

Preliminary Results from the Child Care Collaboration and Quality Study Phase II: State and Local Levels in Two Partner States

Gary Resnick, Ph.D. , Education Development Center

Meghan Broadstone, Ph.D., Education Development Center

Sarah Kim, M.A., Education Development Center

Discussant: Ben Allen, Ph.D. Vermont Department for Children and Families

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Study Background: Phase I

Research Questions:

- How does governance structure relate to collaboration?
- Are there patterns in collaboration among the three state administrators?
- What policies and practices are recommended for increasing quality care for infants and toddlers?

Methods:

National survey of:

- CCDF Administrators (N=48)
- Head Start State Collaboration Office Directors (N=48)
- State Early Childhood Specialists/Pre-K Administrators (N=25)

Research Briefs:

<http://www.ltd.edc.org/resource-library>

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CHILD CARE CoLABORATION STUDY

A National Snapshot of State-Level Collaboration for Early Care and Education

September 2015 Research Brief
Gary Resnick, Meghan Broadstone, Heidi Rosenberg, and Sarah Kim

Child Care Collaboration Study

The Child Care Collaboration Study, conducted by a research team at Education Development Center, Inc. (EDC), and funded by the Administration for Children and Families, Office of Planning, Research, and Evaluation, is designed to examine collaborations among child care administrators and providers at both the state and local levels and to determine whether different models of collaboration are related to access and quality of early care and education programs. The study comprises two phases, the first of which focuses on the national landscape regarding collaboration among child care administrators. The second phase builds on the findings from the first phase to examine relationships between state- and local-level collaborations in two specific states, Maryland and Vermont. This research brief focuses on the findings from the first phase of the study by describing collaboration among state early care and education leaders across the country and focusing on these leaders' perceptions of the interactions among their respective agencies.

Child Care, Head Start, and Pre-K: Brief Description

The three major public sources of funding for early care and education consist of Child Care and Development Block Grants, Early Head Start/Head Start, and state-funded pre-kindergarten (pre-K). These funding streams are designed primarily to support low-income or other high-needs families' efforts to secure child care and early education opportunities for their children. There are three state-level administrators associated with each of these main funding streams.

- The federal Child Care and Development Block Grant (CCDBG), reauthorized in 2014, authorizes states to oversee and administer child care services, including child care subsidies.¹ Child care subsidies offset the costs of care for low-income working parents (or those in school) by paying for a portion of the costs of full-day, full-year child care. This fund is administered in each state by a Child Care and Development Fund (CCDF) Administrator.
- Early Head Start (for children up to three years of age) and Head Start (for children between the ages of three and five) are designed to provide low-income children and their families with educational programming, comprehensive services, and opportunities to connect parents with job training and other needed services. Some programs operate full-day, full-year programs, though most are part-day, school-year programs.² While Early Head Start and Head Start are federal programs, states have designated Head Start State Collaboration Offices (HSSCO) that serve to facilitate collaboration among Early Head Start and Head Start grantees as well as with other entities that provide services for low-income children and their families.³ Each Collaboration Office is headed by a Head Start State Collaboration Director.
- State-funded pre-K is currently available in 40 states and the District of Columbia. The goal of most state-funded pre-K is to provide children with educational enrichment to enhance school readiness. These pre-K programs typically establish eligibility through a combination of family income requirements and children's special needs status. Like Head Start, most pre-K programs operate on a part-day and part-year

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CHILD CARE CoLABORATION STUDY

State Policies and Practices Supporting Child Care for Infants and Toddlers

October 2015 Research Brief
Gary Resnick, Meghan Broadstone, Heidi Rosenberg, and Sarah Kim

Importance of the First Three Years

The first three years of life are critical for children's development, but programs designed to improve developmental outcomes for these very young children often take a back seat in policy discussions that focus on school readiness and best practices for preschool-aged children. Research has clearly demonstrated the critical importance of high-quality care focused on parent-child as well as parent-caregiver interactions during children's earliest years, particularly for children whose families face challenges related to poverty and other adverse conditions. Providing low-income working families with access to high-quality care for their infants and toddlers also increases the likelihood that the children will be healthy and will enter kindergarten ready to succeed. Research evidence for the association between quality infant and toddler care and language and other cognitive benefits is strong.⁴ From a financial standpoint alone, the return on investment in early childhood education ranges from three to seven dollars saved for every dollar spent.⁵



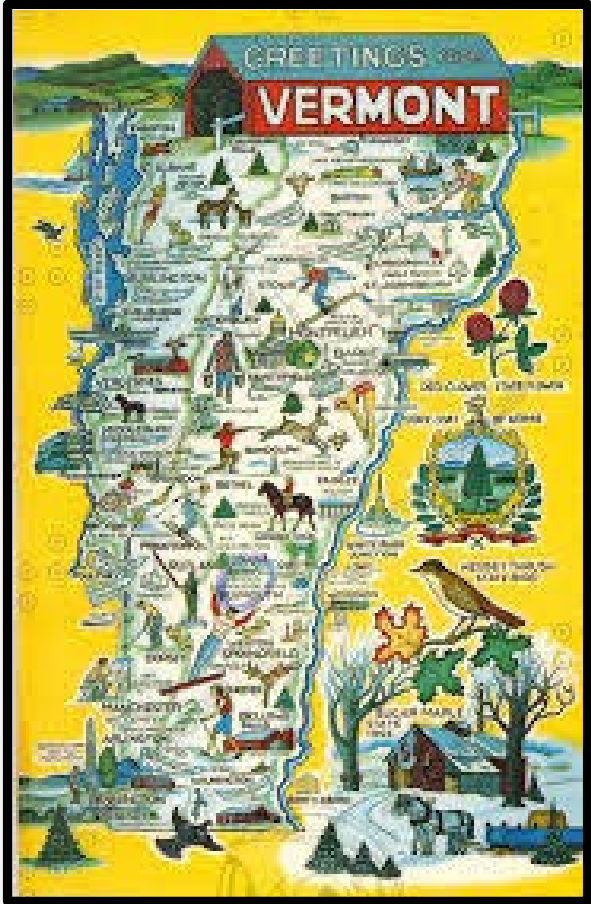
This research brief, which is derived from a larger study on collaboration among early care and education programs at the state and local levels, summarizes states' policies, practices, and regulations specifically designed to support early care and education programs for infants and toddlers (that is, children from birth through age three). The information reported in this brief comes from publicly available data sources as well as from state child care administrators, who are charged with administering the federal Child Care and Development Block Grant (CCDBG) at the state level. The CCDBG is a federal funding stream that provides financial assistance to offset the cost of child care for low-income working parents (as well as those who attend job training or education programs).¹ Programs for infants and toddlers face unique challenges, and state Child Care and Development Fund (CCDF) Administrators are in a key position to identify and adopt statewide policies, practices, and regulations that can affect the quality of, and access to, infant and toddler care. Thus, CCDF Administrators' perceptions about the policies and practices that affect infant and toddler care can help to inform practitioners, policy makers, and researchers about which critical issues to address in order to better serve very young children and their families.

¹ The Child Care and Development Block Grant, also known as the Child Care and Development Fund, is administered by the Office of Child Care (OCC) within the Administration for Children and Families, U.S. Department of Health and Human Services. OCC administers the Child Care and Development Fund and works with state, territory, and tribal governments to "provide quality developmental support for children and their families, struggling to juggle work schedules with participation in child care

Key Findings from Phase I

- Lower **levels of collaboration** were reported in states without shared oversight of early child care agencies
- CCDF Administrators reported **highest turnover**
- Reported **communication frequency** was highest among Head Start State Collaboration Office Directors
- Factors that **facilitate collaboration**: regular meetings, pre-existing relationships, overlap of objectives and strategic plans
- Factors that are **barriers to collaboration**: conflicting program requirements, funding constraints

Phase II



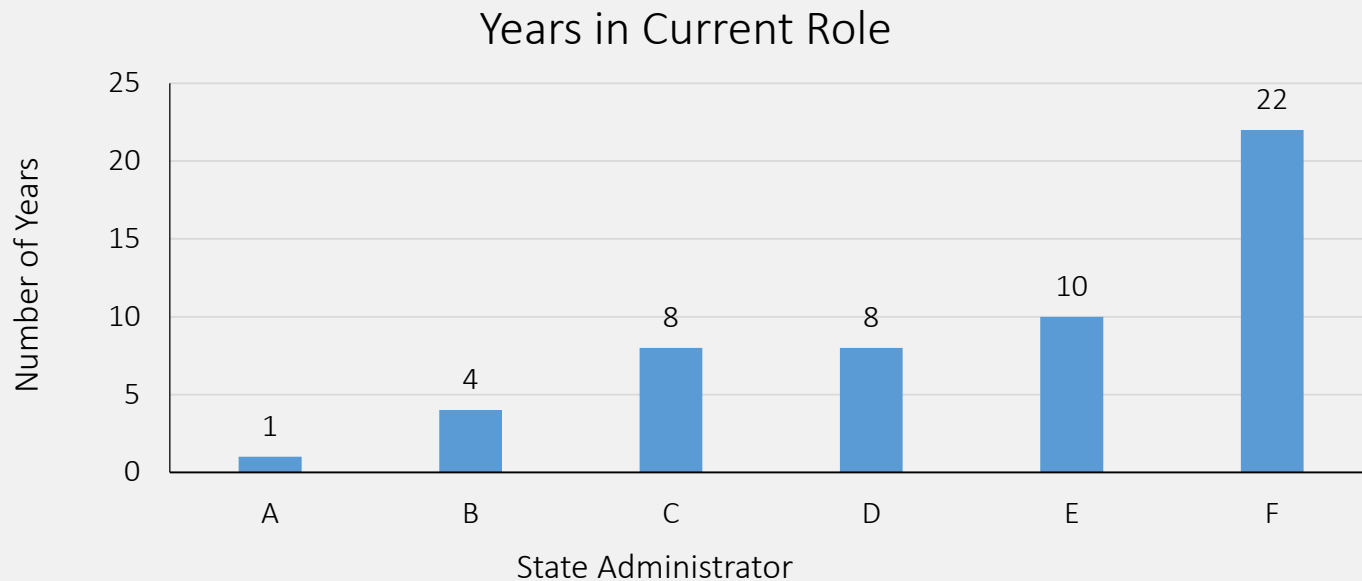
Phase II Components and Timing

Component	Data Source	Status
State Partner Survey (MD, VT)	CCDF, HSSCD, State Pre-K Administrators (N = 6)	Complete
State Partner Professional Network	CCDF, HSSCD, State Pre-K Administrators (N = 6)	Complete
Provider Pilot Survey (MD, VT)	Early Education and Care Providers (N = 14, both states)	Complete
State Levels of Collaboration/ Professional Network Analysis	Professional Contacts nominated by CCDF, HSSCD, State Pre-K (N ~ 100)	Underway
Provider Full-Scale Survey	Early Education and Care Providers (N=200 per state)	Winter 2016

Results from State Partner/Administrator Survey

- Time in current role
- Communication & Meetings
- What are the **activities** that make up collaboration?
- What are the **goals** of collaboration?
- What is the **process quality** of collaboration?

State Administrator Years in Current Role

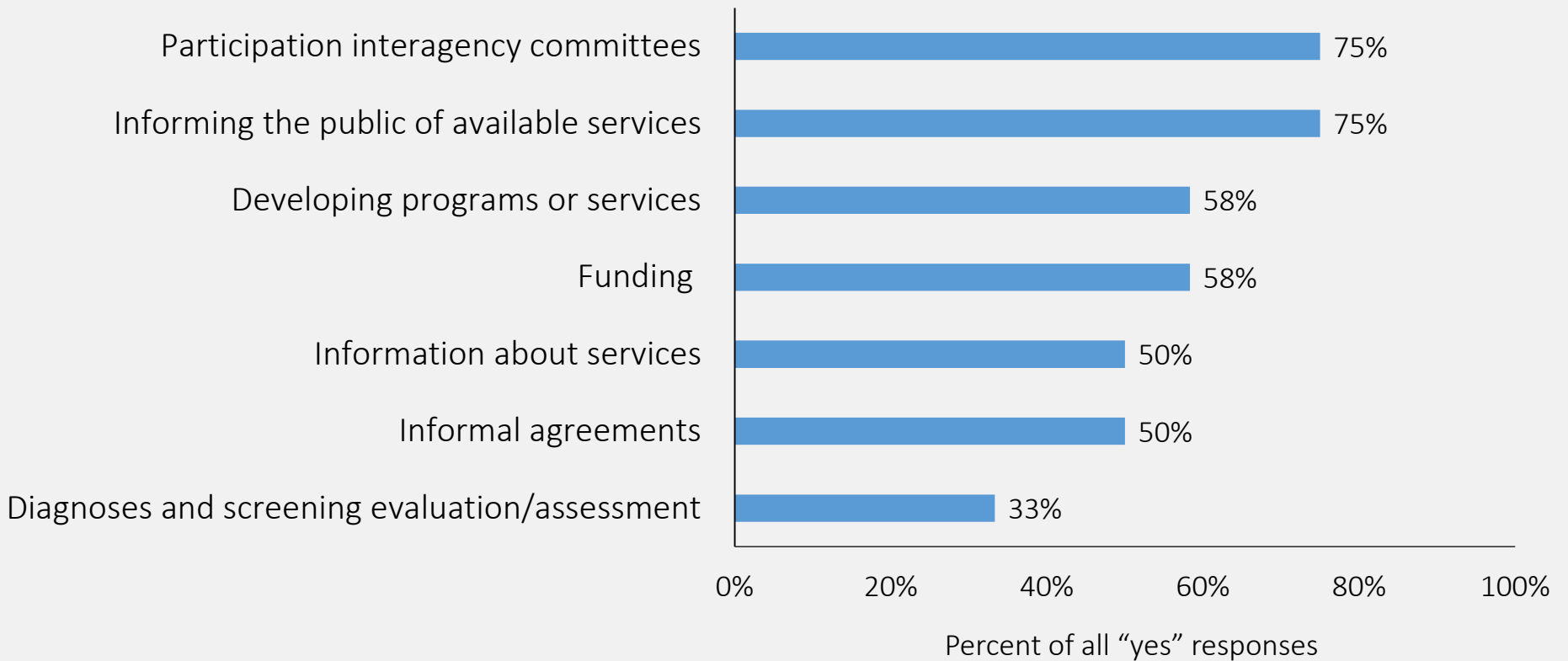


Respondents (N=6) consisted of: CCDF Administrators, Head Start State Collaboration Office Directors, and State Pre-K Administrators (one each per state)

State Administrator Meetings and Communication

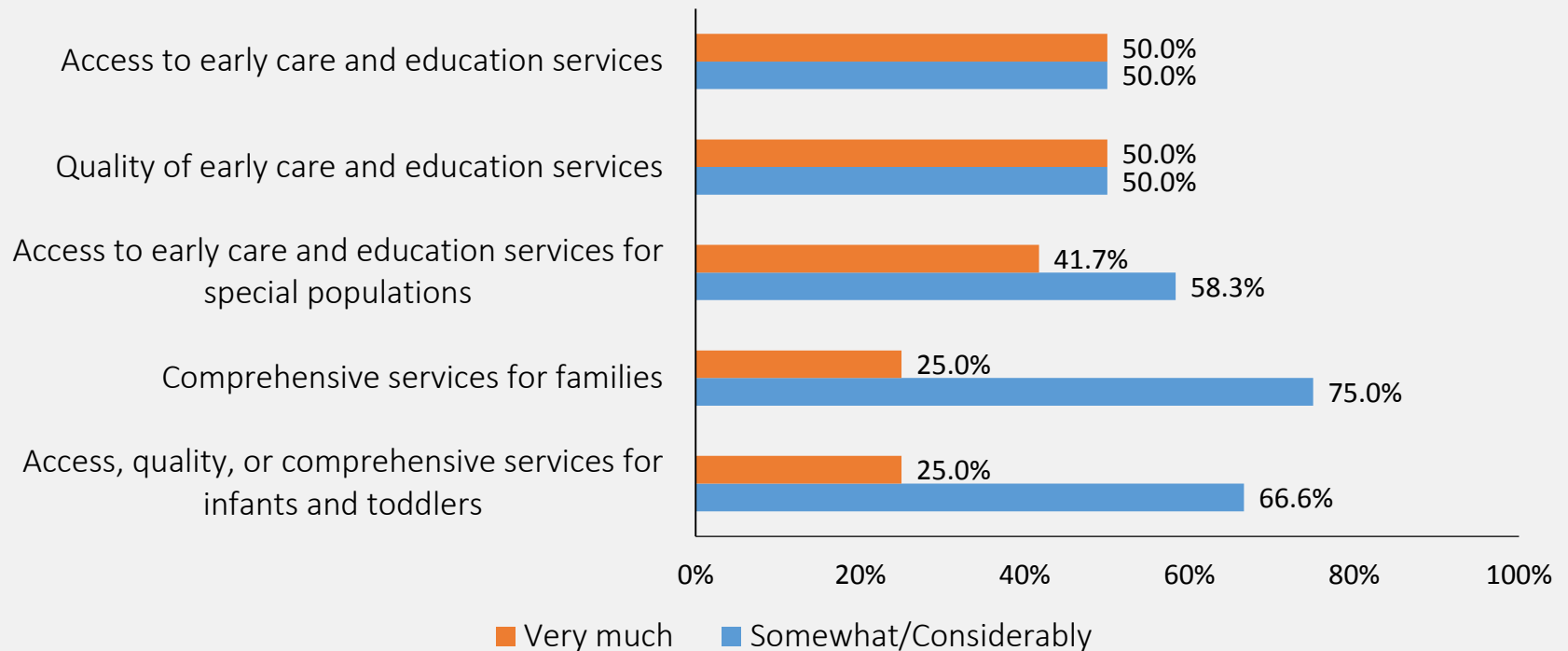
	Percentage of State Administrators					
Frequency Meeting with <u>All Three Administrators</u>	Never	<Monthly	Monthly	Weekly	Daily	Total N
Formal Meetings	0%	67%	17%	17%	0%	100%
Informal Meetings	17%	67%	17%	0%	0%	100%
	Percentage of All Responses					
Frequency Using Each Communication Tool	Never	<Monthly	Monthly	Weekly	Daily	N of Responses
Formal in-person meetings	0.0%	41.7%	50.0%	8.3%	0.0%	12
Informal in-person meetings	0.0%	45.5%	0.0%	54.5%	0.0%	11
Telephone/Conference Calls	0.0%	30.0%	20.0%	50.0%	0.0%	10
Email	0.0%	8.3%	33.3%	58.3%	0.0%	12
Text Messages	0.0%	25.0%	50.0%	25.0%	0.0%	4

State Administrator Collaboration Activities, Percent of Responses



State Administrator Collaboration Strategies/Goals

CCDF, HSSCD, ECS Collaborating in order to:



Correlations Among Strategies, N=6

Pearson Correlations	Improving Access	Improving Quality	Improving Access for Special Populations	Improving Comprehensive Services	Access/Quality for Infant/Toddlers
Improving Access	--	1.00	.95	.85	.56
Improving Quality			.95	.85	.56
Improving Access for Special Populations				.70	.38
Improving Comprehensive Services					.88

Coefficients in **red** indicate significance at .05 or better

Hicks Process Quality Rating Scale

6-point rating scale “Strongly Disagree” to “Strongly Agree”

Structural Integrity:

“The people involved in the process usually are focused on broader goals, rather than individual agendas”

Authenticity:

“Often decisions are made in advance and simply confirmed by the process”

Equity:

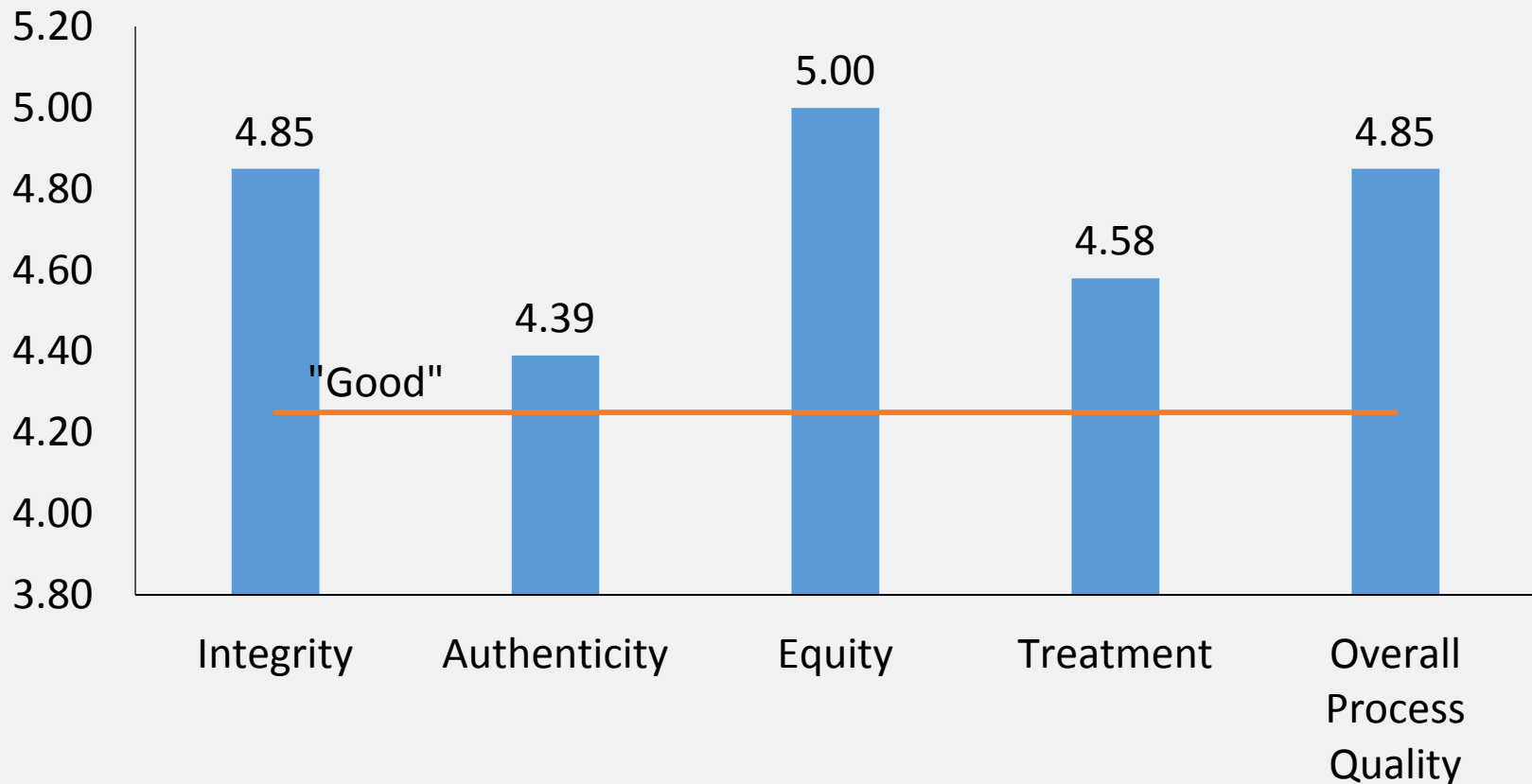
“The allocation of resources is decided fairly”

Treatment:

“I am treated with dignity by everyone involved in the process”

State Administrator Ratings of Collaboration

Hicks Process Quality Scale (N=6)



State Administrator Ratings of Collaboration, Hicks Process Quality Scale (N=6)

	N of items	Mean Score*	Std. Dev.	Elbert County 2010 (N=14)	Colorado Healthy Communities (E vs. C)
Integrity	13	4.9	0.83	5.0	
Authenticity	3	4.4	1.63	4.4	
Equity	2	5.0	1.22	4.7	
Treatment	2	4.6	.66	5.4	
Overall Process Quality	20	4.9	.83	4.9	5.05 (E) 3.43 (C)

*4.25 or higher indicates GOOD process quality

Greenbaum & Dedrick Interagency Collaboration Activities Scale Items

10. In which of the following activities are you engaged with the Head Start State Collaboration Office Director? For each statement, please indicate whether you engage in the activity "not at all," "somewhat," "considerably," or "very much." You can also select "not sure."

Financial Items (4 items): "Funding," "Purchasing of services," "Record keeping and management information systems data"

Program development Items (4 items): "Developing programs or services," "program evaluation," "staff training,"

Collaboration policy (5 items): "Case conferences or case reviews," "informal agreements," "formal written agreements,"

Client services (4 items): "Diagnoses and evaluation/assessment," "common intake forms," "child and family service plan development," "participation in standing interagency committees"

State Administrator Ratings of Collaboration Activities Scale, Greenbaum & Dedrick Scale (N=6)

	State Administrators Average Ratings			Greenbaum & Dedrick, 2011 (N=378)	
	N of items	Mean Score	Std. Dev.	Mean Score	Std. Dev.
Financial Physical	4	1.9	.68	2.3	1.21
Program Development	4	2.5	.70	2.7	1.09
Collaborative Policy	5	1.3	.25	2.9	1.1
Client Services	4	2.2	.38	N/A	N/A
Total Score	17	2.0	.48	3.2	1.19

State Administrator Ratings of Collaboration Activities Scale, Greenbaum & Dedrick (N=6)

	State-Level Exemplar			Local/Regional-Level Exemplar			Greenbaum & Dedrick, 2011 (N=378)	
	N of items	Mean Score	Std. Dev.	N of items	Mean Score	Std. Dev.	Mean Score	Std. Dev.
Financial Physical	4	1.3	1.75	4	1.0	1.26	2.3	1.21
Program Development	4	2.3	1.63	4	2.8	1.47	2.7	1.09
Collaborative Policy	5	2.0	1.79	5	0.7	.08	2.9	1.10
Client Services	4	1.3	1.37	4	1.3	1.50	N/A	N/A
Total Score	17	1.0	.00	17	1.0	1.0	3.2	1.19

Collaborating State-Level Agencies and Key Collaboration Activities

State-Wide Agencies Named (Verbatim)

- “Early Childhood Advisory Council (ECAC)”
- “Building Bright Futures State Advisory Council (VT-ECAC)”
- “Race to the Top Early Learning Challenge (RTT-ELC) Implementation Team”
- “Judy Centers (MD)”
- “Head Start & Judy Centers”
- “Child Care Licensing Regulations”

Key Activities

- Informing Public of Available Services
- Formal Written Agreements

Collaborating Local/Regional-Level Agencies and Key Collaboration Activities

Local Agencies Named (Verbatim)

- “Local Early Childhood Councils”
- “Judy Centers/Child Care Subsidy/Head Start”
- “Part C State Systemic Improvement Plan”
- “Preschool Expansion Grant Implementation”
- “Maryland State Child Care Association”

Key Activities

- Developing Programs/Services
- Program Evaluation
- Staff Training/Professional Development
- Informing Public
- Strategies for Increasing Access/Quality/Comprehensive Services/Infants & Toddlers/ Special Populations

Summary of Key Findings

- State administrators rated the process quality of their collaboration above “good” using the Hicks Scale.
- The Greenbaum and Dedrick Interagency Collaboration Scale provided an interesting contrast to the Hicks ratings by identifying key collaboration activities.
- State level collaborations consist of fewer activities than state-local collaborations
- Improving access for special populations and for infants and toddlers are not yet occupying as much time/attention compared with other collaboration goals
- A majority of state administrators report communicating weekly via email, phone, or informal meeting with other administrators while formal meetings occur less than monthly.

Lessons Learned from State Partner Survey

- Identifying Respondents
 - Same/Different Agencies
 - Shared roles and responsibilities
 - Administrator Turnover
- Maintaining confidentiality with a small number of respondents
- Burden placed on Administrators

Provider Pilot Survey

- **Purpose:** To test study procedures and measures for a larger study in each state
 - Also, differences among types of providers (center- and family-based).
- **Sample:** Providers were selected by State Partners/ Administrators
 - Included both center- and home-based providers and at least one Head Start program
- **Incentives:**
 - Maryland: Certificate awarding one PAU for the Credentialing Program
 - Vermont: None
- **Online Survey Instrument**
 - Characteristics of providers and dimensions of program quality
 - Identify professional network, nominate contacts for network analysis
 - Rate collaboration with other providers and participation in formal and informal groups/networks
 - Debrief Questions: Length of survey, ease of understanding, and sensitivity of, questions, and incentives

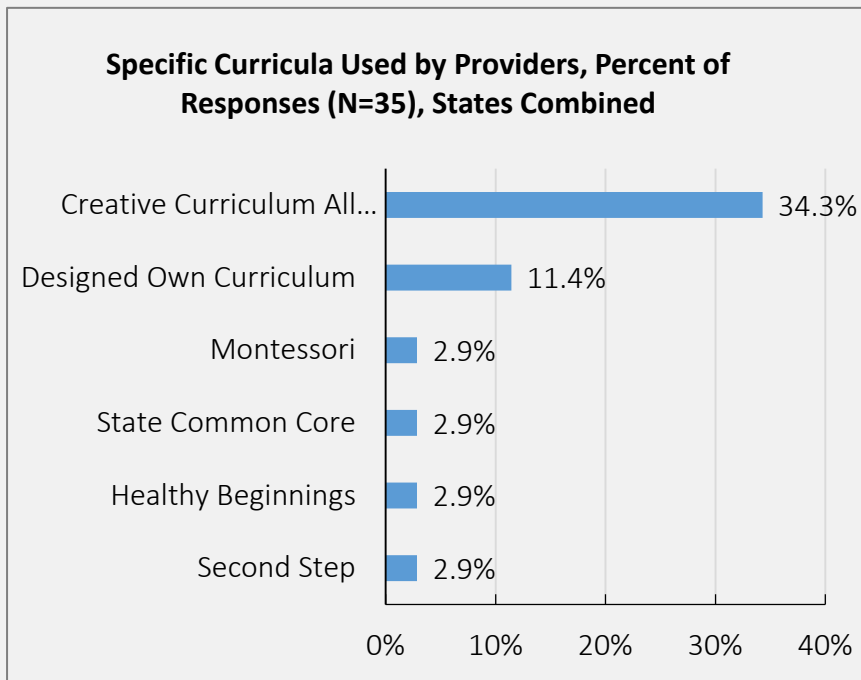
Pilot Study Response Rate

	Maryland	Vermont	Total
No. of Providers Listed	11	14	25
No. of Providers Refused	3	8	11
Completed Surveys	8	6	14
Response Rate	72%	43%	
Average No. Contacts for Completed Surveys	3.4	3.9	

Characteristics of Providers (N=14)

Job Title	N	Percent
Director/Executive Director	7	50
Owner (Family Child Care)	6	42.9
Other Family Child Care Staff	1	7.1
Total	14	100

Type of Care	MD	VT	Total
Center-Based Providers (incl. Head Start/Early Head Start)	4	3	7
Family-Based Providers	4	3	7



Hours per Week Open	N	Mean	Std. Deviation
Total Hours Per Week Open	14	49.6	22.16
Total Hours Per Year Open	14	2483.9	1226.51

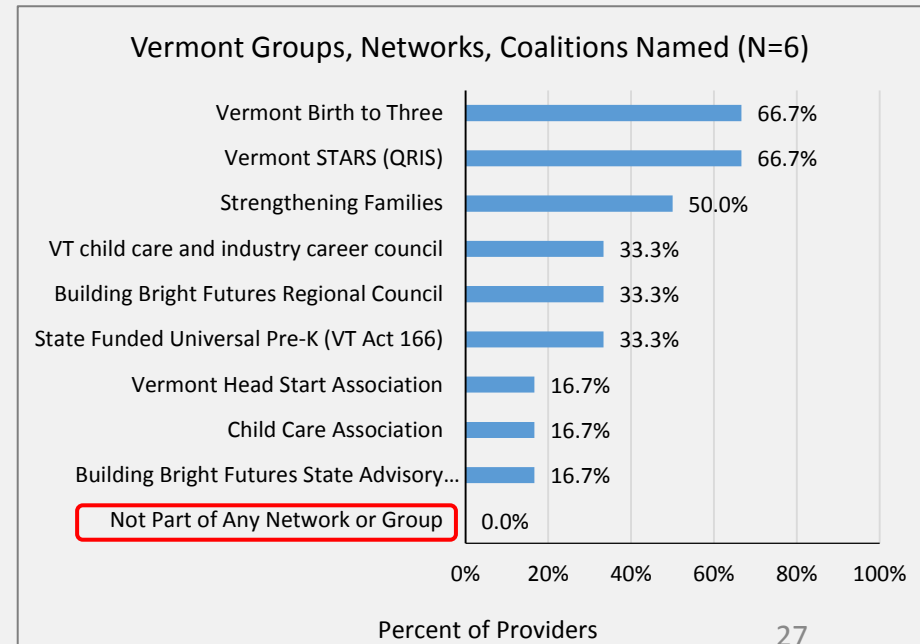
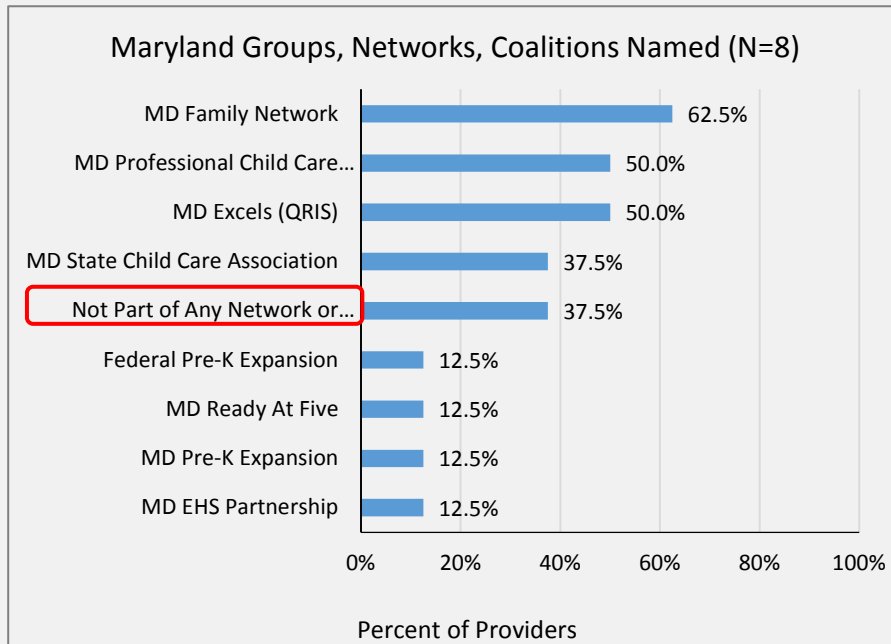
Total Number of Different Curricula Used	N	Percent
0	2	14.3
1	7	50
2	2	14.3
3	3	21.4
Total	14	100

Measurement of Collaboration

- **Professional Networks:** “We would like to ask you about your professional network related to your work in early care and education....
 - For each, check if on list of possible **groups, networks or coalitions** in state
 - Can identify up to seven network contacts
 - Can mark multiple groups, networks or coalitions **for each contact**
- **Exemplary Partnership, Collaborations:** “Next, we want you to think about **one particular group, network, or coalition** ("a group") related to early care and education in which you are involved, where you participate in meetings or are active in its activities....”
 - Length of Time Participated
 - Legal Agreements/Structure
 - Hicks Process Quality Scale
 - Partnership Agreement and Goals Scale from EDC Child Care/Head Start Partnership Study
 - Communication and Relationships Scale from EDC Child Care/Head Start Partnership Study
 - Thomson Multi-Dimensional Collaboration Scale

Professional Groups, Networks, Coalitions in MD/VT

Number of Groups, Networks, Coalitions Identified, by State					
	N	Mean	Std. Deviation	Minimum	Maximum
Maryland	8	5.6	6.86	0	20
Vermont	6	5.0	3.16	1	10
Both States	14	5.4	5.42	0	20



Exemplary Partnership, Collaboration

Length of Time Participated, Legal Agreements/Structure

	N	Mean	Std. Deviation	Minimum	Maximum
Written legal agreement or a contract?	12	0.4	0.52	0	1
Agreement regularly updated?	11	0.7	0.47	0	1
Input from all partners?	8	0.8	0.46	0	1
Length of Involvement in Network or Group in Months	12	79.8	82.90	1	300
Number Legal Agreements Indicated	8	1.9	1.25	0	3
Length of Involvement <60 MOS vs. 61 MOS	12	0.5	0.52	0	1
Degree of Legal Processes in Place for Network or Coalition * Higher=More Processes	7	2.4	1.27	0	4

Provider Ratings of Exemplary Collaboration

Hicks Process Quality Scale, States Combined (N=12)¹

	N of items	Mean Score	Std. Dev.	Cronbach's Alpha Reliability	Elbert County 2010 (N=14)	Colorado Healthy Communities (E vs. C)	Cronbach's Alpha Reliability (Hicks & Larson, 2008)
Integrity	13	1.9	0.55	0.76	5.0		
Authenticity	3	3.4	0.99	0.34	4.4		0.62
Equity	2	2.3	0.72	-0.17	4.7		
Treatment	2	1.4	0.63	0.89	5.4		
Overall Process Quality	20	2.1	0.55	0.86	4.9	5.05 (E) 3.43 (C)	0.87

1. There were two cases with missing data. The Scale consists of 20 items each scored 1-6 points, with higher score indicating higher collaboration process quality. Scores of 4.25 or higher on scale or total scores indicates GOOD process quality.

State Administrators Rate Quality of Collaboration Higher than Providers

	Mean Ratings by Providers	Mean Ratings by State Admins	Elbert County 2010 (N=14)	Colorado Healthy Communities (E vs. C)
Integrity	1.9	4.9	5.0	
Authenticity	3.4	4.4	4.4	
Equity	2.3	5.0	4.7	
Treatment	1.4	4.6	5.4	
Overall Process Quality	2.1	4.9	4.9	5.05 (E) 3.43 (C)

Provider Ratings of Exemplary Collaboration

Agreement and Goals Scale, States Combined (N=13)¹

	N of Items	N	Mean	Std. Deviation	Minimum	Maximum	Cronbach's Alpha
Scaled Total Score	12	13	3.7	0.84	2.2	5	0.87
Child Care/Head Start Partnership Study, 2005	18	141	2.6	1.66	1	5	0.90

Pilot study providers rated their collaborations higher in agreement and goals compared with providers in Child Care/ Head Start Partnership Study

1. One case had missing data. The scale consists of 12 items scored 1-5, scaled score ranges from 1-5, higher score indicate greater agreement and goal focus in the collaboration. The Child Care/Head Start Partnership Study mean and standard deviation was estimated based on 12 items.

Provider Ratings of Exemplary Collaboration

Communication and Relationships Scale (N=12)¹

	N of Items	N	Mean	Std. Dev.	Minimum	Maximum	Cronbach's Alpha
Scaled Total Score	8	12	3.1	0.51	2	3.5	0.94
Child Care/Head Start Partnership Study, 2005	7	141	3.0	1.44	0	4	0.90

Pilot study providers rated their collaborations about the same in quality of communication and relationships as did providers in Child Care/ Head Start Partnership Study.

1. There were two cases with missing data. The scale consisted of 8 items scored 0-4, scaled score ranges from 0-4, higher score indicates better communication and quality of relationships in the collaboration. The Child Care/Head Start Partnership Study mean and standard deviation was estimated based on 7 items.

Provider Ratings of Exemplary Collaboration

Thomson Multi-Dimensional Collaboration Scale (N=11)¹

	N of Items	N	Mean	Std. Dev.	Minimum	Maximum	Cronbach's Alpha
Scaled Total Score	17	11	5.7	1.10	4	7	0.99

High reliability for total score. Mean indicates that pilot study providers rated their collaborations positively on this scale (5.7 from a maximum score of 7).

- Governance: “Partner organizations take your organization’s opinions seriously when decisions are made about the collaboration.” (0.81)
- Administration: “Your organization’s tasks in the collaboration are well coordinated with those of partner organizations. (0.88)
- Autonomy: “The collaboration hinders your organization from meeting its own organizational mission. (0.95)
- Mutuality: “You feel *what* your organization brings to the collaboration is appreciated and respected by partner organizations. (0.91)
- Norms/Trust: “My organization can count on each partner organization to meet its obligations to the collaboration. (0.91)

1. There were three cases with missing data. The scale consisted of 17 items scored 1-7, from “Not At All” to “A Great Extent,” scaled total score ranges from 1-7, higher score indicates higher quality of collaboration. Due to few items per subscale only the total score was calculated.

Correlations Between Collaboration Scales

Spearman (non-parametric) Correlations	Hicks Process Quality	Agreement & Goals	Comm & Relationships	Thomson Scale
Hicks Process Quality	--	-0.23	-0.32	-0.38
Agreement & Goals		--	0.84	0.72
Comm & Relationships			--	0.86

Note: Red indicates significance at $p < .05$ or higher

Correlations between Collaboration Scales and Characteristics of Providers or Networks

Correlations between Collaboration Scale Scores and Network, Provider Characteristics				
	Hicks Process Quality	Agreement & Goals	Comm & Relationships	Thomson Scale
Months Network Involvement	0.26	-0.27	0.11	-0.07
Number Legal Agreements	0.55	-0.17	-0.04	0.43
Degree Legal Processes	0.49	-0.04	-0.18	0.39
Number Networks, Groups Identified	0.43	0.21	0.20	-0.18
Creative Curriculum All	-0.45	0.13	0.20	0.34
Number Different Curricula	-0.30	0.13	0.17	0.42
Number Contacts Indicated	0.26	-0.17	0.34	0.10
Hour/Wk Open	-0.06	0.49	0.32	-0.02
Number Direct Services	0.21	-0.30	-0.22	0.00
Number Services Referred	0.34	0.25	0.19	0.23
Number All Services	0.29	-0.13	-0.09	0.09

Note: Bold indicates correlation coefficients of .40 or higher. Due to low sample sizes statistical significance was not used to determine meaningfulness of correlations.

Debrief Questions to Providers

**Ease of Understanding Survey Questions
(N=14)**



Asked Overly Sensitive Questions?	N	Percent
Overly sensitive, intrusive and confidential	2	14.3
Somewhat sensitive, intrusive and confidential	6	42.9
Not at all sensitive, intrusive and confidential	6	42.9
Total	14	100

Survey Length	N	Percent
Far Too Long	7	53.8
Just right	6	46.2
Total	13	100

How Well Did Survey Ask About Collaboration?	N	Percent
Very Well	6	42.9
Somewhat	8	57.1
Total	14	100

Provide Incentives?	N	Percent
Yes, provide incentives	11	78.6

Summary of Provider Pilot Findings

- Early education and care providers can provide information on their professional networks, including contact information
- Providers can identify and rate an exemplary collaboration in which they have participated
- Mixed results for rating scales of exemplary collaboration
 - Hicks: Scores seem overly low (Total Score 2.1/6), with low variation
 - Agreement and Goals: Scores are higher (3.7/5) and in-line with literature
 - Communication and Relationships: Scores are mid-range (3.1/5), similar to literature
 - Thomson: Scores are more positive (5.7/7)
 - All scales show excellent reliability on-par with literature
- The state where incentives were used (Maryland) showed higher cooperation and response rates, but maybe not due to the incentives
- Feedback on Instrument: Mixed results, too long, not overly sensitive questions that were easy to understand, positive view of incentives

Lessons Learned from Provider Pilot

- Asking providers about professional networks and participating in a collaboration can yield meaningful, differentiated data
- Usefulness of incentives and state partner involvement in selecting pilot sample
- Expect cooperation and response rates in larger study to be lower, similar to that for Vermont (43%), but may depend on incentives, survey length
- Improving Response Rates:
 - When to administer survey depends on what else providers are doing for state
 - Timing of follow-up phone calls and follow up
- Length of survey
- Intrusiveness of questions
- Data from existing sources for quality and characteristics
- Implications for network analysis using Levels of Collaboration Scale with contacts

Discussant: Ben Allen, Ph.D.

Vermont Head Start Collaboration Office Director

- Implications of findings for generating social capital within States
- Need for generating social capital and effective collaborations
- Variations in provider's involvement in professional networks, partnerships and groups
- Recommendations for forthcoming large statewide study of providers
- Reflections on being a state partner in this study

Next Steps

- **Vermont and Maryland State Levels of Collaboration Survey**
 - State administrators nominated network members
 - Network members rate each other on 4 point scale
 - 1 = NO INTERACTION
 - 2 = NETWORKING
 - 3 = COORDINATION
 - 4 = COLLABORATION
 - **IN PROGRESS:** So far we have 27 respondents from Vermont and 5 from Maryland
- **Provider Survey Winter 2016**
 - Approximate N per state = 200 providers
 - Random Probability-Based Sample
 - Geographic-focused professional network analysis