

2008 CCPRC Meeting
Session 11, Breakout B-4
Thursday, July 31, 2:15-3:30 pm

Measuring Outcomes Related to Systems-Level Collaboration

Description

Through many efforts, including the Early Childhood Comprehensive System grants, BUILD, and other initiatives, States are working to create systems that link early care and education with health, mental health, family support, and/or parent education. Starting with the BUILD “Framework for Evaluating Systems Initiatives,” this session explored the questions that researchers and policymakers are asking as they assess the process and outcomes of these efforts. The presentation of Minnesota’s experience in evaluating in its BUILD Initiative lead to discussion of issues that other States are facing as they assess whether their system-level collaboration did what they said it would and produced the desired results.

Moderator

J. Lee Kreder, Research Connections, National Center for Children in Poverty,
Columbia University

Panel Members

Charles Bruner, Child and Family Policy Center
Zoe Nicholie, Ready 4 K (Minnesota)

Scribe

Pia Divine, Consultant

Documents in Session Folder

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Session Notes

Theories of change are now a part of mainstream evaluation practice. BUILD is an important example of various efforts underway across the country to bring systems together and evaluate the results. It is currently being implemented in seven states.

BUILD includes five focus areas that taken together can produce benefits for children and families.

1. Context
2. Components
3. Connections
4. Infrastructure
5. Scale

The goal is to create links across four components:

1. Access to health care and medical homes;
2. Social and developmental and mental health;

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3. Early care and education services; and
4. Parenting Education and support

This session focused on the BUILD initiative and how it works in Minnesota.

Charles Bruner provided a conceptual overview of BUILD and framework for evaluating systems initiatives.

Fifteen months ago, BUILD convened a symposium on building early learning system. What do we need in terms of evaluations? How do we assess our progress? A breakthrough framework was developed.

Child care is a system in itself as well as a component in a larger systems framework. BUILD is a loosely coupled system where components operate under independent authorities and have independent objectives as well as collective goals for early care and education:

- Development of components to achieve their own objectives well;
- Development of connections across components;
- Building collaborative systems requiring political will;
- Creating connections across these components to address specific needs; and
- Development of an infrastructure to govern and support change.

The BUILD framework includes components in early learning, family support, health and mental health, and special needs and early intervention. The question is whether the early learning field can work effectively with the other components to meet the children's needs and lead to healthy child development.

Evaluation and assessment cuts across components:

- Did you do what you said you were going to do?
- Did you put in place what you wanted?
- Did this yield the results you expected?

Zoe Nicholie described the Ready for K program, Minnesota's Build Initiative

Early childhood education is a two-part system that consists of (1) services that children and families interface with on a daily basis and (2) the infrastructure that ensures that the services are available, affordable, and of high quality. With early learning alone, we won't have the outcomes that we want.

Early childhood planning and evaluation in the Minnesota Build initiative relies on:

- Context: recognition of system need, shared vision, leadership, public engagement, media coverage, public will, political will, policy changes.

- Did the effort increase public and political support for affordable, quality early care and education?
- Did the increased support produce new public or private investments to strengthen ECE?
- **Components:** expanded and new programs, better access, higher quality
 - Were ECE programs improved in quality, affordability and availability?
 - Did this produce better results for children and families?
- **Connections:** shared goals, memoranda of understanding across systems, shared standards, cross-system training, shared competencies or skill standards, shared data systems, referrals and follow-up, seamless services.
 - Were ECE programs better connected to health, family support and other services, including follow-up and referral?
- **Infrastructure:** cross-system governance, less categorical and more flexible funding, leveraged use of funding, system-wide use of data, practitioner supports, quality rating system, professional development system.
 - Was a systemic approach developed to support quality improvement and professional development?
 - Did this produce greater accountability and systems quality?
- **Scale:**
 - Did all children receive ECE designed to meet their needs?
 - Did this produce statewide improvements in children's education and development?

Discussion

Comment: How is this working in Minnesota?

- **Zoe:** This is a paradigm shift for us. We've gone from thinking of school readiness alone to thinking across the four components. Overall it's working well but there have been some questions about sampling. Children are assessed over five domains. Our data showed that many children were not ready. About 40% were showing progress. Another 50% or so were already proficient. You can say that 90 percent are doing OK and 10 percent are not doing well at all. You can also say that only half are doing well. It depends on how you cut the data and where you want to draw the line – how you define doing well. We worked with the Build evaluator and others (paths to readiness, THRIVE, CEPTRAN - 17 state partnership for indicators.) We have finished collecting the data for setting the benchmarks, will have a report by end of summer. The report will be disseminated to policy makers and local organizations.

Comment: Maryland was the first state to go to scale. Data go into the state and there is a presentation every year to show how children did. The gaps show what is needed. Maryland has a pilot program for this approach (24 Judy centers, named after the late wife of Congressman Steny Hoyer). In many places, children are now more prepared for school than elsewhere.

Comment: What is work sampling?

- Charles: It's a broad-based measure of what children know and can do. It's a teacher-directed model. In Minnesota you can't identify the children – it's a 100% sample. What we can say is that that many children start behind and don't catch up. It's more difficult to close the gap if children arrive at school with these gaps in their readiness. The danger is that this is a narrow measure and may result in teachers teaching to the test. There is a concern about high stakes testing. And this makes policy makers leery about doing something. We need to help policy makers do something reasonable. We need better benchmarks of what is normal development in the early years and what should be expected of young children.
- Zoe: As a result of a change in administration in the Department of Health, they now have a MAX coordinator interested in working with Build. For the first 3-4 years, they were limiting themselves to screening but now are beginning to look at the whole system. In Minnesota there is a lot of activity around system building and collaboration. When that happens it is easier to set out cross-cutting goals and objectives and develop an evaluation framework.
- Charles: BUILD is in seven states and ECCS is in all states. BUILD had an explicit public/private governing group whereas ECCS is more dependent on the public agency. Having outside groups working on advocacy and support makes it easier. It's very important. We are also working the NCCP, the National Governor's Association, Zero-to-Three, and others.

Comment: one challenge is dealing with differing goals and expectations based on the various funding streams and their differing mission statements.

Comment: in Vermont we started with Smart Start TA. The ECCS grant was the catalyst to get the health component to the collective table and was helpful in getting us to move toward a comprehensive system. Now we have all of the commissioners at the table as well as representatives from the private sector. We are trying to avoid defining success as an increase in percentage of kids who meet certain benchmarks but to look at the whole system and how the contextual components build upon themselves.

Comment: Don't forget the American Academy of Pediatrics when you are looking for partners.

Lee: Judge indicators by three criteria

1. Does the indicator communicate to a broad range of audiences?
2. Is the indicator something of central importance to your initiative?
3. Are the data routinely available?