

For most core services, United Way First Call for Help (FCFH), the community's resource and referral service data, was used in tables that show the number of service providers and service sites, the geographic location of service providers by zip code, the service area by zip code as reported by providers of the respective services, and to show unmet need and greatest increase/decrease in calls received by FCFH for a particular core service.

It is important to remember that FCFH receives calls from a variety of sources that include people calling on behalf of a prospective consumer such as social workers, provider agencies, relatives, etc. Not all calls come directly from a prospective consumer, so some of the zip codes are for hospitals and business addresses, although the numbers for these zip codes are relatively small.

Calls also may be from people who are not interested in receiving a service, but wish instead to make a contribution to a program such as clothing, household items, food, books, crafts supplies, etc.

Because, in many instances, FCFH codes its data with a different level of core services than the 80 core services identified by the United Way Community Investment staff as fundable services, it was necessary to develop a crosswalk. This crosswalk was used for a number of services, however, seven services did not have a match in the FCFH database. The staff of United Way - First Call for Help gave explanations which follow each core service):

- Adolescent/Youth Counseling: A caller asking about help with their troubled teenager would be referred by the type of counseling rather than age. (Example: counseling for drugs, family, sexual abuse, etc.)
- Advocacy: FCFH does not receive calls from people about advocacy.
- Child Care: Calls are directed to Starting Point.
- Condition Specific Rehabilitation Services: FCFH would refer caller back to their primary care physician for a referral.
- Early Intervention for Mental Illness: FCFH does not receive calls for this, but if they did, they would refer to the county's Help Me Grow program.
- Family Support Centers: FCFH defines data by specific service rather than type of agency. Depending on the call, the caller may be referred to General Counseling or Early Intervention for Infants and Toddlers with Disabilities, and so on.
- Preschools: Calls are directed to Starting Point.

A different match was used for other services that had no crosswalk.

- Medical Transportation and Senior Ride: FCFH uses "Paratransit" as they do not differentiate between senior transportation, medical transportation, and transportation for the disabled.
- Outpatient Mental Health Facilities: FCFH uses "Mental Health Drop-in Centers."

It must also be noted that, for the most part, the FCFH database does not include for-profit agencies. In the case of home health care providers, we contacted the Long Term Care Ombudsman for a more complete list of provider agencies which includes for-profit organizations.

There were several instances where the FCFH database did not code a United Way-funded agency with the core service for which they were receiving funding. In these instances, the agency was added manually to the Service Provider Table along with their site locations. The core services with the respective United Way of Greater Cleveland agencies that were added are:

- Case/Care Management – Care Alliance, Cystic Fibrosis, Epilepsy Foundation, Golden Age Centers
- Comprehensive Outpatient Substance Abuse Treatment – The Covenant
- Disease/Disability Information – The Muscular Disease Society of Northeastern Ohio
- Early Intervention for Infants and Toddlers with Disabilities – United Cerebral Palsy
- Medical Expense Assistance – North Coast Health Ministry
- Medical Transportation (Paratransit in FCFH) – Kidney Foundation of Ohio
- Senior Centers – Catholic Charities Services Corporation, Jewish Community Center of Cleveland, Jewish Family Service Association of Cleveland, University Settlement House.
- Volunteer Development – Neighborhood Leadership Institute

It must also be noted that when numbers are low for trend data reported, the high percentages are slightly exaggerated.

Funding Information for Core Services

We collected financial information for each core service on a countywide level from multiple sources including major government funders, foundations, federated fund raising organizations, and United Way of Greater Cleveland. While we were successful in gathering a substantial amount of data, there

is much that has not been collected. It must also be noted that even if we had all major public and private funding gathered, this would not create a total picture of health and human service funding in Cuyahoga County because there are more than 80 core services provided. The following provide highlights of data collected and some of the limitations for each source. It is important to note that funding in each source is changing and represents point in time amounts. The typical period for trend data, when available, is 2002, 2003, and 2004. Note: some services are funded by private insurance or other self-pay arrangements.

Foundation Funding

We attempted to obtain foundation funding amounts for each core service from the latest annual report or 990 PF (foundation tax return to the IRS) of each major foundation that funds social services in Greater Cleveland. Wherever a description of the grant purpose was given, we used our best judgment to match the grant to the appropriate core service. If the grant fell within more than one core service area, it was not listed. When no description was given, the grant was treated like a general operating grant and assigned to a core service only when the mission of the grant recipient fell mainly within one particular core service. In-kind donations, grants for capital and equipment expenses and administrative salaries were not used. When grants were \$10,000 or greater, they were listed by name of the foundation. All others were placed under Other Foundations and not listed. Typically, we did not attempt to provide trend financial data for foundation funding of core services because of the changing nature of funded programs from year to year.

Federated Funding Sources

We approached the major federated funders of core services in Greater Cleveland for funding and consumer information. Some data provided was for a single point in time; others provided three years of trend data. We often had to do a cross walk of United Way of Greater Cleveland funded core services against those funded by federated agencies to agree on the services.

Government Funding

We approached every major government funder for funding amounts for each core service and also did Internet searches for some federal government sources. Due to the constant state of change in government funding, it is important to note that the data provided is a snapshot in time and that many of the programs funded in 2004 have changed definition, are funded through different revenue sources, or no longer exist at all due to a lack of funding. This is particularly true of Community Development Block Grant dollars which have decreased due to shifting federal priorities.

Every effort was made to appropriately match government funding data to the correct core service area; however, this was not always possible as frequently the service definitions were not a one-to-one match. It was necessary, in some instances, to take the closest match or use the sore service which represented a majority of the services being provided.

In other cases, it was not possible to select a specific core service. An example is Medicaid in which Medicaid-defined services crossed over more than four core services in some instances. In cases where Medicaid is a significant source of revenue, the data was entered as an aggregate total at the appropriate AIRS level. These aggregates are footnoted under the appropriate funding table.

Every effort was made to include data from municipalities. However, many did not respond after repeated requests for information. We would like to thank those who took the time to help with this project.

Medicaid Funding

A significant portion of Medicaid funding was NOT entered under the countywide total in the core service reports for two reasons: first, because many of the Medicaid services are not a one-to-one match with United Way core services, and second because some Medicaid services fall into more than one AIRS Level 1 categories. In the first instance, Medicaid funding was entered as an aggregate total at the AIRS 1 level, and in the second instance Medicaid funding was entered as an aggregate total under Third Party Payee/Direct Bill in the combined Master Revenue file of funding across all nine AIRS Levels. They are as follows:

Entered as Aggregate Total Under Appropriate AIRS Level

- Medicaid Service - Home Care (\$17,787,703 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: daily living aids and home health care.
- Medicaid Service - CADAS (\$8,522,183 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: comprehensive outpatient substance abuse treatment, residential substance abuse treatment programs, substance abuse education and prevention.
- Medicaid Service - Therapy (\$2,257,394 in 2004) - Falls into AIRS 1 Health Care and includes the following core services: condition specific rehabilitation, and speech & hearing.
- Medicaid Service - CMH (\$67,773,487 in 2004) - Falls into AIRS 1 Mental Health Care & Counseling and includes the following core services: supportive therapies, adolescent/youth counseling, children's residential treatment facilities, early intervention for mental illness, general counseling services (outpatient mental health facilities), and psychiatric day treatment.

Entered as Aggregate Total Under Third Party Payee/Direct Bill

- Medicaid Service - Inpatient Hospital (\$188,329,269 in 2004) - Falls into two different AIRS 1 categories: Basic needs and health care. It includes the following core services: condition specific rehabilitation and medical expense assistance.
- Medicaid Service - Waiver (\$128,921,354 in 2004) – This category included all PASSPORT services. Since we reported PASSPORT separately, in order to avoid duplication, we deducted the PASSPORT total of \$52,676,048 from this number and reported the remaining \$76,245,306. This total falls into AIRS 1 Basic Needs, Health Care and Individual & Family Life and includes the following core services: adult day care, home-delivered meals, home health care and in-home assistance.
- Medicaid Service - Habilitation (\$55,550,307 in 2004) - Falls into AIRS 1 Health Care and Individual & Family Life and includes the following core services: condition specific rehabilitation services, early intervention for infants and toddlers with disabilities/delays, and residential living options for people with disabilities.

United Way of Greater Cleveland Funding

Financial data for core services funded by United Way of Greater Cleveland was for FY 2004 (July 2003 to June 2004). It included allocations through the community investment committees and donor designations that United Way funded agencies applied to the respective core services. It is important to note that not all United Way funded agencies applied donor designated gifts, which are unrestricted, to the core service for which they receive United Way funding. It did not include donor designations that non-United Way funded agencies used for any of the 80 core services.

United Way Agency Revenues

Annually United Way-funded agencies submit revenue budgets to United Way for each funded core service. This information for FY 2004 is reported. However, all of the agency data may not be included in the countywide data as agencies may have assigned dollars from unrestricted grants to a specific core service, or allocated a portion of grant monies that fell within two or more core service areas. It was not always possible to match countywide government or foundation funding with that reported by the agencies and that gathered from other funding sources.

Consumer and Financial Data: Caveats

The following applies to revenue sources on tables and graphs and their corresponding consumer data used in the consumer demographics and zip code tables.

All Core Services

Data was self-verified by the funder/provider. Whenever data provided by a funder appeared to be inconsistent or incorrect, an attempt was made to contact the funder. If the funder responded, the data was either adjusted according to their instructions, or the reason for discrepancies footnoted. If they did not respond, or if they said it was correct, the data was left as submitted.

Demographic and zip code data provided by the funder/provider is frequently taken from consumer intake forms which may have missing or incomplete data, or from provider agency databases which contain data entry errors or incomplete consumer intake forms. Whenever possible, the funder was asked for corrected data. In cases where a correction was not possible, the data was counted as either unknown or missing. The usage of these terms is footnoted at the bottom of each table and is explained more fully in the Gap Analysis section of this attachment.

It was not always possible to get information in the format requested as each funder tracks data differently, using different service definitions, terminology and variables. Wherever possible, data was matched to a consistent report format.

When a funder could not provide consumer demographics, but could provide an estimated percentage of consumers by category, we took the total number of consumers and applied the percentages to come up with estimated numbers for the consumer tables. For example, Medicaid tracks individual recipients throughout the year, entering new data if there is a change, each time a claim occurs. Thus, a consumer who has a birthday between claims will appear in the system for that year with two different ages.

To resolve this, the percentage of consumers in each age range was determined for the total number of duplicated consumer ages. Those percentages were then applied to the total number of unduplicated consumers for the year in order to reach a total number of unduplicated consumers for each age range.

The time periods for both revenue and consumers vary by funder/provider. United Way Program Report data is for FY 2004 (July 2003 to June 2004). Other funder/provider data is for either a January to December or July to June fiscal year.

Gap Analysis Methodology & Limitations

Based on Anderson's (1964) seminal needs assessment model, realized access is defined as the number of consumers who receive service while unrealized access is the estimated number of consumers who need and would utilize a service, but are not currently receiving it. This could be

considered the service gap. Unrealized consumer access to services drives the need for change in the social service delivery system. Ensuring unrealized consumer access to services requires new models of service delivery related to access, effective use of resources, data management, and funding. There were multiple steps used to conduct a gap analysis:

- *Estimate of persons in need of the service:* Unless local research was conducted to determine need for a given service, this estimate was obtained by either using U.S. Census data for Cuyahoga County or applying percentages from national studies and reports to the census data. All references and percentages are footnoted in the respective graphs or tables. In most cases this percentage was also applied to actual 1990 Census figures and population projections 2005 through 2015 that were done by the Ohio Department of Development.
- *Estimate of number of ACTUAL consumers in the public systems (realized access):* Data submitted to United Way by funded agencies was aggregated to determine the number of consumers for each core service. The period was FY 2004, which is July 2003 through July 2004.
 - In some cases data was “unknown,” defined as data not collected by agency because no tracking system was available or the type of service delivered made it difficult (i.e., group presentations, telephone information and referral, and drop-ins). This also represents data not completed by consumers either deliberately or inadvertently on intake forms.
 - In other cases, data was missing that, for United Way data, represented computational errors or incorrect completion of online reports. For all other data, “missing” represents data funders/providers were unable to provide.
 - There was no check of the accuracy of data submitted by agencies.
 - Major government funders were asked to provide information about the number of consumers for the respective core services that they funded. In most cases, services were not defined in the same way as the United Way core services which are based on the Alliance for Information and Referral Systems (AIRS) taxonomy. To accommodate these differences, customized crosswalks were developed.
 - We assumed that the numbers of consumers across funding sources were not unduplicated and thus made a judgment about which numbers would be the best estimate of an unduplicated number.
 - The estimate of consumers is not inclusive since it does not include numbers of consumers who use their personal resources to pay for services, nor for other private resources such as insurance or agency fundraising. In addition, it was not always possible to obtain information from some government funders.
- *Estimate of number of “unknown/non-consumers”:* This is the difference between the estimated number of actual consumers and the estimate of persons in need.
- *Estimate of number of “would-be users” (unrealized access):* This is the estimate of persons who would use a service if it were available, typically based on research.
- *Estimate of number of “never users”:* This is the difference between the estimated number of unknown/non-consumers and would-be users.
- *Estimate of “universe of possible consumers”:* This is the total of those actually receiving the service (realized access) and those would-be users (unrealized access).

We recognize that this is not a perfect method for assessing either realized or unrealized access to core services. However, we opted to use an imperfect method rather than no method to demonstrate both the complexity and the usefulness of quantifying realized and unrealized access to services as

a first step toward a more rigorous methodology. In the business sector this would be a form of market analysis. We also recognize that actual consumer numbers are not unduplicated across funders, or across core services. Thus, there is much work yet to be done to gain realistic estimates of needs.

The numbers we provided are on a countywide level. We recognize that there could be, and often are, differences by demographics and geographical area. In the Actual Consumer Demographics attachment, we have identified the profile of the base consumer group from census, but have little on the estimated persons in need. Occasionally, there is information from other research that describes differences among different racial, ethnic, gender, age, or income groups that is discussed in the narrative. There is also inconsistent information for consumers funded by various governmental bodies. In other words, some funders provided demographic data and others did not. In the Actual Consumer Zip Codes attachment, we have also attempted to identify the geographic profile of the estimated persons in need and actual consumers. However, this information has the same limitations as the demographics.

Service Site Index

For many services a service site index was developed. It provides a ratio of estimated consumers per service site on a countywide level and for each zip code within the county. The ratio is based on the number derived from the gap analysis described in the previous section and on the number of providers who reported to United Way – First Call for Help whether a specific service site includes a given zip code in its service area. A provider site is located in a single zip code, but could serve multiple zip codes. The ratio is a measure of potential service accessibility by estimated universe of service consumers per zip code area. This measure does not include the capacity of providers to offer the service, for example, the number of consumers that can be served on a daily basis. It is only capturing whether there is a possibility of being a consumer. The lower the ratio, the greater is the chance of receiving service. The index also gives an indication of which zip codes have higher ratios which means that consumers have a lower probability of receiving a service as well as any patterns in zip codes that have high percentages of African Americans, Asians, or Hispanics. A map is also attached which provides a graphic picture of the estimated consumers by zip code.

Based on the numbers of providers that report to FCFH whether they serve a given zip code, we had assumed that there would be greater variability across zip codes. In reality, many report that they serve the entire county. Thus the variability across zip codes is often primarily because of differences in the population numbers rather than in service sites that offer service in a given zip code.

Specific Service Issues

Senior Services

“Senior Centers” was used as a catch-all category when the funder-defined service covered more than one senior success core service and could not be accurately allocated among the separate core services. Often, funding for transportation and home-delivered meals was not broken out from senior activities and supportive services at the municipal level, so it was placed under Senior Centers. Because the core services for congregate and home-delivered meals and senior ride were tracked separately, funding for these core services was not included under Senior Centers to avoid duplication of resources, even though senior center activities can and do include congregate meals.

Senior Ride includes disabled individuals of all ages as well as seniors for most funders with the notable exception of Western Reserve Area Agency on Aging (WRAAA) that requires an individual to be 60 years of age or older in order to receive services. If the transportation service was not provided by a senior center, the number of consumers reflects the number of riders using the system and contains duplicates (e.g. paratransit).

Home improvement/accessibility data includes programs for low-income families and people of all ages with disabilities, as well as seniors.

References

- Anderson, Ronald M. (1995, March). Revisiting the behavioral model and access to medical care: Does it matter? *Journal of Health and Social Behavior*, 36(1): 1-10.
- Wan, Thomas T. H., Odell, Barbara Gill, & Lewis, David T. (1982). *Promoting the well-being of the elderly: A community diagnosis*. New York: The Halworth Press.

Attachment 3: Actual Consumer Demographics

Core Service: Child Care Resource and Referral PH-240.150					
		Estimated Families in Need	Actual Number/Percent of Consumers by Funding Source ^{***}		
	Total Families (%) [*]	Families with All Parents Working and Children 0-12 (%) ^{**}	UW Program Report Data Cuy Cnty Only 100% (%)	CCDF (%)	Department of Emp & Family Services (%)
PERIOD	1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004	7/1/2003-6/30/2004	7/1/2003-6/30/2004
0-5 years		-		-	-
6-17 years		-			
TOTAL	356,221	157,365	3,537	3,537	309
Percent		44.2%			
GENDER					
Male	N/A	N/A	4.3%	0.0%	0.0%
Female	N/A	N/A	93.8%	0.0%	0.0%
Unknown Data ^{****}			2.0%	0.0%	0.0%
Missing Data ^{*****}			0.0%	100.0%	100.0%
RACE^{*****}					
White alone	68.7%	59.5%	40.0%	0.0%	0.0%
Black or African American alone/combination	26.8%	35.3%	46.2%	0.0%	0.0%
Asian alone/combination	2.0%	1.9%	0.7%	0.0%	0.0%
American Indian and Alaska Native alone/combination	0.6%	0.8%	0.0%	0.0%	0.0%
Native Hawaiian and Other Pacific Islander alone/combination	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race alone/combination	1.8%	2.5%	0.9%	0.0%	0.0%
Unknown Data ^{****}			12.2%	0.0%	0.0%
Missing Data ^{*****}			0.0%	100.0%	100.0%
HISPANIC^{*****}	2.9%	4.1%	0.6%	0.0%	0.0%
AGE					
0-4	N/A	N/A	0.0%	0.0%	0.0%
5-9	N/A	N/A	0.0%	0.0%	0.0%
10-14	N/A	N/A	0.0%	0.0%	0.0%
15-19	N/A	N/A	0.0%	0.0%	0.0%
20-34	N/A	N/A	0.0%	0.0%	0.0%
35-54	N/A	N/A	0.0%	0.0%	0.0%
55-64	N/A	N/A	0.0%	0.0%	0.0%
65-74	N/A	N/A	0.0%	0.0%	0.0%
75+	N/A	N/A	0.0%	0.0%	0.0%
Unknown Data ^{****}			100.0%	0.0%	0.0%
Missing Data ^{*****}			0.0%	100.0%	100.0%
INCOME^{*****}					
Average Household Size	N/A	N/A	N/A	N/A	N/A
\$0-\$9,999	7.1%	N/A	7.2%	0.0%	0.0%
\$10,000-\$14,999	4.2%	N/A	2.2%	0.0%	0.0%
\$15,000-\$19,999	5.1%	N/A	5.4%	0.0%	0.0%
\$20,000-\$29,999	11.4%	N/A	5.5%	0.0%	0.0%
\$30,000 and above	72.2%	N/A	9.0%	0.0%	0.0%
Unknown Data ^{****}			70.6%	0.0%	0.0%
Missing Data ^{*****}			0.0%	100.0%	100.0%
Totals	100.0%	N/A	100.0%	100.0%	100.0%

Attachment 3: Actual Consumer Demographics (continued)

<p>* U.S. Census 2000, SF3 (PCT61); Note the total number of families is not the same as that reported in Attachment 4 which is obtained from SF1.</p>
<p>** U.S. Census 2000, SF4 (PCT81); Working Families includes two-parent families with both parents in labor force, and single-parent families with parent in labor force. Working Families with Children 0-12 prorated from Working Families with Children 0-18 at 72.6% (derived from overall family age-groups in SF3(P16)).</p>
<p>***Note: Consumers could be funded by more than one funding source; thus the columns are not necessarily mutually exclusive.</p>
<p>****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms.</p>
<p>*****Missing Data - For United Way Data - represents computational errors or incorrect completion of online report. For all other data - represents data funder was unable to provide.</p>
<p>***** The race categories and data utilize US Census SF4 "Race Iterations," which allow for multiple races to be selected by census respondents. As a result, totals will add to > 100% of population. Universe is "Total Races Tallied." Except "White Alone", all racial categories are "... alone or in combination with some other race". This method isolates and minimizes the non-minority population ("White alone").</p>
<p>*****Hispanic - Amount in this field is from data provided by clients on intake forms and may not be accurate as clients may either deliberately or inadvertently provide incomplete data, or data may not be collected by the agency.</p>
<p>*****The U.S. Census reports income by household or family, not individuals. Estimates by income category were derived by applying the ratio of total county population (1,393,978) to total households (571,606) = 2.4. The number of households in each income category was multiplied by 2.4 to arrive at an estimate of individuals by income category. The assumption is that the average household size applies to each income category which may result in more conservative estimates for children and the "old old" which may actually have larger proportions of persons in the lower income categories.</p>

Attachment 4: Actual Consumer Zip Codes

Core Service: Child Care Resource and Referral PH-240.150						
Period	City/Town (% Cleveland)	Total Families (%) [*]	Estimated Families in Need	Actual Number/Percent of Consumers by Funding Source ^{***}		
			Estimated Working Families with Children 0-12 (%) ^{**}	UW Program Report Data (%)	CCDF (%)	Dept. of Emp & Family Services (%)
		1/1/2000-12/31/2000	1/1/2000-12/31/2000	7/1/2003-6/30/2004	7/1/2003-6/30/2004	7/1/2003-6/30/2004
0-5 years			-			
6-17 years			-			
TOTAL		356,221	157,365	3,537	3,537	309
Percent			44.2%			
44017	Berea	1.3%	1.3%	0.6%	0.0%	0.0%
44022	Bentleyville	0.9%	0.7%	0.1%	0.0%	0.0%
44040	Gates Mills/Mayfield Village	0.2%	0.1%	0.0%	0.0%	0.0%
44070	North Olmsted	2.7%	2.7%	1.2%	0.0%	0.0%
44101	Cleveland (100%)	0.0%	0.0%	0.0%	0.0%	0.0%
44102	Cleveland/Brooklyn (95%)	3.3%	3.6%	4.6%	0.0%	0.0%
44103	Cleveland (100%)	1.6%	2.0%	2.7%	0.0%	0.0%
44104	Cleveland (100%)	2.0%	2.8%	3.9%	0.0%	0.0%
44105	Cleveland/NewburghHts/GarfieldHts (75%)	3.9%	4.2%	4.8%	0.0%	0.0%
44106	Cleveland/Cleveland Hts (60%)	1.6%	1.6%	2.4%	0.0%	0.0%
44107	Lakewood/Cleveland	3.5%	3.6%	3.4%	0.0%	0.0%
44108	Cleveland/Bratenahl (90%)	2.6%	3.0%	3.2%	0.0%	0.0%
44109	Cleveland/Brooklyn Hts (98%)	3.1%	3.2%	4.6%	0.0%	0.0%
44110	Cleveland/East Cleveland (98%)	1.8%	2.4%	2.8%	0.0%	0.0%
44111	Cleveland (100%)	3.0%	3.0%	3.4%	0.0%	0.0%
44112	East Cleveland/Cleveland	2.3%	2.7%	2.9%	0.0%	0.0%
44113	Cleveland (100%)	0.9%	0.9%	2.2%	0.0%	0.0%
44114	Cleveland (100%)	0.2%	0.1%	0.8%	0.0%	0.0%
44115	Cleveland (100%)	0.5%	0.7%	2.1%	0.0%	0.0%
44116	Rocky River	1.6%	1.4%	0.7%	0.0%	0.0%
44117	Euclid/Cleveland	0.8%	0.8%	1.1%	0.0%	0.0%
44118	ClevelandHts/UniversityHts/ShakerHts	3.1%	3.3%	4.5%	0.0%	0.0%
44119	Cleveland/Euclid (50%)	0.9%	1.0%	1.1%	0.0%	0.0%
44120	Shaker Hts/Cleveland	3.4%	3.9%	5.5%	0.0%	0.0%
44121	University Hts/South Euclid	2.7%	2.8%	3.5%	0.0%	0.0%
44122	Beachwood/Highland Hills/ShakerHts	2.7%	2.4%	1.5%	0.0%	0.0%
44123	Euclid	1.3%	1.4%	1.9%	0.0%	0.0%
44124	Pepper Pike/MayfieldHts/Lyndhurst	3.1%	2.3%	1.5%	0.0%	0.0%
44125	Valley View/Garfield Hts	2.3%	2.2%	1.6%	0.0%	0.0%
44126	Fairview Park/Cleveland	1.3%	1.3%	0.5%	0.0%	0.0%
44127	Cleveland (100%)	0.5%	0.7%	1.4%	0.0%	0.0%
44128	Warrensville Hts/Cleveland	2.5%	2.4%	3.4%	0.0%	0.0%
44129	Brooklyn/Parma/Cleveland	2.2%	2.1%	1.8%	0.0%	0.0%
44130	Parma/Cleveland	4.1%	3.2%	2.6%	0.0%	0.0%
44131	Independence/Seven Hills/BrooklynHts	1.7%	1.4%	0.4%	0.0%	0.0%
44132	Euclid	1.1%	1.2%	1.9%	0.0%	0.0%
44133	North Royalton	2.2%	2.2%	0.6%	0.0%	0.0%
44134	Parma/Cleveland	3.1%	2.8%	2.2%	0.0%	0.0%
44135	Cleveland/Linndale (90%)	2.0%	2.1%	1.7%	0.0%	0.0%
44136	Strongsville	3.5%	3.3%	0.7%	0.0%	0.0%
44137	Maple Hts/Cleveland	2.0%	2.3%	2.1%	0.0%	0.0%
44138	Olmsted Twp/Olmsted Falls	1.4%	1.4%	0.6%	0.0%	0.0%
44139	Bentleyville/Glenwillow/Solon	1.8%	2.0%	0.8%	0.0%	0.0%
44140	Bay Village	1.3%	1.2%	0.3%	0.0%	0.0%
44141	Brecksville	1.1%	0.9%	0.2%	0.0%	0.0%
44142	Brookpark/Cleveland	1.7%	1.5%	0.5%	0.0%	0.0%
44143	Highland Hts/Richmond Heights	1.9%	1.7%	1.2%	0.0%	0.0%
44144	Brooklyn/Cleveland	1.7%	1.3%	1.4%	0.0%	0.0%
44145	Westlake	2.3%	2.1%	1.1%	0.0%	0.0%
44146	Walton Hills/Oakwood/Bedford	2.3%	2.0%	1.8%	0.0%	0.0%
44147	Broadview Hts	1.2%	1.1%	0.5%	0.0%	0.0%
44149	Strongsville			0.5%	0.0%	0.0%
	Unknown Cuyahoga County Zip Codes*****			3.2%		
	Missing*****			0.0%	100.0%	100.0%
	Unknown*****			0.0%	0.0%	0.0%
	Total Cuyahoga County*****	100%	100%	100.0%	0.0%	0.0%
	Total Known Cleveland	28%	31%	42.2%	0.0%	0.0%
	Total Known Suburbs	72%	69%	54.6%	0.0%	0.0%
	Unknown & Missing			0.0%	100.0%	100.0%

Attachment 4: Actual Consumer Zip Codes (continued)

* U.S. Census 2000, SF1 (PCT31)
** U.S. Census 2000, SF3 (P46); Working Families includes two-parent families with both parents in labor force, and single-parent families with parent in labor force. Working Families with Children 0-12 prorated from Working Families with Children 0-18 at 72.6% (derived from overall family age-groups in SF3(P16)).
*** United Way Program Report Data FY 2004; Note: Consumers could be funded by more than one funding source; thus the columns are not mutually exclusive.
****Missing Data - For United Way - represents computational errors or incorrect completion of online report. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County. For all other data - represents data funder was unable to provide.
*****Unknown Data - Represents data not collected by agency because no tracking system is available or type of service delivered makes it difficult (i.e., group presentations, telephone information and referral, and drop-ins). Also represents data not completed by clients either deliberately or inadvertently on intake forms. This data may contain zip codes outside of Cuyahoga County so it is not included in the total number served for Cuyahoga County.
***** Totals vary because of rounding. County total population 1,393,978 does not correspond to the total of zip codes because some zip codes include data from adjacent counties

Attachment 5: Profile of Core Service Providers – 2005

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
Total Number of Providers	3	1
Number of Providers by Type		
Nonprofit	2	1
For-profit	-	-
Government	1	-
Other	-	-
Total Number of Sites	3	1
Number of Service Sites per Provider		
1	3	1
2 – 5	-	-
6 – 10	-	-
11+	-	-
Geographical Location of Service Sites, by ZIP Code		
44017 – Berea	-	-
44022 – Bentleyville	-	-
44040 – Gates Mills/Mayfield Village	-	-
44070 – North Olmsted	-	-
44101 – Cleveland	-	-
44102 – Brooklyn/Cleveland	-	-
44103 – Cleveland	-	-
44104 – Cleveland	-	-
44105 – Newburgh Hts/Garfield Hts	-	-
44106 – Cleveland Hts/Cleveland	-	-
44107 – Cleveland/Lakewood	1	-
44108 – Cleveland/East Cleveland	-	-
44109 – Cleveland/Brooklyn Hts	-	-
44110 – Cleveland/Bratenahl	-	-
44111 – Cleveland	-	-
44112 – Cleveland/East Cleveland	-	-
44113 – Cleveland	-	-
44114 – Cleveland	-	-
44115 – Cleveland	1	1
44116 – Rocky River	-	-
44117 – Cleveland/Euclid	-	-
44118 – Euclid/University Hts	-	-
44119 – Cleveland/Euclid	-	-
44120 – Cleveland/Shaker Hts	-	-
44121 – University Hts/South Euclid	-	-
44122 – Orange/Warrensville Hts	-	-
44123 – Euclid	-	-
44124 – Pepper Pike/Mayfield Village	-	-
44125 – Valley View/Garfield Hts	-	-
44126 – Cleveland/Fairview Park	-	-
44127 – Cleveland	-	-
44128 – Cleveland/Warrensville Hts	1	-

Attachment 5: Profile of Core Service Providers – 2005 (continued)

PROFILE OF CORE SERVICE PROVIDERS - 2005		
Source: United Way - First Call for Help Refer Database February 2005		
	Count	Sub-Count: UW-Affiliated
44129 – Cleveland/Brooklyn/Parma	-	-
44130 – Cleveland/Parma	-	-
44131 – Seven Hills/Brooklyn Hts	-	-
44132 – Euclid	-	-
44133 – North Royalton	-	-
44134 – Parma/Cleveland	-	-
44135 – Cleveland/Linndale	-	-
44136 – Strongsville	-	-
44137 – Maple Hts/Cleveland	-	-
44138 – Olmsted Twp/Olmsted Falls	-	-
44139 – Bentleyville/Glenwillow/Solon	-	-
44140 – Bay Village	-	-
44141 – Brecksville	-	-
44142 – Cleveland/Brookpark	-	-
44143 – Highland Hts/South Euclid	-	-
44144 – Brooklyn/Cleveland	-	-
44145 – Westlake	-	-
44146 – Walton Hills/Oakwood/Bedford	-	-
44147 – Broadview Hts	-	-
44149 – Strongsville	-	-



Attachment 6: Providers and Functions – 2005

Service Providers & Functions	
Source: United Way - First Call for Help Refer Database February 2005	
Agency	Services
Achievement Centers for Children	Day Care Information and Referral for Disabled Children
City of Lakewood Dept. of Human Services (DOHS)	Day Care Referral
Starting Point for Child Care and Early Education	Information/Consulting - Parents of Special Needs Children/Information and Referral for Parents

Bold represents agencies funded by United Way for this service.

**Attachment 7: United Way - First Call for Help Child Care Resource & Referral Requests
– 2000-2004: Greatest Increase/Greatest Decrease**

PH-240.150 Child Care Resource and Referral								
First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code	TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00- 04	
	2000	2001	2002	2003	2004			
44117	Euclid/Cleveland	1	5	7	2	7	600%	4
44127	Cleveland	2	10	4	8	13	550%	7
44132	Euclid	2	6	5	3	9	350%	5
44135	Cleveland/Linndale	3	8	4	3	12	300%	6
44126	Fairview Park/Cleveland	1	4	0	3	4	300%	2
44113	Cleveland	6	13	18	12	19	217%	14
44114	Cleveland	2	1	2	1	6	200%	2
44106	Cleveland/Cleveland Hts	5	10	14	15	13	160%	11
44134	Parma/Cleveland	3	8	5	5	7	133%	6
44144	Brooklyn/Cleveland	3	7	2	4	6	100%	4
44124	Pepper Pike/Mayfield Hts./Lyndhurst	3	4	4	5	6	100%	4
44125	Valley View/Garfield Hts	2	7	3	6	4	100%	4
44128	Warrensville Hts/Cleveland	9	15	10	16	18	100%	14
44104	Cleveland	10	33	26	20	18	80%	21
44119	Cleveland/Euclid	3	6	1	4	5	67%	4
44137	Maple Hts/Cleveland	6	15	9	5	9	50%	9
44115	Cleveland	10	6	11	8	13	30%	10
44102	Cleveland/Brooklyn	27	31	34	21	35	30%	30
44146	Walton Hills/Oakwood/Bedford	7	3	6	2	9	29%	5
44107	Lakewood/Cleveland	12	8	18	12	14	17%	13
44143	Highland Hts/Richmond Heights	0	0	6	5	5	N/A	3
44139	Bentleyville/Glenwillow/Solon	0	2	3	1	3	N/A	2
44147	Broadview Hts	0	2	1	1	3	N/A	1
44141	Brecksville	0	0	0	2	1	N/A	1
44140	Bay Village	2	2	0	0	0	(100%)	1
44022	Bentleyville	1	0	0	1	0	(100%)	0
44101	Cleveland	1	0	0	0	0	(100%)	0
44131	Independence/Seven Hills/Brooklyn Hts	1	0	0	2	0	(100%)	1
44130	Parma/Cleveland	11	9	11	6	2	(82%)	8
44110	Cleveland/East Cleveland	18	18	15	18	6	(67%)	15
44123	Euclid	11	5	10	9	4	(64%)	8
44129	Brooklyn/Parma/Cleveland	5	8	3	3	2	(60%)	4
44017	Berea	4	1	2	6	2	(50%)	3
44116	Rocky River	2	4	1	1	1	(50%)	2

Attachment 7: United Way - First Call for Help Child Care Resource & Referral Requests – 2000-2004: Greatest Increase/Greatest Decrease (continued)

PH-240.150 Child Care Resource and Referral								
First Call for Help Requests 2000-2004								
Greatest Increase/(Greatest Decrease)								
Zip Code		TOTAL REQUESTS					%Change* 00&04	Avg. # Calls 00- 04
		2000	2001	2002	2003	2004		
44145	Westlake	2	3	0	3	1	(50%)	2
44112	East Cleveland/Cleveland	15	21	23	15	8	(47%)	16
44103	Cleveland	19	12	14	9	11	(42%)	13
44121	University Hts/South Euclid	14	13	6	11	9	(36%)	11
44136	Strongsville	3	1	2	2	2	(33%)	2
44109	Cleveland/Brooklyn Hts	22	18	15	24	15	(32%)	19
44118	ClevelandHts/UniversityHts/ShakerHts	10	16	9	10	7	(30%)	10
44133	North Royalton	4	5	3	4	3	(25%)	4
44108	Cleveland/Bratenahl	21	27	19	24	17	(19%)	22
44111	Cleveland	11	21	13	10	9	(18%)	13
44120	Shaker Hts/Cleveland	23	26	28	16	19	(17%)	22
**Total Cuyahoga County		361	457	411	380	399	11%	402
**Total Cleveland		191	247	218	205	221	16%	216
**Total Suburbs		170	210	193	175	178	5%	185
* Extremely high percentages are due to low numbers.								
** These totals do not reflect the sum of the numbers above which are the zip codes reflecting the greatest increase or decrease. Rather, they are the total of calls from ALL zip codes many of which do not appear on this table.								

Attachment 8: United Way - First Call for Help 2000-2004: Unmet Need

PH-240.150 Child Care Resource and Referral					
First Call for Help Requests 2000-2004					
Unmet Need					
Zip Code		TOTALS 00-04			%
		Requests	Met	Unmet	Unmet
44119	Cleveland/Euclid	19	18	1	5%
44122	Beachwood/Highland Hills/Shaker Hts.	28	27	1	4%
44123	Euclid	39	38	1	3%
44112	East Cleveland/Cleveland	82	80	2	2%
44106	Cleveland/Cleveland Hts	57	56	1	2%
44107	Lakewood/Cleveland	64	63	1	2%
44103	Cleveland	65	64	1	2%
44105	Cleveland/Newburgh Hts/Garfield Hts	149	147	2	1%
44104	Cleveland	107	106	1	1%
*Total Cuyahoga County		2,008	1,997	11	1%
*Total Cleveland		1,082	1,076	6	1%
*Total Suburbs		926	921	5	1%
FCFH DATA NOTES					
<p>Met = service request resulting in referral to an organization. (Does not mean agency was able to provide the service.)</p> <p>Unmet = service request for which there was no referral.</p> <p>Note: Zip codes shared by Cleveland and surrounding suburbs whose boundaries fall 50% and greater within the city of Cleveland are highlighted and totaled as Cleveland. Others are totaled as Suburbs.</p> <p>* These totals do not reflect the sum of the numbers above which are the zip codes reflecting unmet need in 2004. Rather, they are the total of calls from ALL zip codes some of which do not appear on this table.</p>					



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