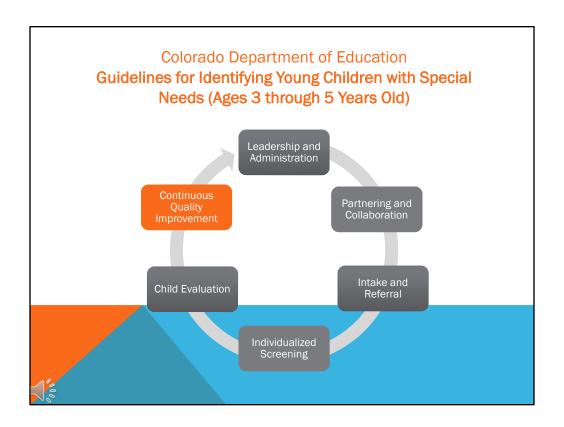


Welcome to the self-paced module on Continuous Quality Improvement: Tools for Program Evaluation. This module is presented by the Colorado Department of Education for Child Find staff, in partnership with Assuring Better Child Health and Development (or ABCD).



This professional learning opportunity is based upon newly revised Colorado Department of Education Guidelines for Identifying Young Children with Special Needs, ages three through five years old. There are two parts to the module. Part one will include going through a series of slides, reading an article and working through an evaluation planning worksheet. Throughout part one we will ask you to reference a self-assessment. Part two will be completing the self-assessment, which will allow you to reflect on the strengths and needs of your Administrative Unit as it relates to evaluating your child find process and engaging in continuous quality improvement.



Within the Colorado Guidelines, there are six sections; Leadership and Administration, Partnering and Collaboration, Intake and Referral, Individualized Screening, Child Evaluation and Continuous Quality Improvement. This module will focus on continuous quality improvement as it pertains to evaluating the child find process. Note that our focus on evaluating the child find process, or the effectiveness of this program, is distinct from evaluating individual children.



Program evaluation is becoming a priority across the early childhood field. As the early years garner more and more attention for their potential to impact lifelong development, so too early childhood programs are going under the microscope. When the stakes for children are high, and resources are limited, we need to not only "make a difference" but we need to make *as much* difference as possible.

In this context, continuous program improvement becomes a critical tool for examining what's working and what isn't so as to make program improvements, and ultimately better serve children and families.

In this learning module, we will focus on program evaluation as a means for conducting continuous program improvement.

Though program evaluation can be complex (there are professionals who make a career out of these skills) if we keep the ultimate goal in mind—"better serving children and families"— we can approach evaluation in bite size chunks to move us toward that goal.

LEARNING OBJECTIVES

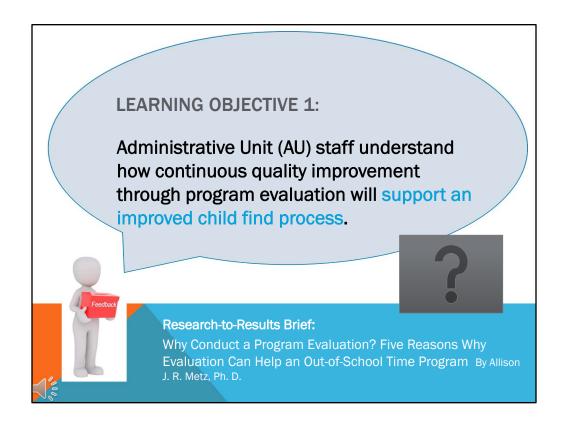
- Administrative Unit (AU) staff understand how continuous quality improvement through program evaluation will support an improved child find process.
- AU staff will understand the necessary scope and evaluation questions as described in the Guidelines.
- 3. AU staff can articulate which required data elements are currently captured in their data collection and which are not.
- AU staff can identify potential new data sources (e.g. data collection tools) to help fill the gap between required data elements, and current data collection.
- 5. AU staff can identify next steps in using data to inform their child find process.



Toward that end, the learning objectives for this module are:

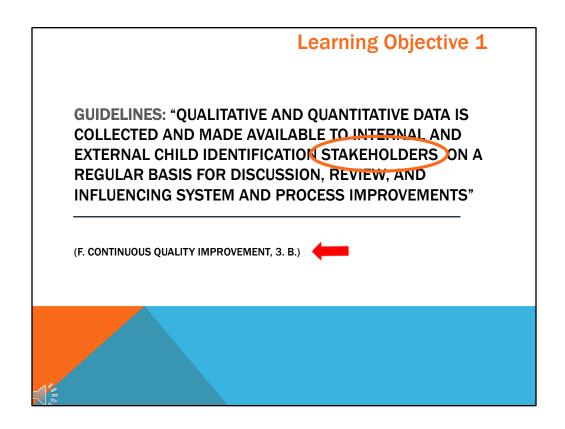
- AU staff understand how continuous quality improvement through program evaluation will support an improved child find process.
- AU staff will understand the necessary scope and evaluation questions as described in the Guidelines.
- AU staff can articulate which required data elements are currently captured in their data collection and which are not.
- AU staff can identify potential new data sources (e.g. data collection tools) to help fill the gap between required data elements, and current data collection.
- AU staff can identify next steps in using data to inform their child find process.

We will review the Continuous Quality Improvement section of the Guidelines for Identifying Young Children with Special Needs, so that you are more familiar with the requirements for evaluating your child find process. But remember that this section is purposefully named *continuous* quality improvement. The goal is simply to get better, and to put in place mechanisms to *keep* getting better.



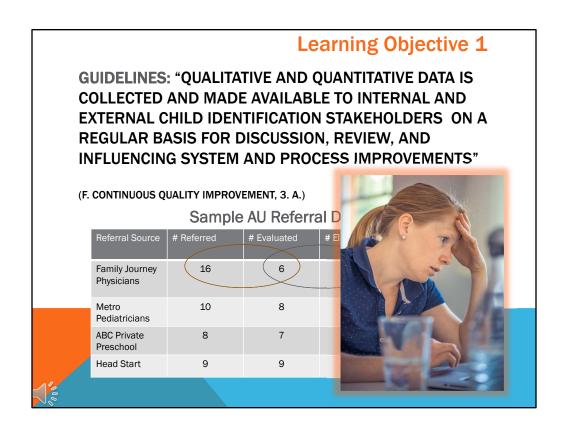
Let's get started by examining exactly how continuous quality improvement can support an improved child find process. To begin, please access Research-to-Results Brief via the paperclip icon at the bottom of your screen. This brief provides a concise overview of program evaluation as well as some general benefits. Once you have read the brief, press play to continue.

Now that you've reviewed the brief, consider whether this module is referring to Outcome Evaluation, or Process Evaluation... Note that you already have systems in place to evaluation whether children benefit from special education services, so in this module we will plan an evaluation of your child find *process*.



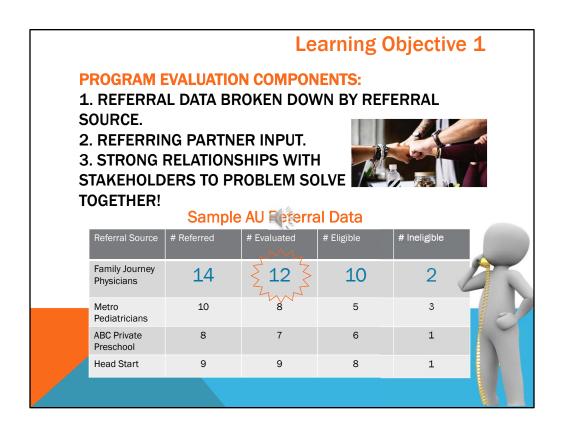
Here's a quote from the Continuous Quality Improvement section of the Guidelines: Note that we are purposefully starting at the end of the Continuous Quality Improvement section of the Guidelines. We want to work backwards with the end goal of "better serving children and families" by "influencing system and process improvements". As suggested here, it is these stakeholder discussions that are thought to drive process improvements such as smoother referral pathways, culturally responsive services, and easing a family's journey to services.

In this context, when we refer to stakeholders we're talking about early childhood partners who may help families connect to your Child Find program. These stakeholders may be external to the school district – like physicians or family resource centers, and some may be internal – such as public preschool programs. Within the Continuous Quality Improvement section of the Guidelines under 3. b. you'll even see some sample stakeholder discussion questions. Take a moment now to pull up the guidelines and find these discussion questions as noted in parentheses.



Let's talk through a case study to imagine how these conversations can lead to process improvements, and later in the module we'll make sure we have evaluation components in place to allow conversations like these to take place:

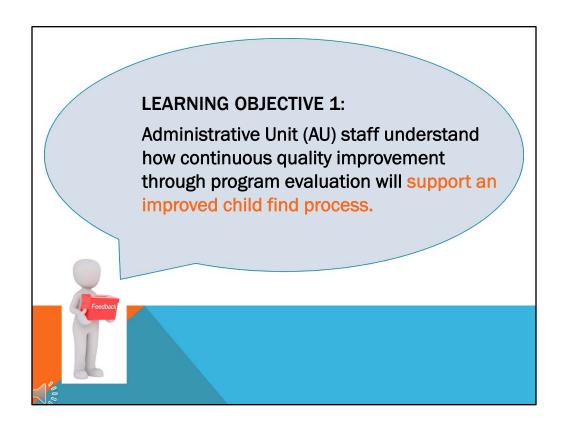
Suppose a medical practice is expressing frustration with the Part B referral process. From their perspective, they keep referring children, but parents are consistently reporting that nothing happened. The parents are undoubtedly frustrated, and Family Journey Physicians is worried that children are not receiving the services they need. The AU sees this as an opportunity to review data. At their next external stakeholder meeting (or early childhood workgroup meeting), they present the following referral data documenting referral outcomes for the previous quarter. As you can see the experience shared by Family Journey Physicians is indeed reflected by the data. Fewer than half of their referrals are resulting in an evaluation. However, of those children who are evaluated, most (5/6) do qualify for services. This suggests that Family Journey Physicians is appropriately referring children, which makes it even more important to close this gap between referral and evaluation. Now the AU can mobilize to better understand the problem. For the next month, the child find coordinator flags all referrals from Family Journey Physicians. He notes that most of the referral forms only list the address and one or no phone numbers. He tried to contact these families repeatedly, but is only able to connect with half. The AU shares this information with Family Journey Physicians and they discuss the importance of completing the entire referral form.



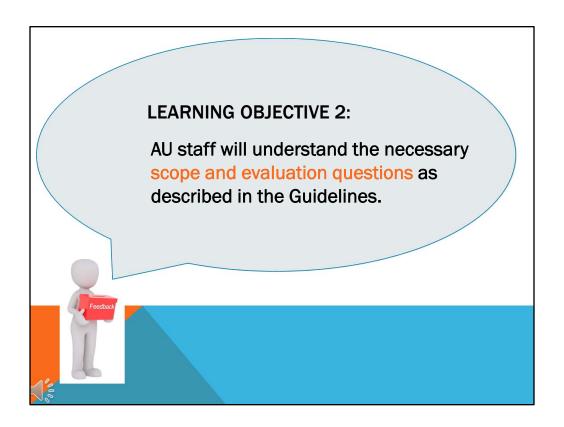
The following quarter their data has improved! Now more children are able to access needed services and the child find coordinator is able to contact families more efficiently because he has two phone numbers to work with.

This systemic improvement couldn't have happened without

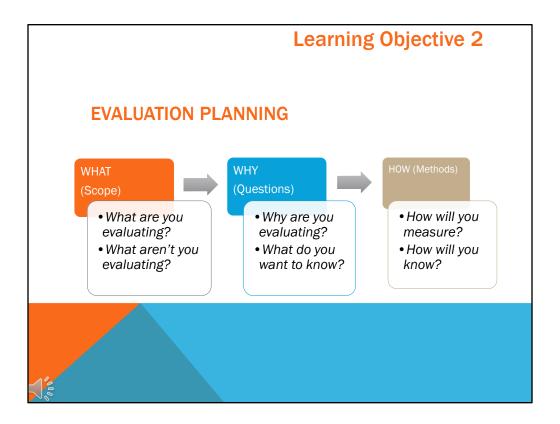
- The AU collecting and sharing referral data broken down by referral source
- Stakeholder or referring partner discussion.
- And of course, strong relationships with stakeholders to problem solve together.



So there you have an example of how data, combined with discussion, can improve efficiency and the effectiveness of the child find process.



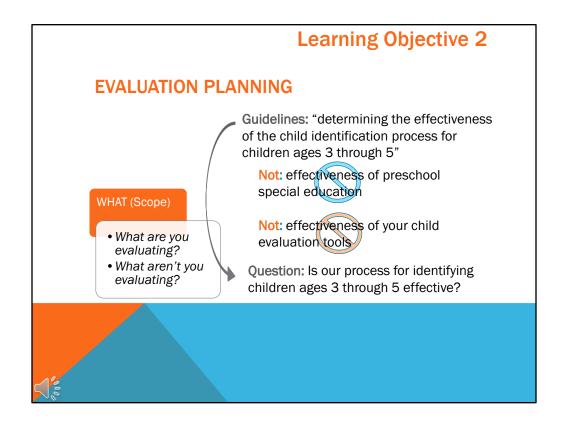
At this point we'll dive into the evaluation planning components that will help get you to the types of improvements we just discussed. Our focus here will be on the evaluation scope and the questions you should be asking according to the Guidelines.



The first step in evaluation planning is understanding exactly what we're going to evaluate, or the scope of the evaluation. We need to define the scope clearly – what does it include, what doesn't it include, etcetera – so that we target our evaluation appropriately.

From there, we'll form questions defining exactly what we want to know about that scope, and then we'll define methods of answering those questions.

Throughout the remainder of this module we will refer to this graphic frequently to help you keep track of where we are in the evaluation planning process.

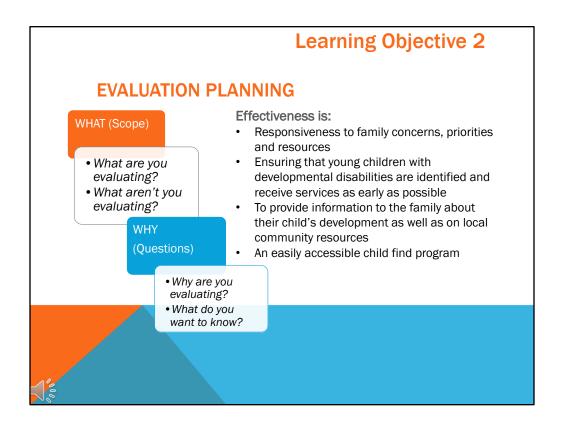


Let's dive into the scope. According to the Guidelines, "Continuous quality improvement refers to an ongoing and systematic utilization of data to proactively evaluate whether a process is effective."

The definition goes on to say that while this effort should coordinate with broader efforts, this is specific evaluation is *not* examining the broader preschool special education system.

Furthermore, this evaluation effort is broader than just examining whether your Part B evaluations are effective. Again, we're looking at the entire child identification process for children ages 3-5. So broadly, we want to know is our process for identifying children ages 3-5 effective?

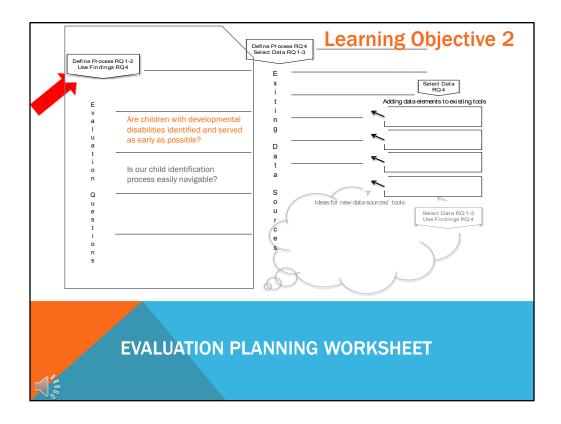
Now we need to nail down exactly what we mean by "effective".



According to the Guidelines Continuous Quality Improvement 1. a., "effectiveness" can be operationalized in accordance with the core values, vision, and mission articulated in the Guidelines. For example, some of those pieces include...

- Responsiveness to family concerns, priorities and resources
- Ensuring that young children with developmental disabilities are identified and receive services as early as possible
- To provide information to the family about their child's development as well as on local community resources
- An easily accessible child find program

Now that we better understand the scope of our evaluation, namely what we mean by effectiveness, let's define some of the questions we want to ask about effectiveness. To start, you can simply turn these bullets into questions. For example, are we responsive to family concerns? You can also dig deeper, especially if you want to better understand specific elements of effectiveness for your community.

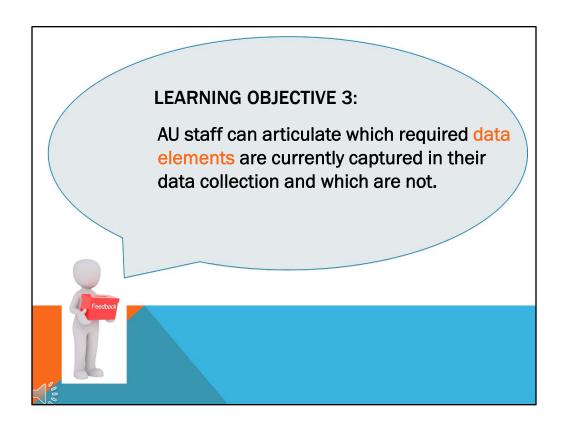


Here are some tools for digging deeper. Open the Self-Assessment as well as the Evaluation Planning Worksheet (which looks like this).

Right now we're going to focus on this section. We highly recommend starting with a question about identifying and serving children as early as possible. This is a theme in the Guidelines, and encompasses the idea of accessibility, another "frequently mentioned topic" in the Guidelines. In addition to the definition of effectiveness from the last slide, the Self-Assessment also provides you with guidance for choosing questions. Consider these reflection questions (or RQ).

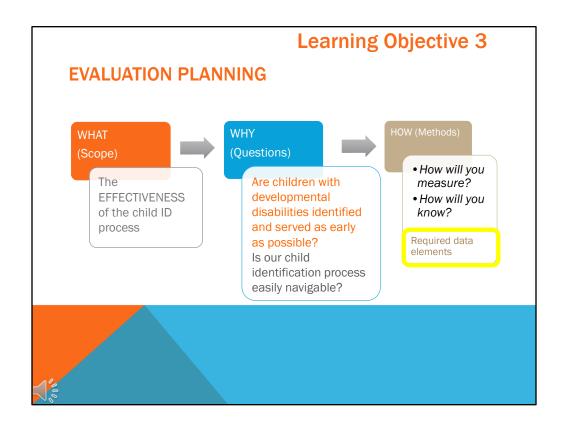
Yes, these are a lot of considerations, but you'll see that there are only 5 lines for evaluation questions. Ultimately, we're asking you to narrow down to just a handful of questions that cover the bases we've discussed, and feel important to your AU. We could come up with 20 questions based on all the considerations we've discussed, but remember that our goal is to "better serve children and families". So we only want to focus on questions that can lead to actions serving that goal.

At this point the module will pause so you can work on this section of the Evaluation Planning Worksheet. When you are ready to continue, click play.



Now that you've identified evaluation questions, we can move toward outlining *how* you'll answer those questions by discussing data elements.

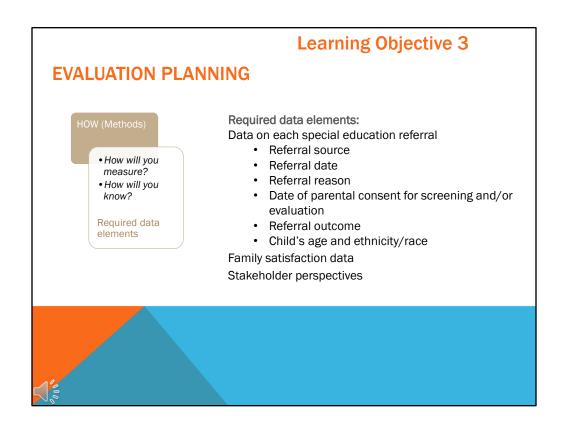
The Guidelines do specify pieces of data that should be collected in order to understand program effectiveness.



Recall that what we're trying to understand is the effectiveness of the child identification process for 3-5 year olds, and we're going to dig into that by asking whether children are identified as early as possible and whether the process is easily navigable.

In the previous section you drafted additional evaluation questions, but these themes of early identification and accessibility do need to be covered.

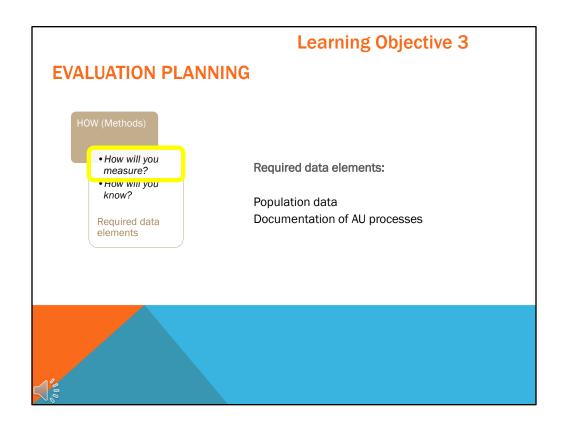
The following required data elements will help you address these key evaluation themes.



The required data elements can be found in Continuous Quality Improvement section 2.b. We will highlight a few here, but you must reference the Guidelines for a complete list.

One key category of required data elements is data on each individual referral. Understanding what happened with each referral will help you examine themes of early identification and accessibility. For example, noting referral sources will help you understand whether you're getting referrals from key external stakeholders, especially those that have relationships with families of 3-5 year olds. Examining the length of time between the date on which the AU first learned of a potentially eligible child (or the referral date) and the date of parental consent helps provide information on whether your child ID process is easy to navigate.

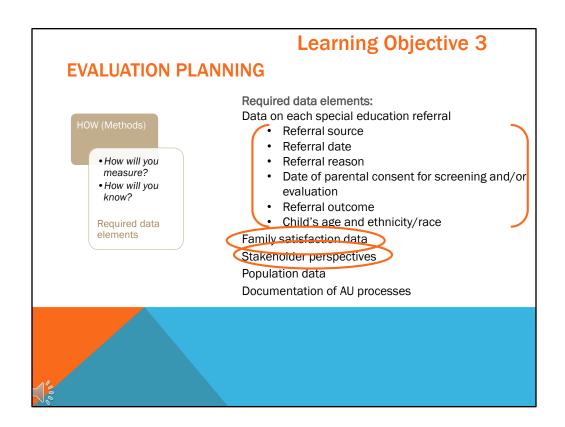
Additional required data elements include family satisfaction data about their experiences with the child ID process and stakeholder perspectives on the ease of referring children.



The Guidelines also ask AUs to consider how children served by special education compare with the population of 3-5 year olds in their community. This is a vital piece of understanding whether the child ID process provides equal opportunities for all children.

Last but not least, the Guidelines ask AUs to track how they're staying up to date on valid uses of tools, state/federal requirements, and best practices in general.

Now that we've reviewed some of the required data elements, lets talk about how you'll collect that data.



You are already collecting data on each special education referral as part of the process for submitting Student Special Education Participation files what would it look like to collect all of this in a spreadsheet *first*, and *then* assign someone to input the necessary fields into your data system? This slight tweak to your process would allow you to collect more required data elements.

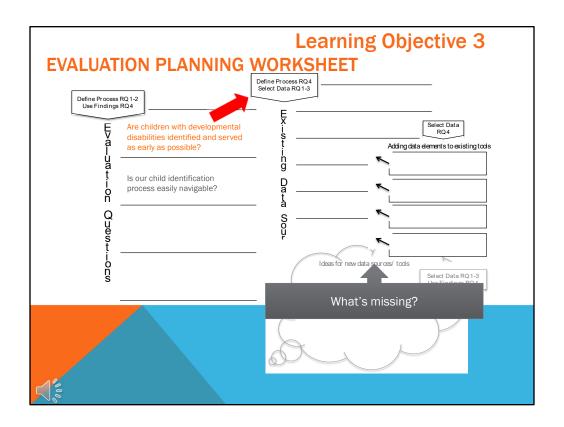
What about family satisfaction data – do families already complete surveys? You probably ask families to complete intake forms when they arrive for evaluation, and there's additional paperwork at the eligibility discussion. Consider the paperwork that families fill out after participating in an evaluation. What are they signing when you tell them that their child is eligible or ineligible? What would it look like to add a handful of questions about families' experiences in the child find process to this post evaluation paperwork?

You may or may not be collecting data on stakeholder perspectives, but this data is critical to understanding the effectiveness of your child find process. Recall that external stakeholders are often those that first identify a potential developmental concern and refer the family to your AU. Their ability to connect families to the AU is critical to the AU's ability to identify children who may be eligible for special education. Hence collecting their input, perhaps through an annual survey, is required in the Guidelines. Do you already collect information from referring partners? If not, does your staff attend meetings with referral partners regularly? Note that early childhood workgroup meetings are discussed in depth in the Partnership and Collaboration section of the guidelines.

The early childhood workgroup meetings present a great opportunity for data collection. The convener of those meetings (for example the early childhood council) may already collect partner data about the meetings. You could ask to add a few questions to that survey. If not, you can create your own survey to distribute annually at one of these meetings. Remember that the goal is to understand their perceptions of the child ID process, specifically the ease of connecting families. This can be accomplished with a couple open ended questions, and maybe one numeric question such as "rate the ease of connecting families with 3-5 year olds to our AU when you suspect that they may be eligible for special education".

Next, let's consider population data. Your AU is responsible for understanding, but not collecting this data element. The KIDS Count data center allows you to find demographic information by county and by age.

Finally, how do you document internal processes? Do you have a process in place for building team meeting agendas and taking meeting notes? What would it look like to add some semi-annual agenda items around reviewing the manuals for your screening/evaluation tools? You could also add a quarterly journal club where you review new articles or materials on best practices. Tracking these internal processes via a checklist or meeting notes is sufficient to show that you're engaging in this element of continuous quality improvement.

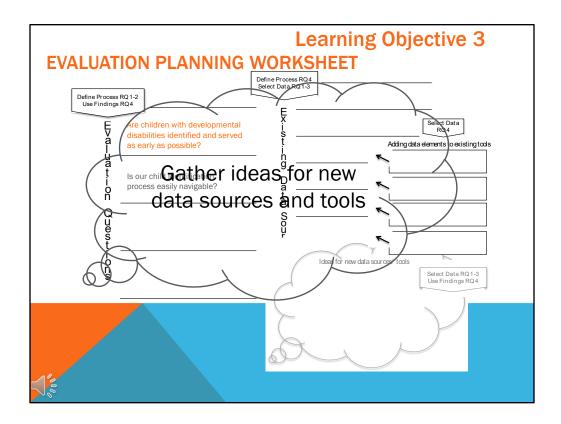


Now that we've reviewed some of the required data elements, and proposed ideas for data collection, let's add that content to our evaluation planning worksheet. On the previous slide we encouraged you to think about building off existing data sources. In other words, how can you add to what you're already doing?

Let's go ahead and name everything you're already doing here

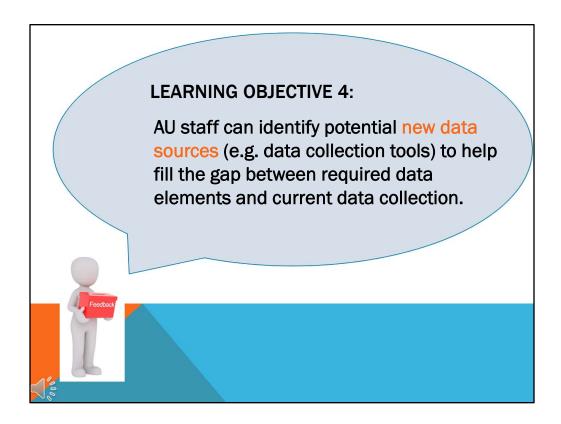
The self-assessment has a few questions to help spark ideas

Once you've listed all your current data sources, i.e. everything you're currently doing to collect information, consider what you can *add* to those data collection methods to help address some of the required data elements. For example, we discussed the possibility of adding family satisfaction questions to the post evaluation paperwork. Press play when you're ready to continue.



At this point you have leveraged all your current data collection methods to cover as much ground as possible, but you may not have covered all the required data elements in the Guidelines.

Review Continuous Quality Improvement section 2 in the Guidelines and compare with what you have listed. What data elements aren't covered? Consider this question for a moment, and press play when you're ready to continue.



We started to address new surveys and other new data collection tools in objective 3, but let's delve deeper into how you might fill the gap between required data elements and current data collection.

EVALUATION F	PLANNING		arning Objective 4	
Evaluation Question	Data element	Tool	Sample items	
1000				

Remember that data collection involves far more than creating and distributing a tool. Hence it's preferable to piggy back onto systems already in place. For example, if you already have a process for collecting some child referral data, it's preferable to add onto that existing process rather than creating a new one. However, if you need to create a new tool to meet some of the required data elements, here are some options to consider.

When deciding how to launch new elements of data collection, it's important to keep the evaluation question in mind. We're not collecting this data in a vacuum, we want to inform these particular questions. Here you see some sample evaluation questions related to the scope as previously discussed.

Suppose your data collection starts when parents provide consent for evaluation, so you don't have a process for collecting information about the referral, the data elements you'll want to address include the referral date, referral source, reason for referral, and referral outcome. The CDE sample referral form is a great resource that can help you collect this information. This form allows you to capture the family's contact information, referral source /reason information, and the referral outcome all in one place.

	arning Objective 4	
EVALUATION PL	_ANNING	
Child Find Referral Form (For Children age 3-5 years)	COLORADO Department of Education	Sample items
Interpreter Needed: □ Yes □ No If Yes, Language; School District or County of Residence: □ Child Attends: □ Head Start □ School Dist. Preschool Referring Provider: □ Address: Reason for referral: □ □ Date of ASQ or other developmental screening □ 1 □ Screen □ 1 (Please include copy of the entire deversults of any hearing and vision screening. This will avoid of appropriate evaluation.)	Gender: Male Female Relation to Child: Best Time: Best Time: Private Preschool Childcare None Phone: Fax: Date of Hearing Screen J Date of Vision	Available in Handouts
Referral and Consent to Share Information I am requesting that my child be referred to Child Find to services. I authorize my child's provider developmental screening and any pertinent medical histo DOB / / to (Child F in determining whether the child is a child with an educatic Signed: Relatio Furthermore, I authorize	to release the results of (name of child) y of (name of child) ind Coordinator/School District) to be considered onal disability. on to Child: Date: /	

What if you want to use this form, but most of your referrals come in via phone or another method? Well, child find staff can complete a form for all incoming referrals as part of your intake process, maybe while on the phone with families. If you're using a different referral form to capture all your intake information, consider adding some of these data elements to that form. Regardless, you'll need to use something consistently so each referral is systematically captured.

Next, let's say that you're not collecting any data from families about their experience in the child find process. As we mentioned previously, you could add a little more paperwork, like a family satisfaction survey, to the end of your evaluation process. It may work best to ask parents to complete a survey after you've had the eligibility discussion and provided resources to the family.

On the slide you see a couple questions to consider. When drafting these questions you'll want to start from your larger evaluation questions and break them down into survey questions. Note that "yes/no" style questions should have an option to capture more nuance. In other words, you need one or two "in between" or "somewhat" answer choices. And multiple choice questions should be balanced with short answer questions where families write a sentence or two in response. Don't worry, we'll summarize these tips on the next slide.

Evaluation Question	Data element	Tool	Sample items
Are children identified as early as possible? Is our referral system effective in identifying children for special education?	Referral date, source, reason, and outcome	CDE sample referral form	Available in Handouts
Do families receive information to support their child's development? Is our child identification process easily navigable?	Family satisfaction data	Post evaluation family survey	"did you receive information that will help you support your child's development?" "is there anything we could have done to make this process easier for your family?"
Is our child identification process easily navigable? Do we gather relevant input to inform decisions about eligibility?			

In this final example, we suggest getting stakeholder perspectives by implementing a referral partner survey. Again, you may want to distribute this survey at a meeting, or over email. You'll see that one of our sample items involves a rating, like 1-5 where 1 is very difficult and 5 is very easy. These scales provide another option for question types. Note that we don't recommend scales with more than 5 options. In our opinion the level of nuance with more options is far too difficult to interpret.

In summary, you could create any number of tools to answer your evaluation questions, but it's best to add onto any data collection or paperwork processes that already exist in your AU. If you do choose to create new tools, keep it simple. Families and stakeholders are busy, so don't develop anything that will take more than 10 minutes of their time. Only ask questions that relate directly to your global evaluation questions, and will provide answers you can actually use to improve your program.

Learning Objective 4 EVALUATION PLANNING ONLY COLLECT DATA YOU CAN USE! Survey pointers: Only ask one question per question! Balance multiple choice with short answer questions Provide "in between" options for multiple choice questions (e.g. "somewhat") Consider rating scales (1-5) for multiple choice questions Keep it short – no more than 10 questions

With this guiding principle in mind, let's go ahead and review the survey pointers we mentioned...

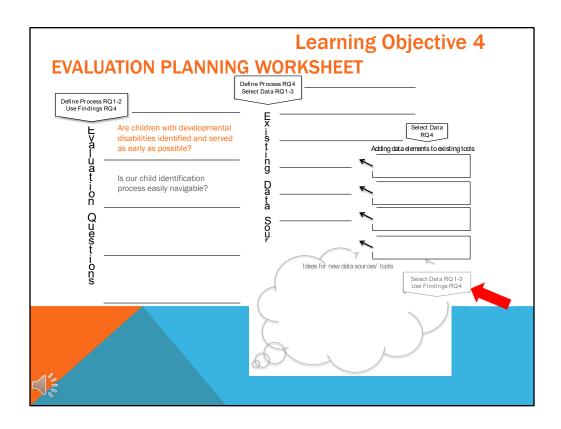
First, look out for "and" statements. When you ask something like, "how timely was the initial screening and evaluation process" you get jumbled feedback. Let's say the average response is 2 out of 5, but parents are thinking, "well the screening process was super speedy, but the evaluation process took forever". By asking an "and" question, you don't know whether to change your screening or evaluation process.

Multiple choice questions work well when you want a quick pulse, but short answer are best when you want to actually understand what something looked like from their perspective

Remember to avoid simple "yes or no" questions. For example, if you ask "did you receive information that will help you support your child's development?", you don't want parents to answer a simple "yes" even if they're thinking, "well, I got some information, but not enough". Better response options might be "yes, we received plenty of helpful information", "yes, we received some helpful information", and "no, we did not receive helpful information".

Another way to get more nuanced feedback is using a rating scale. So, you could ask, "rate how helpful the information was" where 1 is not helpful at all, and 5 is very helpful.

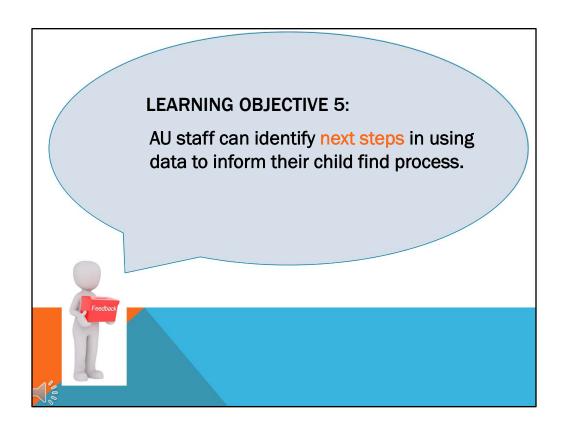
Last, but certainly not least, keep surveys short. It's better that families and stakeholders take their time with a few pointed questions, than rush through a bunch.



Ok, now that you've learned a little about creating new tools, go ahead and jot down ideas for new data sources or tools here.

Once again, the self-assessment has a few questions (noted here) that may help spark your thinking.

Press play when you're ready to move onto the last learning objective.



Throughout this module we've done a fair amount of nitty-gritty planning. In this next section we will circle back to ensure that there is a feedback process in place so that all the evaluation efforts you have planned can actually inform your child find process.

CONTINUOUS QUALITY IMPROVEMENT

"There's no genius in our company, we do what we believe is right, trying every day to improve every bit and piece. But when 70 years of very small improvements accumulate, they become a revolution."

Katsuaki Watanabe, CEO Toyota Motor Company

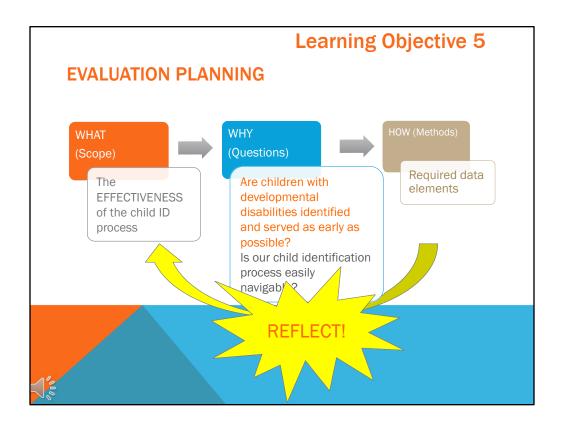


Remember that this is a Process Evaluation. So we're not looking to see whether our system is having the intended outcomes, but rather whether the process is effective.

Our goal is Continuous Quality Improvement, or incrementally making our child find system stronger and stronger.

Toyota is one company that has exemplified this approach. And as a Toyota executive said, "when 70 years of small improvements accumulate, they become a revolution."

We want to encourage you to make these small improvements so as to "better serve children and families"



So, at this point we've covered the WHAT, WHY, and HOW of evaluation, but we still haven't addressed how we'll "better serve children and families". We've done all this evaluation, but now we need to actually engage in quality improvement. This comes from using the data to reflect on the original purpose of our evaluation: understanding the effectiveness of our child ID process.

Remember how you did all that work to identify evaluation questions? Now it's time to reflect on the answers. But in order to do so, you've got to make sense of your data.

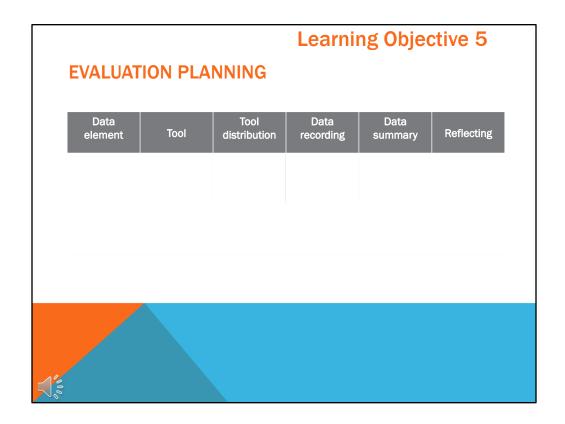


Which means that we have to make sure there are resources dedicated not just to collecting data (via tool distribution), but also to recording, summarizing, and reflecting on the data. Here are a few considerations...

- First, how will you distribute your tool? For example, if you're doing an electronic survey you'll need to have the email addresses of all your potential participants.
- Second, once the data is collected on some sort of form, who enters that data into a spreadsheet? You'll need a process for recording data into one summary document. You'll also need a process for making sense of that data. This doesn't have to be particularly complicated tables and pie charts aren't difficult to make in excel. But you will need to dedicate some human resources to this work.
- Last but not least, you need to set a process for reflecting on the data. This piece is critical to the process of continuous quality improvement. Remember that our ultimate goal is to use data in order to "better serve children and families", and this is not possible without time to review and reflect on the data you've collected.



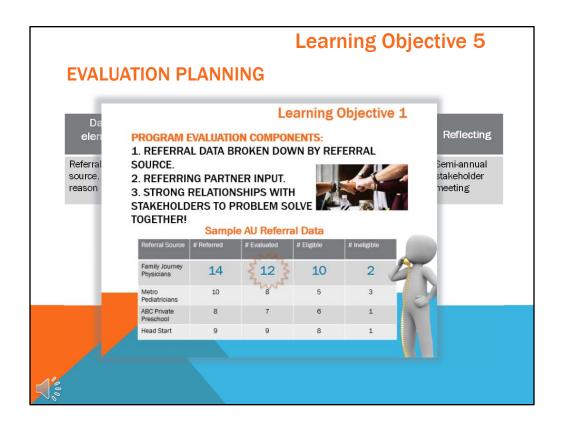
To make all of this happen, it's important to consider who needs to be on board. Though most directors will likely support this effort, it may require a fair amount of planning to dedicate the right amount and types of human resources. Who needs more spreadsheet training? Do we need dedicated team time for reflection? Who's input is necessary before the dissemination of a new survey? These are all important questions for leadership to consider. Let's go ahead and walk through these steps with a couple examples...



- Suppose that you're planning to collect the referral data, source, and reason using the CDE sample refferal form. As we've mentioned on a previous slide, some AUs do distribute this form in the community.
- But suppose that your AU is relatively small, and you receive most of your referrals by
 form. So instead of distributing this form in the community, you give it to your referral
 intake person instead. The person that recieves these intake phone calls asks all the
 questions on the form, and completes a form for each intake call. Then, what does she
 do with the data? Perhaps that staff person enters the information from each form into a
 spreadsheet.

Now what? Maybe twice per year the child find coordinator takes that spreadsheet and turns it into a table. Each referral source gets a row, like the example we discussed early on with Family Journey Physicians.

Finally, who will review this data? As you might suspect, we recommend that internal and external stakeholders review this data at regularly scheduled intervals.



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Now what? Maybe twice per year the child find coordinator takes that spreadsheet and turns it into a table. Each referral source gets a row, like the example we discussed early on with Family Journey Physicians.

Finally, who will review this data? As you might suspect, we recommend that internal and external stakeholders review this data at regularly scheduled intervals.

Is a memory of this slide coming to mind? We hope so! Feel free to refer back to slide 9 for reference. Here's one more example of what this recording and reflection process might look like for a family survey.



We hope you've seen how evaluation can be both feasible and useful. As we've discussed throughout this module, the goal isn't a total overhaul of how you collect and use data, but instead small improvement to incrementally help you "better serve children and families".

A core component of this improvement process is having discussions with your child find team and with external stakeholders such as referral partners. The new Guidelines actually provide sample discussion questions under Continuous Quality Improvement subsection 3. b. Take a look at some of those questions here as you start to imagine these conversations.



Now that you've thought through the evaluation of your child find process from questions to tools, we hope you will take a few more minutes to complete the self-assessment and share your reflections with your child find team.

Keep in mind that all the work you've done in the Evaluation Planning Worksheet will allow you to skip many of the self-assessment questions

Thank you for participating in the Continuous Quality Improvement learning module.