



EC-LINC Outcomes and Metrics Initiative: Year-End 2017 Progress Report

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Terminology

Outcome: Statement of desired condition of, or for, children and their families.

Indicators, or population-level indicators: Means of measuring the outcome. Used to refer to the common indicators of early childhood wellbeing, which measure progress toward three outcomes pertaining to child health, education and safety. Indicators aim to measure the status of children and families themselves. Using Results Based Accountability terminology, indicators refer to population accountability, about the wellbeing of the whole population.

Value Propositions: Statement of the means by which the early childhood system contributes to improving outcomes. Intended to capture the value of a well-performing system as distinct from the contributions that individual programs or services can make.

Measures, or system performance measures: Means of measuring the value proposition. Used to refer to the common measures of early childhood system performance, which measure progress toward three value propositions pertaining to service provision, integration and community or public support for early childhood. System performance measures aim to measure the functioning of the early childhood service system. Using Results Based Accountability terminology, measures refer to performance accountability, or how well a program, agency or service system is working.

Data development: The process of assessing the availability and quality of data to populate the proposed metrics. The data development process may also include an assessment of opportunities and barriers to quality data, and identification of strategies to increase data collection and/or access.

Definition (of an indicator or measure): How the indicator or measure is operationalized.

Title (of an indicator or measure): How the indicator or measure is communicated to a broad audience

Metrics: General term to refer collectively to the population-level indicators and system performance measures.



Background

EC-LINC (Early Childhood Learning and Innovation Network for Communities) is a networking initiative in which early childhood systems from across the country collaborate to share expertise and develop recommendations to accelerate the development of effective, integrated, local early childhood systems. The EC-LINC Outcomes and Metrics workgroup is one of several EC-LINC collaborative workgroups created to further the aims of the EC-LINC initiative. The EC-LINC Outcomes and Metrics workgroup participants are engaged in an effort to identify common outcomes and metrics (indicators or performance measures) and research whether they can be used within and across communities to effect improvement in the systems of services for children and families. The intent of the common outcomes metrics is also to better tell the story of how early childhood systems make a difference.

The Outcomes and Metrics workgroup began as a “learning lab” in December 2015. The group met virtually for several months and, by mid-2016, had collectively drafted a set of common indicators of early childhood wellbeing. In the second half of 2016, the workgroup participated in a “research to action” project which piloted the group’s identified common indicators of early childhood wellbeing (“population-level indicators” or PLI) and continued work to identify common measures of early childhood system performance (“system performance measures” or SPM). Subsequent work in 2017 involved the further identification of common early childhood system performance measures and the piloting of a handful of the identified measures. This work was accomplished through successive conference calls and email communication in early 2017 and throughout the summer, and culminated in a two-day in-person meeting in November 2017.

Purpose

During the November 2017 in-person meeting in Washington, D.C. participants provided input on the vision and mission of the EC-LINC Outcomes and Metrics initiative. The results have been synthesized into the statement of purpose presented below. The goals developed at the September 2016 in-person meeting were affirmed at the November 2017 meeting with only modest changes; they are presented below, as well.

STATEMENT OF PURPOSE

The purpose of the EC-LINC Outcomes and Metrics initiative is:

To facilitate and inspire cross-community learning, public advocacy, and quality improvement for early childhood systems and services. This work is implemented through the development, testing, and dissemination of a common set of indicators and measures that track system performance and the wellbeing of young children and their families.



GOALS

- **Common Metrics:** Drive the development and use of common early childhood indicators and system performance measures.
- **Advocacy:** Inspire public advocacy for early childhood.
- **Learning Community:** Use data to learn from other communities, share best practices, and understand outliers.
- **Systems Change:** Leverage data to show effectiveness of early childhood systems and inform decision making.

Progress Report Description

The body of this report provides an overview of the 2017 system performance measures work, including key decisions made and opportunities for ongoing work. Appendix A provides detailed descriptions of the system performance measure data development work, the results of the piloted system performance measures, and an assessment of the current status of the proposed common measures.

Current Status of the Common Metrics

At the November in-person meeting, participants made several important changes to the draft metrics developed previously. The workgroup changed one of the proposed population-level indicators and made significant revisions to the value propositions and system performance measures. The current metrics are presented below; further refinement may be anticipated as work continues.

At the November 2017 in-person meeting, the workgroup participants reiterated the need for an **equity interpretation as an overarching priority** for all the indicators and measures. The disaggregation of data by race and ethnicity and/or income is critical to understanding excess burden in the trends observed. Further, instances where disaggregated data are not available suggests a need for advocacy and data development.

The workgroup participants also discussed at length the need to capture the **family or parent/caregiver experience**. The need to incorporate parent perspective on whether the system is meeting their needs is particularly noted in Value Proposition 1 (Young children and families receive services and supports to meet universal and identified needs), and Value Proposition 2 (Systems are integrated to improve quality and avoid duplication). This recognition led to a recommendation to create a family metric, as well as include parents and caregivers as contributors to the tools assessing leadership engagement and service integration, and perhaps others. Opportunities to include parent perspective is still under development, and may include strategies such as incorporating relevant data, including the National Survey of Children's Health metrics on whether parents feel they are a partner in their



child's care, or are frustrated in efforts to get services (See Appendix B: Child and Family Health Measures), or similar local data collection efforts.

Workgroup members also recognized the limitations of proposed data collection in prioritizing the most formal and structured services, over **informal supports** that may be equally important for many families. More formal and structured services are more readily “countable” and therefore may lend themselves to less burdensome, more sustainable, and more consistent data collection over time. However, given the importance of less formal services and supports in describing the overall early childhood service system, the workgroup will continue to explore possible data development options for capturing this information in select measures.

Population-Level Outcomes and Indicators

Outcome 1: Pregnant women and young children are healthy

Indicator 1.1: Percentage of babies born below 2,500 grams or 5.5 pounds

Indicator 1.2: Percentage of children 0-5 hospitalized due to asthma

Indicator 1.3: Percentage of children who are overweight or obese

Outcome 2: Children are ready to succeed in school

Indicator 2.1: Percentage of children read to, had a story told to, or sung to daily

Indicator 2.2: Percentage of early childhood education programs that are high quality

(Future alternative measure: Percentage of children attending early childhood education programs that are high quality)

Indicator 2.3: Percentage of children assessed as ready for kindergarten

Outcome 3: Children live in safe, nurturing, and stable families and communities

Indicator 3.1a: Reported cases of abuse and neglect

Indicator 3.1b: Substantiated cases of abuse and neglect

(Future alternative measure: Parenting Stress Index)

Indicator 3.2: Percentage of children living in poverty

(Future alternative measure: Family Financial Stability Index)

Indicator 3.3: Communities and neighborhoods are child and family friendly *(Create new index or use an existing measure focused on child outcomes)*

Future or alternative measure: parent protective factor survey (formerly identified as a placeholder option for Indicator 3.3)

Value Propositions and System Performance Measures

Value Proposition 1: Young children and families receive services and supports to meet universal and identified needs

SPM 1.1: Percentage of pregnant women receiving early prenatal care

SPM 1.2: Percentage of postpartum and pregnant women screened for depression

SPM 1.2.1: Percentage of postpartum and pregnant women connected to mental health services when indicated

SPM 1.3: Percentage of young children that have received a standardized developmental screening *[definition needs to include a selected interval]*



SPM 1.3.1: Percentage of young children with identified concerns connected to services

SPM 1.4: Percentage of children with developmental needs at age six whose developmental issue was identified by age four

Future SPM under VP 1 or 2: Percentage of parents reporting positive experiences receiving services and supports from the early childhood system

Value Proposition 2: Systems are integrated to improve quality and avoid duplication

Performance is measured in five areas that, taken together, describe the ways in which systems try to achieve “integration and coordination:”

SPM 2.1: Understanding the full range of family strengths and needs

SPM 2.2: Helping families get to the right place(s), where their needs can be met

SPM 2.3: Working together when multiple service providers are involved with the same family

SPM 2.4: Sharing data, both for improved service coordination at the case level and to support planning and quality improvement at the system level

SPM 2.5: Professional development and organizational capacity building is supported

Value Proposition 3: People understand the importance of early childhood and take action to support children’s health, learning, and well-being

SPM 3.1: Community performance on a self-selected measure of changing public norms and/or public opinions about early childhood

[Examples: First 5 California’s Read, Talk, Sing initiative and effectiveness assessment; THRIVE Tool for Health and Resilience; Let’s Grow Vermont survey asking population about value of early childhood; Vroom app analytics, etc.]

SPM 3.2: *To-be-developed measure of results expected if norms are changed [e.g. parental leave, changes in public policies that support young children and their families]*

SPM 3.3: Early childhood service system performance on the Assessment of Community Leadership Engagement in Early Childhood

SPM Data Development Overview

Appendix A to this document provides the detailed results of the Outcomes and Metrics workgroup’s effort to define each draft system performance measure, evaluate the proposed measures for data availability, identify opportunities for data development, and collect data for a subset of measures. The table below is an at-a-glance summary of those results using four criteria: data power, proxy power, communication power, and overall readiness for implementation.¹ It is important to note that the table below provides the *current* status of the metric, not the *potential* status; with further progress, measures may improve in data, communication or proxy power, as well as their overall readiness for implementation.

¹ SPM 3.2 was newly conceived of at the November in-person and is not yet sufficiently defined to be evaluated.



Data, communication and proxy power are assessed as *low*, *medium* or *high*, and are defined as follows:

Data power: data quality and availability; cross-community alignment is an asset but not a necessary criterion for the system performance measures.

Communication power: whether the measure is intuitive and clear to a broad audience.

Proxy power: whether the indicator is a good measure of progress on its associated value proposition.

The assessment of overall readiness for implementation at this stage uses the designations of *not ready*, *mixed*, or *ready*:

Ready: Measure is ready for full implementation.

Mixed: May indicate that work is currently in development or in pilot, but it is not yet ready for full implementation. May also indicate that some communities are able to implement, while others are not, or that issues with the measure were identified that need to be worked out prior to implementation.

Not ready: Measure still needs to be defined and developed.

Measure	Data Power	Communication Power	Proxy Power	Overall Readiness
SPM 1.1 Early Prenatal Care	High	High	High	Ready
SPM 1.2 Maternal Depression Screening	Medium	High	High	Mixed
SPM 1.2.1 Mothers Connected to Mental Health Services	Medium	High	High	Mixed
SPM 1.3 Child Developmental Screening	Medium	High	High	Mixed
SPM 1.3.1 Child Connected to Developmental Services	Low	High	Medium	Not Ready
SPM 1.4 Early Identification of Developmental Needs	High	Medium	High	Ready
SPM 2.1 Understanding of Family Strengths and Needs	Low	Medium	Medium	Mixed
SPM 2.2 Families Getting to Right Places to Meet Needs	Low	Medium	Medium	Mixed
SPM 2.3 Working Together Across Providers	Low	Medium	Medium	Mixed
SPM 2.4 Data Sharing at Case and System Level	Low	Medium	Medium	Mixed
SPM 2.5: Professional Development and Capacity Building Supported	TBD	TBD	TBD	Not Ready
SPM 3.1 Changing Public Norms/Opinions on Early Childhood	Medium	High	High	Mixed
SPM 3.2 Results of Changing Norms	TBD	TBD	TBD	Not Ready
SPM 3.3 Community Leadership Engagement in Early Childhood	Low	High	High	Mixed



Opportunities for Continued Work

The following matrices summarize opportunities for future activities. They are based on input received from project participants throughout the year, during conference calls in early 2017 and at the November in-person meeting in Washington, DC. The tasks should be considered options for further implementation, not an action plan, per se. Participants have expressed enthusiasm for continuing the work; the ability to pursue some or all of these opportunities depends largely on funding availability.

The tasks below are organized by goal area. The *Task* column provides a summary of the opportunity. The *Timeframe* column indicates “short,” “medium” or “long” to provide a general sense of sequence, not a specific interval or target date. The *Who* column indicates who will be involved, with a lead identified if possible. Many tasks do not have participants identified at this juncture.

Project Wide/Administrative

TASK	TIMEFRAME	WHO
<i>Overall</i>		
Identify how to collaborate with complementary efforts at CSSP and elsewhere. Connect with other similar local efforts.	Short/Medium	CSSP
Reassess utility of an online platform to communicate and share data and results after initiation of cross-community learning sessions.	Long	All

Goal: Common Metrics

TASK	TIMEFRAME	WHO
<i>Overall</i>		
Ensure data collection for all metrics is disaggregated by race/ethnicity and/or income, when possible, to enable an understanding of excess burden and potentially facilitate the development of an excess burden metric.	Varies by metric	TBD
Create a dissemination plan that identifies: criteria needed to satisfy prior to sharing progress with EC-LINC and the broader field; mechanisms to share, including EC-LINC newsletters and webinars; and intended product resulting from the work.	Medium	TBD
Create overview document that describes: purpose and perceived benefit; rationale for selected measures; peer input sought; and current status.	Medium	TBD
Create a public launch document of selected metrics and steps for metric implementation and suggestions for system learning opportunities and stakeholder engagement.	Long	TBD
<i>Population-Level Indicators</i>		
Collect a new round of data on population-level indicators, and initiate data collection on indicators not already piloted (if possible).	Short	All



For new PLI 3.3 Communities and Neighborhoods are Child and Family Friendly: <ul style="list-style-type: none"> Participants to share resources noted during the meeting that might be good models or sources of measures for the new PLI 3.3 (e.g. Misery Index, community report cards, UNICEF tool, Prevention Institute’s THRIVE tool, Social Capital Databank, National Survey of Children’s Health²) Commence work on developing PLI 3.3 in a format consistent with other PLIs. Pilot resulting draft index among interested EC-LINC communities. 	Short	Broad interest from communities to pursue
Continue work to further define indicators with mixed assessment of readiness, or those in need of development (see EC-LINC O&M Nov 2017 In-Person Mtg Summary Notes, Appendix A: Meeting Presentation Slides for an overview).	Short	TBD
<i>System Performance Measures (Overall)</i>		
Continue to develop measures in need of further refinement to prepare for data collection or data development/advocacy (see individual tasks for each measure below).	Short	Varies for measure
Collect data for system performance measures.	Medium	All
Develop a new measure of parent or caregiver experience with the early childhood system.	Medium	TBD
<i>SPM 1.1 Prenatal Care</i>		
Consider addition of adequacy of care to this measure, and if added, consider suitability of Kotelchuck Index data to measure adequacy and review Medicaid Child Core Set related measures, such as frequency of ongoing prenatal care and timeliness of prenatal care as potential data source.	Short	TBD
Research Medicaid Child Core Set as source of data for lower-income women.	Short	TBD
<i>SPM 1.2 Maternal Depression Screening</i>		
Research recommended intervals (e.g. prenatal, in-hospital, postnatal to 6 months, etc.) and/or intervals for which there is typically data. Use this research to define the measurement timeframe.	Short	TBD
Investigate data available through the Child Core Set.	Short	TBD
Continue investigation of availability of broader population-level data surveys like California’s Maternal and Infant Health Assessment.	Short	TBD
Develop a supplementary maternal depression screen to be fielded with the administration of the ASQ.	Medium	Boston; others
<i>SPM 1.2.1 Mothers Connected to Mental Health Services</i>		
More clearly define what constitutes a verified connection to services and the timeframe to improve data uniformity.	Short	All

² The National Survey of Children’s Health has neighborhood safety and support metrics that may be relevant to this new indicator (see Appendix B: Child and Family Health Measures)



Investigate opportunities with state-level surveys to collect population-level data on the measure.	Short	TBD
Pilot measure as defined.	Medium	TBD
<i>SPM 1.3 Developmental Screening</i>		
Identify screening interval and timeframe of interest for data collection opportunities.	Short	All
Pursue Medicaid/CHIP Child Core Set data, which would provide developmental screening data for low income children.	Short	TBD
<i>SPM 1.3.1 Children Connected to Services</i>		
Discuss desired next steps for this measure, whether to attempt to collect data, or to identify discrete data development tasks, or to place this measure on hold while focusing on measures that are readier for implementation.	Short	All
Identify core services that may be most amenable to data collection and which provide the greatest utility for assessing system effectiveness and guiding decision making.	Medium	All
Revisit the issues of data sharing limitations and definitional distinctions along service path (screens, referrals, connection, and receipt of services); whether “services” can include informal supports, not just formal services; and general clarity about what is being measured.	Medium	All
<i>SPM 1.4 Unidentified Developmental Issue at Entry to School</i>		
Pilot as defined.	Short	TBD
<i>SPM 2.1-2.5 Service Integration Performance Standards</i>		
Align survey questions with the five service coordination standards and refine titles of standards for better consistency and clarity.	Short	CSSP
Refine survey to reflect changes discussed during the in-person meeting, including adding parent experience into the measures, where relevant, and integrating the newly added fifth standard (SPM 2.5) into the tool.	Short	CSSP
Continue pilot implementation, including conversations with EC-LINC agency managers and CSSP to describe the effort.	Medium	Piloting communities
<i>SPM 3.1 Change Public Norms/Opinions about Early Childhood</i>		
Further define measure.	Short	All
Identify criteria or guidelines to facilitate quality metric selection by communities. ³	Short	All
Identify how to implement, given flexible definition, and pilot measure as defined.	Medium	TBD
<i>SPM 3.2 Results to Expect if Norms are Changed</i>		
Commence work on developing new SPM 3.2 designed to measure the results one would expect to see if norms related to early childhood are changed.	Short	Cailin O’Connor, Steve Ames

³ Proposal by workgroup was for EC communities to use a metric of their choosing to measure public norms and opinions of early childhood.



<i>SPM 3.3 Community Leadership Engagement in Early Childhood</i>		
Revise draft assessment tool and send to participants.	Short	CSSP
Share revised tool with agency leadership for review.	Short	Interested communities
Pilot of the assessment tool with interested communities once revised.	Short	Vermont; others

Goal: Learning Community

TASK	TIMEFRAME	WHO
<i>Overall</i>		
Initiate shared learning sessions pertaining to indicator(s) or measure(s) of interest.	Short	CSSP lead with all participating

Goal: Advocacy

TASK	TIMEFRAME	WHO
<i>Overall</i>		
Use insights from shared learning sessions to spur conversations and advocacy locally.	Medium	All
Where data by race/ethnicity and/or income are not available for the metrics, advocate within the program or to the data source for their inclusion.	Short	All

Challenges and Recommendations

The consultant team identified several new or ongoing challenges and offers the following recommendations for the workgroup’s consideration. These recommendations have not been incorporated into the task matrices above, but if they resonate with the workgroup, they could be transformed into tasks for future work.

1

Challenge: Few system performance measures have population-level data available.

Recommendation: Use program-level data where necessary and work to align definitions to the extent possible. Continue to use population-level data where available (i.e. prenatal care and developmental screening), or advocate for the development of population-level data where it would be useful for measuring system reach (e.g. maternal depression screening). In some instances, the system performance measure is a rating or assessment tool, like the Service Integration Standards or Leadership Engagement in Early Childhood. In these cases, the measure is largely a self-assessment tool, but if the tools are common and consistently applied, there may be opportunities for communities to share results and insights gained through the process.



2

Challenge: How to retain the depth of the common system performance measure work, while remaining accessible, feasible, and meaningful for diverse audiences.

Recommendation: The EC-LINC workgroup may wish to consider two levels of engagement for input on select system performance measures. The first level of engagement would solicit input from an inclusive network of early childhood system stakeholders to gather more representative feedback from a broad range of stakeholders. The second level of engagement would solicit input from a core set of stakeholders who are able to provide a more detailed response and participate in the assessment and discussion of results. The value in creating tools that seek differing levels of engagement of input, as well as analysis, is three-fold: a more representative, less biased sample; both broad and deep results; and the ability to communicate results to diverse audiences.

For example, the two new self-assessment tools (SPM 2.1-2.5 System Performance Standards and SPM 3.3 Community Leadership Engagement) would benefit from scoring rubrics to enable communities to track their progress over time. The scores obtained through surveying a broader range of stakeholders (the first level of engagement), enables pooling of individually collected survey data and reports out concise scores for system performance. It also provides a more democratic form of information gathering, which has the potential to be more reflective of the system functioning than a select group that has inherent selection bias. However, while these scores are important for ease of communication and progress tracking, these scores alone may not adequately convey the context of early childhood system functioning or opportunities in a region. The input and assessment provided by stakeholders at the second level of engagement, in which a consortium of stakeholders review broad results and self-assess in a group setting to collectively identify areas of need, offers a more in-depth assessment to supplement and append feedback collected through the first level of engagement.

3

Challenge: Communicating SPM results to specific audiences for different purposes.

Recommendation: Participants struggled with the target audience for the system performance measures. After acknowledging the importance of parents and caregivers as stakeholders with critical input into system functioning, the participants generally agreed that the results of the measures were primarily targeted at funders, elected officials, and a regional consortium of service system leaders, on the one hand, and providers, evaluators, and agency-level decision makers, on the other. To facilitate communication to these audiences, we propose the following considerations:



System Performance Measure Audience	What data universe has the most utility for this audience?	How will this audience use the data?	How important is it to be able to roll up data into a system-wide assessment?	What level of definition is needed by the audience?
Funders, elected officials, or regional consortium of system service providers	Population-level	To measure overall results of the service system.	High	Title (simplified summary of the measure)
Providers, evaluators, or agency decision makers	Population-level and Program-level	To understand existing need and coverage of the service system (population-level data), as well as opportunities for program improvement and system change work (program-level data).	Moderate	Definition (a more detailed definition of the measure, including quantifiable language, (e.g. Percentage of...), specific parameters (e.g. age, intervals, etc.).

4

Challenge: System performance measures have inconsistent wording and may not meet standard syntax for a performance measure.

Recommendation: Create a title and definition for each of the measures. A title is how the indicator or measure is communicated to a broad audience. The definition is how the indicator or measure is operationalized. The titling rubric should be generally consistent across all system performance measures. Note that performance measures typically have a measurement component (e.g. Percentage of...) or are statements that reflect what is to be measured (e.g. Average level of customer satisfaction).

An example of the range between “title” and “definition” is as follows:

Current: 3.1: Changing public norms and public opinions about early childhood
 Title: 3.1: Public norms and opinions recognize the importance of early childhood
OR
 Title: 3.1: Percentage of public that considers early childhood important
 Definition: 3.1: Adults that consider early childhood important divided by all adults in the community.



5

Challenge: Some lack of clarity or agreement on underlying assumptions of the measures (e.g. do system performance measures that track connection to and/or completion of services presume an underlying assumption of the effectiveness of services?) or work overall (e.g. who is the audience of indicators or measures?).

Recommendation: Define an underlying theory of change or logic model to guide decisions and continued work, or identify areas in need of clarification and develop a series of framing assumptions that clarify those areas, provide ongoing guidance, and document underlying rationale to facilitate broader communication and dissemination over time.