

2012 CCPRC Annual Meeting
Plenary Session 6
October 25, 2013, 9:00-10:30 a.m.

QRIS Participation and Movement Patterns and Innovative Methodologies for Tracking Movement in QRIS

Description

This plenary session focused on what we can we learn from longitudinal QRIS data patterns about participation and movement in QRIS. Data from three States on QRIS patterns of participation and program change were presented. Trends and commonalities across States were highlighted.

Facilitator

Kathryn Tout, Child Trends

Presenters

Michel Lahti, University of Southern Maine
Amber Moodie-Dyer, Ohio State University
Rena Hallam, University of Delaware

Scribe

Amy Blasberg, Child Trends

1. Documents in Session Folder

- “QRIS Program Participation & Movement: Composting with Data, Design Matters and Policy to Nurture QRIS Growth”
 - “Quality for ME Evaluation Report: Monitoring Program Enrollments and Movement;” Michael Lahti
 - “Ohio: Step Up to Quality;” Amber Moodie-Dyer and Cynthia Buettner
 - “Program Movement in Delaware: Linking State Policy, QRIS Structure, and an Emphasis on the ‘I’;” Rena Hallam and Jim Lesko

2. Brief Summary of Presentations

- **Summary of Presentation #1:** Michael Lahti
 - Started in 2008, Maine has a 4-tier building block QRIS system. Programs must meet all the criteria of the previous level before they can move up to the next level; programs can apply for a new rating at any time.
 - Over half of eligible programs are not enrolled in QRIS including a third of centers and more than half of family child care homes.
 - Most enrolled programs are at Step 1 or Step 4. Intricacies in how the system is designed can keep programs at a 1 or move them up quickly to a 4.
 - Over 40% of subsidized children in centers are at Steps 3 or 4.
 - A limitation is not being able to access actual attendance records.

- Looking at the potential for change over time through a survival analysis—“How likely is it that there will be a change?” It is most likely that providers will change during the first two years of QRIS participation.
- The survival analysis confirms that there is bias in the system as relates to family child care homes. The State is putting together a process to revise the standards and determine implications for supporting programs to move forward.
- **Summary of Presentation #2: Amber Moodie-Dyer**
 - Ohio’s QRIS was expanded statewide in 2006 and is a voluntary system that does not include family child care homes. It is a 3-star building block system that builds on licensing standards and includes incentives/ supports to participating programs. The ratings are assigned each year.
 - The policy context may be impacting the child care landscape in Ohio--there has been an erosion of ECE funding, the subsidy income limit was reduced, and Ohio received an Early Learning Challenge Grant.
 - Roughly a third of centers have participated in the voluntary system and the majority of programs are at the 1 or 2-star level. Programs that come in at a 0 or 1 are most likely to stay at a 1.
 - 80% of centers had any upward movement; 14% had any downward movement. The most common pattern of movement is for programs to move up once and never move down.
 - Stall patterns (2 or more observations consecutively at same rating); no center had more than 3 stalls but most centers had 1 stall.
 - One-third of children are being served in a participating center. Considerably fewer 3-star programs enroll infants and toddlers. Ratios of subsidized to enrolled children at every age group were lowest in Star 3 centers.
- **Summary of Presentation #3: Rena Hallam**
 - Delaware’s QRIS development keeps changing; the system was initially privately funded and organized by a non-profit organization, but is now State-run.
 - The original system was a 5-tier building block system, all licensed programs were eligible and there were incentives for participation. During the first 3 years of the QRIS, only a small percentage of centers and family child care homes participated and no program moved up to level 5 via the traditional pathway.
 - In 2010, the program transitioned to be administered by the State, and the decision was made that no new programs would be admitted during 2011. The management team focused on making decisions and planning strategically around engaging more programs and targeting populations of higher-needs children.
 - In 2011, a structural change was made to a hybrid system.
 - There is new emphasis on stakeholder involvement and systems change so that when programs come in, there is a clear expectation that they will move up. Level 1 was characterized as an induction phase, “Commitment to Quality.”
 - The standards and practice were re-conceptualized, taking into account where programs get “stuck” and the role the QRIS standards played in this process. Technical assistance was reinvigorated.

- Also, the subsidy reimbursement rate was raised and a tiered reimbursement system was implemented.
- As of 2012, a big push was made where programs moved from level 1 to level 2 and from level 3 to level 4. What do the “stalls” tell us about our system? These conversations around movement forced the State to determine their theory of change about how programs will *actually* improve their quality.

3. Brief Summary of Discussion and Q&A

- *What are your thoughts about next steps for analyzing these data in systematic ways?*
 - Maine has issues with the quality of administrative data used; they would like to have better covariates.
 - There are ongoing conversations around common data elements.
 - It also takes a very long time to verify the data that is available.
 - It will be interesting to look at the link between subsidies and enrollment data in Ohio in addition to patterns of where children with subsidies are being served.
 - We have to have movement in order to study it. Are the programs not moving because of the programs? Or because of the system?
- *To what extent is stalling related to the building block approach including staff qualifications that are difficult to change (Peg Burchinal)?*
 - When we are designing a QRIS, we should start with empathy and determine what it’s really like for providers.
 - In Delaware, this was definitely an issue. “Is this the standard that really makes the difference for quality?” There are many pathways to quality. If your PD standards at the lower level are too high, providers won’t be able to make it to the next level.
 - The building block system can be difficult and create certain stall patterns. It’s hard to say which benchmark is causing this, which is why doing qualitative interviews around the barriers to change can be so critical.
 - Typically, States don’t have the data to answer this question. Because they don’t collect information on how much of the level 2 a 1-star program is meeting, we can’t tell what is causing these “sticking points.”
- *Which PD supports are important to help programs move up in the rating system?*
 - A lot of it has to do with relationships between programs and people who are doing the ratings. Better use of contracting around PD services is important.
- *What’s going on with family child care? The participation rates seem low and there seem to be a higher proportion of homes stalled at Level 1.*
 - Maine--we never collected data systematically about this. Many programs join the QRIS in Maine because they have families who receive subsidies.
 - An issue is having the resources to support movement.
 - Family child care homes feel concerned about the on-site observation component of the evaluation.
 - In a number of these States, the number of family child care providers is huge so seeing a lower participation rate isn’t particularly surprising. The time and energy it takes to commit to the program for one individual (a family child care provider) can be overwhelming.
- *We are planning a study of advancement in the system among providers in Indiana (Jim Elicker). One focus will be collecting demographics and the other will be looking at the*

TA system. The study will use mixed methods starting with focus groups and then following a group of providers for a few years to see what characteristics lead to movement.

- *North Carolina may have communicated to providers that 1 star was “good enough” (Deb Cassidy) but last year, we started to communicate that 1 star really isn’t “good enough.” If you are at less than 3 stars, you can’t get a subsidy. Three-star quality is now the “place to be.”*
 - In Minnesota, many programs don’t want to enter until they can meet the 4-star rating (Tabitha Isner). Subtle messaging about what is expected makes a huge difference.
- *I am excited about these analyses moving along (Rick Brandon). Two things strike me: first, money is seen as a context rather than looking at pricing and how it changes things. How much money does it take to meet the standards? And second, is anyone looking at movement on the parent side? We theorized that parents would start to demand higher-level programs.*
 - It’s a great point--we haven’t looked at parents and how children are moving.
 - Delaware hasn’t started the media campaign, but you need a critical mass of programs at the 3- and 4-levels to be able to do this.
 - Oregon dropped ratio and group size from its model due to costs (Bobbie Weber).
 - Bobbie’s model will be available in a web-based tool for everyone (Peggy Ball).
- There are huge parallels with work around subsidy receipt: there is a conversation we can have as a community to learn from each other; there are a lot of contextual factors that impact the ability to “go for” quality; there is a certain set of factors that make it so that people won’t want to engage in ANY of our policies.
- *Concerns about the low number of subsidized children at all star levels; need to pay attention to the reimbursement rate and money issues.*

4. Summary of Key Issues Raised

- Better administrative data will enable us to do more meaningful analyses including analyzing where there may be bias in QRIS, where stalls are occurring and the extent to which our highest-risk children are being served.
 - The time and resources it takes to prepare administrative data for analyses is challenging. It is also important to make sure we are collecting the right data (i.e., collecting information on all standards programs are meeting in a building block system) for analyses.
- Detailed conversations around movement are important and can help us figure out what is preventing programs from moving up. Requirements that are not feasible, e.g., high levels of PD, can keep programs stuck at lower QRIS levels. Messages sent to programs also need to be examined, i.e., to what extent are providers getting the message that it’s acceptable to stay at a 1? Qualitative methods can help us understand these issues better.
- Engaging family child care home participation is an important issue. Lessons can be learned from subsidy researchers because many of these programs are reticent to participate in ANY program, not just in QRIS. To what extent are resources available to help providers move from one level to the next?
- Need to pay attention to the program costs associated with providing higher quality as measured by QRIS.

- Important to look at movement on the parent side—this requires a critical mass of programs participating in QRIS and reaching higher levels on QRIS.