
STATEWIDE EVALUATION OF THE
ASAP-PIE PROGRAM
YEAR 1 REPORT
Implementation and Program Characteristics



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EXECUTIVE SUMMARY

- The legislation specified local evaluations to be carried out by each grantee or its designated evaluator in addition to a statewide evaluation. The Request for Proposals for the statewide evaluation was issued February 6, 2002, and the contract for the evaluation was signed with Michigan State University on May 6, 2002, with the period ending September 1, 2003. The statewide evaluation is intended to measure overall success in achieving the legislatively mandated outcomes of school readiness, reduced need for special education, family stability, and increased access to community resources, as well as to compare the relative effectiveness of different service models implemented by grantees.
- This first report describes the relative allocation of grant funds, the target populations and people being served, collaborative history and structures; perceived strengths and barriers of collaboration and implementation; description, timing, and utilization of service delivery components; and plans for the evaluation to be completed in Year 2, including data currently available.
- Program characteristics developed in this first report will be used to identify different groups of grantees to assess whether particular program characteristics are associated with more successful outcomes. This will occur through more intensive qualitative analysis than was possible within the time constraints of this report and through quantitative analysis.
- Implementation of most services began in the fall of 2001, but the statewide evaluation did not begin until May 2002. Although programs knew that they would be evaluated on the legislatively required outcomes, they were not required to collect uniform data on child or family outcomes. The 23 grantees, in accordance with their locally determined evaluation plans, have collected developmental data using a number of different instruments at different points in development, and consequently uniform indicators of program outcomes across programs are not available. This has resulted in a wide disparity in the types and degree of outcomes measured, as well as gaps in the data.
- This report presents options to address the variability and gaps in the evaluation. This will allow the contractors to choose which option they feel will be best implemented while still meeting the needs of the evaluation. Options include: (a) using only data collected as part of the local evaluations; (b) having grantees collect additional data only if gaps exist in measurement of the identified outcomes; or (c) collecting consistent data from all grantees. The benefits and disadvantages of each approach are described. Regardless of the option chosen, the evaluation team will work closely with the grantees to assure the achievement of the quantitative component of the evaluation.

INTRODUCTION

In 2000 the Michigan legislature appropriated \$45 million for the All Students Achieve Program-Parent Involvement in Education (ASAP-PIE) initiative, targeted at children 0 to 5 years of age and their parents. This was one of a series of ASAP initiatives under the School Aid Act¹ designed to improve school performance. Funds were granted competitively to intermediate school districts, with grants beginning in February 2001. Although the legislation authorized a three-year initiative, by 2001 an economic downturn in the state resulted in the elimination of the appropriation for Year 3. However, delay in initiating services meant that most program grantees had unspent funds that could be carried forward.

The legislation specified local evaluations to be carried out by each grantee or its designated evaluator in addition to a statewide evaluation. The Request for Proposals for the statewide evaluation was issued February 6, 2002, and the contract for the evaluation was signed with Michigan State University on May 6, 2002. The evaluation period extends from that date to September 1, 2003. The statewide evaluation is intended to measure the program's overall success in achieving the legislatively mandated outcomes as well as to compare the relative effectiveness of different service models implemented by grantees.

OVERVIEW OF EVALUATION

Contractual Obligations

The primary focus of the statewide evaluation is to analyze the program's success in achieving the legislatively required outcomes:

- Improved school readiness
- Reduced needs for special education services
- Maintenance of stable families
- Increased access to needed community services

In addition, the contract for the statewide evaluation provides for comparison of the effectiveness of specific aspects of the program, including different service delivery models (e.g., school-based, community-based, or combinations) and service components (e.g., home visiting, group parent education, other services). It also calls for documentation of accomplishments and barriers to implementation and of program strengths and weaknesses.

¹ ASAP-PIE was authorized by section 32b of the State School Aid Act of 2000.

Process and outcome data collected in local evaluations must also be integrated into the statewide evaluation and a merged statewide database of outcome data developed. The evaluator is charged with identifying additional outcome data to be collected in Year 2 and proposing a plan for assessing the long-term effects of the program.

Evaluation Plan

The statewide evaluation will be conducted in three phases:

Phase 1: May 6, 2002 – September 1, 2002

- Descriptive analysis of program characteristics and program implementation
- Identification of outcome indicators available from grantees
- Identification of gaps in data for assessing outcomes and appropriate data collection instruments
- Development of a plan for analysis of program effects in Phase 3

Phase 2: September 2, 2002 – February 1, 2003

- Identification of program characteristics that may influence program success
- Analysis of the relationship between program characteristics and perceived strengths and barriers to program effectiveness
- Preliminary analysis of outcome data

Phase 3: February 2, 2003 – September 1, 2003

- Analysis of program effects on the required outcomes
- Analysis of relations between different characteristics of programs and the required outcomes
- Development of a plan to evaluate long-term program effects

At the conclusion of each phase, a detailed report of findings will be developed and submitted to the contractor.

Reports

First Report: Implementation and Program Description
(September 1, 2002)

This report addresses information about Program Year 1 (February 1, 2001 – June 30, 2002). A descriptive summary of the implementation of programs is presented

that delineates commonalities and differences for the 23 grantees, and identifies numbers of participants enrolled in Year 1 for the various program services. Most program services did not begin until September 2001. Therefore, most children and families did not receive a full year of service during Program Year 1.

This precluded analysis of the outcome data that sites are generally collecting on a yearly basis. As a preliminary step to the evaluation of outcome data, this report will identify indicators of outcomes that are being collected by the 23 grantees as part of their local evaluations and will present a plan for integrating these data into the statewide outcome evaluation in Year 2. Where gaps in outcome data are identified, the evaluators will identify appropriate instruments for additional data collection in Year 2.

Minimal data on characteristics of participants during Program Year 1, ending June 30, 2002, were available by August 2002 and will be more fully detailed in subsequent reports.

This first report includes the following descriptive information:

- Background of the initiative, including the strengths and weaknesses of the legislation
- Relative allocation of grant funds, by amount and per capita
- Demographic and risk factor description of the selected grantees compared to the population of all Michigan children and families
- Each program component's percentage of TANF-eligible children out of children served
- Patterns of organization utilized by the grantees
- Prior history of grantees with respect to collaboration and 0-5 services
- Collaborative structures
- Strengths and barriers as perceived by the program administrators
- Direct service delivery components (home visiting, parent groups, and screening) including dates of implementation
- Progress toward full implementation in Year 1
- Year 1 enrollment numbers

In addition, a plan for Year 2 process and outcome evaluation is presented including:

- A description of outcome data that is available from the 23 grantees
- Recommendations for additional outcome data to be collected in Year 2
- A plan for Year 2 analysis of program success in achieving outcomes

Program characteristics developed in this first report will be used to identify different groups of grantees to assess whether particular program characteristics are associated with more successful outcomes.

Second Report: Collaboration and Program Processes (February 1, 2003)

The second report will present more intensive analyses of program characteristics that may influence success than was possible within time constraints of the Year 1 report, including:

- Collaborative work plans and accomplishments
- Outreach strategies employed
- Provisions for linkage to quality preschools
- Development and use of the community resource network
- Relative emphasis placed on various components (home visiting, group parent education, screening)
- Relationships between identified characteristics and perceived strengths and barriers

Third Report: Program Effects on Legislatively Mandated Outcomes (September 1, 2003)

The third report will utilize quantitative analysis to assess change in outcomes associated with program participation and differences in outcomes as a function of particular program characteristics. Quantitative data collected through March 31, 2003 will be analyzed. The final report will include:

- Analysis of program success in achieving required outcomes to the extent that it is feasible with the available data, including (a) predictors of school readiness and the need for special education services, (b) family stability, and (c) increased access to community resources
- Analysis of effectiveness of various service delivery models for populations of children and families with different characteristics
- Recommendations for assessing the long-term effects of the ASAP-PIE initiative beyond the evaluation period
- Recommendations for future 0-5 initiatives

BACKGROUND OF THE ASAP-PIE PROGRAM

Purpose

The purpose of the ASAP-PIE initiative is to improve school readiness and foster the maintenance of stable families by encouraging positive parenting skills, enhancing parent-child interaction, providing learning opportunities that promote development, and promoting access to needed community services through a home-school-community partnership. Children better prepared on school entry are expected to have a reduced need for future special education services.

Policy Context

Programming in support of parents and very young children has grown out of an increased understanding of the importance of early learning experiences and caregiving relationships for healthy development as well as concern about the growing need for special education services among school-aged children.

Research on Early Learning

Early Development

The importance of early experiences was most clearly enunciated in the report of the National Academy of Science's Committee on Integrating the Science of Early Childhood Development, which stated:

"Virtually every aspect of early human development, from the brain's evolving circuitry to the child's capacity for empathy, is affected by the environments and experiences that are encountered in a cumulative fashion, beginning early in the prenatal period and extending throughout the early childhood years." (Shonkoff & Phillips, 2000, p. 6)

The Committee defines the major tasks of early development as:

- Communication and cognition
- Acquiring self-regulation
- Making friends and getting along with peers.

These tasks dovetail with core competencies of school readiness recommended by the National Education Goals Panel (Halle, Zaslow, Zaff & Calkins, 2000).

Research is also clear about the importance of the wider environment, including the family, the community context, and the interplay between them, for child development (Bronfenbrenner, 1979; Dunst, Trivette, & Deal, 1994; Holden, 1997). Parental relationships and caregiving environments are critical to the child's chances of successfully negotiating key developmental tasks. A vast body of research

supports the premise that children's attainment of age-appropriate developmental milestones, approaches to learning, opportunities for stimulation, and ability to successfully form relationships with adults and peers are influenced by the quality of parent-child relationships (e.g., Brown & Dunn, 1996; Collins & Laursen, 1999; Hart & Risley, 1995; Hart, DeWolf, Wozniak, & Burts, 1992; Pianta, Nimetz, & Bennett, 1997), the quality of early child care environments (e.g., Department of Health and Human Services, Administration for Children and Families, 2002; NICHD Early Child Care Network, 2000), and the home learning environment (e.g., Bradley, Caldwell, & Rock, 1988; Espy, Molfese, & DiLalla, 2001; Pine, Coplan, Wasserman, Miller, Fired, Davies, Cooper, Greenhill, Shaffer, & Parsons, 1997).

School Readiness

Children who enter school without the competencies and characteristics defined as "school readiness" are at increased risk of school failure. The National Education Goals Panel (Halle, Zaslow, Zaff & Calkins, 2000), supported by research (e.g., Peth-Pierce, 2000; Emig & Moore, 2000), has identified physical, social, emotional, and cognitive components of school readiness, all of which impact a child's capacity to learn and to function in the school environment. School readiness, in this view involves (Child Trends, 2002):

- Language development, including verbal language (e.g., comprehension, speaking, and vocabulary) and emergent literacy (e.g., assigning sounds to letters; understanding that stories have a beginning, middle, and end; representing ideas through drawing or letters)
- Cognition, including problem-solving, and general knowledge about similarities, differences, associations, sounds, shapes, spatial relations and number concepts
- Physical well-being and motor development
- Approaches to learning (e.g., inclination to use skills, knowledge, and capacities; enthusiasm, curiosity, persistence)
- Social and emotional development (e.g., ability to relate to others, confidence, self-control, empathy)

As Table 1 indicates, a significant number of America's children are entering kindergarten without the basic competencies needed to be successful in school. These skills and attributes are learned by children through experiences with parenting and caregiving adults during the first years of life – experiences that provide:

- A rich and responsive language environment
- Mentoring in basic skills
- Guidance in rehearsing and extending new skills
- Encouragement of exploration

- Celebration of developmental accomplishments
- Protection from inappropriate disapproval, teasing, or punishment (Ramey & Ramey, 1995)

The result will be a five year old who is ready to learn – who is confident, curious, persistent, self-controlled, able to relate to others, cooperative, and able to communicate (Zero to Three, 1992).

	Ready for school	Not ready for school
Recognizing letters	66%	34%
Understanding beginning and ending sounds of words	29-17%	71-83%
Recognize numbers, shapes, and counting to 10	94%	6%
Understanding relative size	58%	42%
Understanding number sequences	20%	80%
Behavioral self control	90%	10%
Persistent, eager to learn, able to pay attention	66-75%	25-34%

Based on a nationally representative sample of children entering kindergarten in 1998. U.S. Department of Education, National Center for Education Statistics. (2000, February). America's Kindergarteners. Statistical Analysis Report. Early Childhood Longitudinal Study – Kindergarten Class of 1998-99, Fall 1998.

Use of Special Education Services

Increased understanding of the importance of early childhood experiences has been coupled with concern about the growing number of children needing special education services. This increase has placed additional pressures on already strained school budgets and has raised concerns about the future prospects for these children. From 1980 to 2000, the special education population grew from 8.61 percent to 13.3 percent of total school enrollment statewide (Nuttall, 2001). Whereas special education for children with severe disabilities, such as vision, hearing, or severe multiple impairments has remained relatively stable, the number of those with moderate disabilities, such as speech and language, learning disabilities and emotional/behavioral difficulties has continued to grow. In 2001, children with speech and language difficulties represented 24.1 percent of the special education population, children with learning disabilities represented 41.0 percent, and children classified as having emotional impairments represented 8.4 percent (Nuttall, 2001). Problems such as these that are not based in severe organic impairment should be amenable to change through early intervention and prevention efforts, thereby reducing developmental delay and concomitantly the need for special education services.

Principal Features of the Initiative

The legislatively defined goal of the ASAP-PIE initiative has been to provide services to families of young children that will enhance their ability to provide an optimal environment for children's early development, thus improving school readiness and reducing future need for special education services. The avenues for achieving these impacts are identified as being through the intermediate outcomes of maintenance of stable families and increasing family access to needed community services through a home-school-community partnership.

In underwriting this initiative, the legislature mandated program components that were patterned after the Parents as Teachers model (Parents as Teachers National Center) designed to promote parent competence as the route to desired outcomes. These program components are:

- Home visiting for parents of young children
- Parent groups
- Screening of children's development, hearing, vision and health
- Links to quality preschools
- Increased access to community services

The ASAP-PIE intent was programming for parents and children together—a goal consistent with the best thinking on accomplishing and maximizing change for very young children.

The Grant Award Process

ASAP-PIE programs were funded through a competitive proposal process. The request for proposals clearly defined all legislatively required elements of the proposal and the rating criteria for each element. Applicants could apply for funding up to a maximum of 10 percent of the total allocation, or \$4.5 million in fiscal Year 1. Maximum allowable funding was not based on either the total population of children 0-5 in the service area or the proportion of children living in low-income families.

Proposals were rated by groups of four independent reviewers against the proposal rubric. Ratings were quantitative ("Were all of the required points described?") rather than qualitative ("Was this proposal likely to accomplish the desired outcomes?") The most highly rated proposals were funded at the full amount requested until all the funds were awarded. Twenty-three proposals were funded; all but two received the full amount of requested funding.

METHOD

Data Collection Procedure

Data for this report were derived from national and local databases, review of program reports, and interviews with key administrative staff from each of the 23 grantees.

Information on demographic characteristics of the 23 grantees were estimated from county-level data available from various sources, including the U. S. Census Bureau, the Annie E. Casey Foundation: Kids Count Census Data Online, and the Michigan Department of Community Health. Although some intermediate school districts include local school districts that slightly overlap county lines, it was not possible to calculate local school district level data within the time and resources available, so discrete county data were used as a best approximation of ISD catchment area. For grantees that serve multiple counties, weighted averages that took into account the county population were calculated for each factor.

Information on program structure, implementation, and service delivery organization were derived from two sources: 1) program reports, meeting minutes and other administrative documents provided by grantees; and 2) interviews with administrative personnel. Qualitative data on program accomplishments, strengths, and barriers were collected through the personal interviews.

For this report, evaluation staff interviewed two to five administrative personnel from each of the 23 grantees. To determine who should participate in interviews, primary and secondary contact persons and local evaluators from each grantee were contacted and invited to a meeting with statewide evaluators to learn about the evaluation plan and the interview process and content. Each grantee was then asked to identify two to five key personnel who could answer questions in the areas of interest. In some cases, the evaluation team suggested additional interviews in order to obtain information that would be more representative of the program as a whole.

Interviewers, listed in Appendix A, were trained in qualitative interviewing techniques and in the specific interview protocol. All interview items were submitted to Michigan State University Institutional Review Board for approval, and informed consent from the participants was obtained. Interviews were conducted during June and July 2002. Each interview was audiotaped and transcribed. Interviewers used the transcripts, their field notes, and the administrative documents to write a consolidated report for each grantee.

Interview Participants

Sixty-six individuals were interviewed. As shown in Table 2, the majority (77 percent) of interviewees were employees of the ISD. Nearly all were top-level administrators or program coordinators, as shown in Table 3.

Table 2: Employer of Interviewees		
Employer	Number	Percent
ISD	51	77
Local school districts	6	9
Social agencies	3	4.5
Higher education	2	3
MSU Extension	1	2
Other organizations	3	4.5
Total	66	100

Table 3: Interviewees' Roles in ASAP-PIE		
Role	Number	Percent
Administrator	22	33
ASAP-PIE supervisor/coordinator	36	55
Local evaluator	4	6
Other	4	6
Total	66	100

DESCRIPTIVE SUMMARY

Qualitative material on key strengths and barriers was collected from interviews with ASAP-PIE program administrators who had a range of responsibilities that differed within and between grantees. A number of interrelated themes emerged out of the examination of these data. Quotes from respondents (and, occasionally, interviewers) were selected to illuminate and individualize issues. Direct quotes are presented in the shaded areas.

PHILOSOPHY AND PROGRAM STRUCTURE

The ASAP-PIE program is guided by certain beliefs and values about how services should be delivered and what services are likely to be successful in achieving the desired outcomes. These beliefs and values make up an underlying philosophy of service that guides how the programs are structured to deliver services.

Below, we assess the assumptions and limitations inherent in the ASAP-PIE legislation. We subsequently present the grantees' perspectives regarding the implications of the ASAP-PIE legislative philosophy.

Assumptions of the ASAP-PIE Legislation

The philosophy of service that guided this legislation is based on four key assumptions. Each of these assumptions had critical implications for service delivery. Information from interviews reinforced many of these points. Grantees identified many strengths arising from the legislation.

- 1) The school system is responsible for programming for age 0-5 children. This suggests that schools can be resources for families at stages of development beyond the traditional school-age period.

“...connects families to schools at a very early stage in their children’s lives”

- 2) Services for families should be universal rather than having eligibility defined in terms of risk status. Most of those interviewed highlighted this as a real strength, offering flexibility and responsiveness in planning and providing services. Grantees noted that universal services:

Remove the stigma of participation that arises from being identified as meeting certain risk criteria in order to qualify (e.g., low income, low parental education)

“... no family feels lesser about themselves because they’ve accessed the service”

“... I think it's providing access and information that's universally available to all parents...without it being stigmatized, earmarked for certain populations.”

Facilitate **early identification of at-risk children and families** so that intensive assistance can be provided where needed
“..where they had previously tried to figure out how to fit children/problems into the various agency boxes, they could now reach all families and reach risky families earlier than before”

Promote social inclusion and strengthen communities by contributing to the development of informal support networks between more and less resilient families. In part, this assumption was facilitated by providing services where participating families live. However, accessibility was an issue for some very rural counties and in at least two of these it had been innovatively addressed by using mobile service units.

- 3) Approaches should be collaborative, including involvement with the local Multi-Purpose Collaborative Body, other 0-5 services, parents, schools, and the business and faith communities, making for a more integrated, well-coordinated approach to service.

“One of the things that I think this project has done is it has made us more aware of what each of the agencies does because we've had to work so closely with this. You just have a better understanding which I think is important.”

- 4) Parents contribute significantly to their children's development and adjustment; therefore services need to reflect this.

“..having parents involved is so important and it helps everyone recognize they have to be included.”

“It's there for the intentions of just helping parents become better parents.”

Limitations of the ASAP-PIE Legislation and RFP Process

Although the legislation was innovative in the respects described above, it had important implications that could reduce the program's impact on the desired outcomes:

- Implicit but not explicit in the legislation and request for proposals was the fact that children with multiple risk factors are least likely to meet the targeted outcomes related to school readiness and reduced need for special education. As a result, the **focus on universality could result in a diffusion of resources and a lack of targeting** that could limit the accomplishment of the defined objectives within the prescribed time-frame.

- A notable weakness was the **failure to fund program components that would target improvement in the quality of caregiver and out-of-home care** that children receive. Given that almost 72 percent of mothers with children ages 3-5 and 61 percent of mothers with children under age 3 are in the work force (U.S. Department of Labor, 1999), this is a significant gap in the model. The statutory language focused on parenting adults rather than on “caregivers” and thus ruled out participation of alternative caregivers with ongoing responsibility for young children. Also, given the availability of other funding, the statute did not allow for use of ASAP-PIE funds in facilitating the development of quality in settings not defined as “preschool.” This eliminates the full-day programs, family childcare programs and care by aides and relatives that most children experience.
- The legislation assumed that grantees could start up immediately. In conjunction with the time-limited nature of the funding and complexities of collaborative relationships and of implementing the various required components, it was **very difficult for grantees who were starting new programs to begin within the required time frame**. Challenges were encountered by some grantees in terms of getting services up and running across large areas with less than ideal planning time, developing services requiring maintenance beyond the funding period, obtaining commitment from collaborative partners and in recruiting and retaining qualified staff.

“I think there’s a couple of different issues that you have to look at. The first one is when you’re dealing with soft money, there’s always an end point and how much soft money do you want to have to go out and be able to find again... we’ve been ...delivering early childhood services on all soft monies since ___ ...’cause if you put \$4.5 million worth of services out there in the community, ...you have \$4.5 million worth of services to maintain. The second thing that I feel strongly about ...is you take on what you’re going to do well with in the time period that you have..”

- Initial planning grants to consolidate collaborative relationships and to organize services, particularly for intermediate school districts without a prior history of service delivery to the 0-5 population, would have been helpful. The legislation provided **minimal funds to the Department of Education, thus limiting the amount of technical assistance** that could be provided to grantees undertaking an untried, complex initiative.

Collaboration: The Framework for Planning

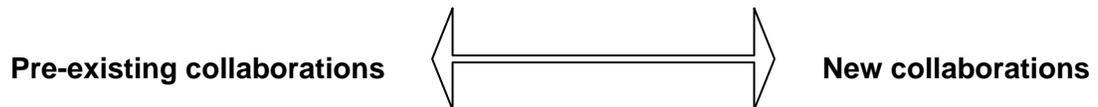
The requirement for school-community collaboration was, in part, a recognition that successful programming for young children and their families will require input from the many community systems, agencies, and organizations already serving young children and families. Their participation in a coordinated effort were seen as essential in accomplishing the desired ASAP-PIE outcomes.

A number of grantees acknowledged the benefits of collaboration, such as increasing access to a wider range of skills, knowledge and resources and increased

understanding of roles of other agencies working locally. One of the respondents commented that,

“I think the fact that this community has established a common vision for early childhood... will serve us well in the long run...”

The nature and extent of collaboration varied from one grantee to another, ranging along a continuum. At one end of the spectrum were programs built on solid, pre-existing collaborations, whereas new collaborative relationships, in the process of being established, lay at the other end.



Among grantees where collaborative 0-5 committees already existed as part of the Multi-Purpose Collaborative Body (MPCB), these committees undertook the planning and oversight of the ASAP-PIE implementation effort. Interviews revealed that 17 of the 23 ASAP-PIE collaboratives were pre-existing work groups of the local MPCB, two were work groups of the MPCB created specifically for the ASAP-PIE initiative, and three were groups created outside of the MPCB. Of these three, two were new regional bodies and one was created through an expansion of the Early On Local Interagency Coordinating Council (LICC). Thus, it appears that for the most part, existing work groups related to the MPCB were most likely to have the capacity to fulfill the collaborative mandate of the legislation.

Grantees identified a wide range of organizations as participants in their ASAP-PIE collaboratives, including local public and charter schools, early learning programs, health agencies, private and public family and children’s agencies, parents, community groups and organizations, higher education, local government and business. A complete listing of organizations is found in Appendix C. However, the number of organizations participating in the collaborative, their functions, and the structure of the collaborative varied greatly. These variations will be described in the next report, to be submitted in February 2003.

Characteristics of Successful Collaborations

Almost all of the respondents identified benefits they had experienced from working collaboratively, from the preparation of the grant application onwards.

“I’d have to say the level of commitment of the agency and community partners to the process just based on the sheer amount of time and effort that’s being put into the grant whether it’s funded effort or whether it’s contributed effort to the process. I think the fact that this community has established a common vision for early childhood, I think, will serve us well in the long run... I think the diversity of our staff and the services and programs we’re offering is a strength.”

Collaboration brings many challenges, but a number of projects had worked through difficulties presented by confidentiality issues, feeling threatened and defensive about change, building new relationships and needing to gain trust and respect. A number of positive characteristics for successful joint collaboration were worth noting from the interviews with project administrators. These included having:

- **Pre-existing**, broad-based professional and community **collaborative networks** with strong school involvement. These bodies could quickly adapt to respond to the ASAP-PIE initiative.

“...well established working relationships were carried into the MPCB when it was formed and into its subcommittee. In addition, when [the ISD] located Parent Educators in local schools several years ago, they developed a PAT Advisory Committee composed of representatives from each of the school districts.”

- **A history of collaborative projects** in the region indicating that partners had already demonstrated that they were able to understand each other’s needs and address concerns so that all are able to get what they needed.
- **Wide ownership** of the project, not just the ISD. This enhanced broader commitment and participation in the initiative.

“They (other agencies) are joining and coming together with us and doing what we can for the time we have to do it.”

- **Stable membership.** This enabled relationships to develop and trust to be built between members and increased familiarity with the respective roles and responsibilities of member agencies and individuals. As noted by one administrator,

“Collaborative members are expected to remain stable into Year 2.”

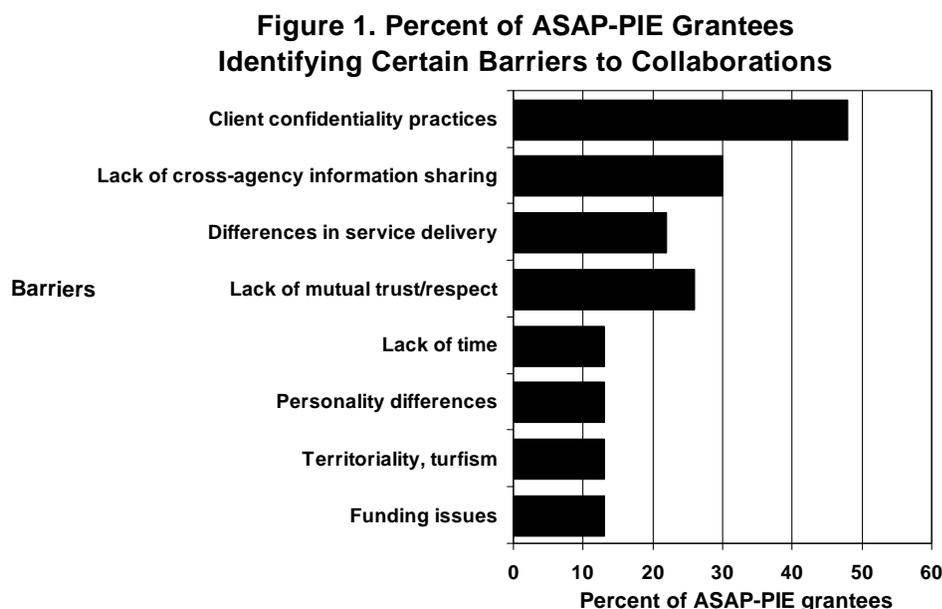
- **Size and structure of the collaborative body** required a balance to be reached between wide representation and establishing good communication systems and personal relationships to enable meaningful discussion and the availability of the appropriate decision-makers.
- **Personal and professional commitment** of collaborative members and qualified staff to develop and implement shared goals and overcome barriers was demonstrated through time and energy given to the tasks.

“I think the commitment of our staff to providing the PIE services is another strength—we literally have people providing services through PIE who have wished we could do this kind of stuff for years.”

Barriers to Collaboration

“I think that the coordination of it is coming along now, but at first it was pretty rocky just getting to know everybody and what their agendas were...”

In spite of the many benefits perceived from collaboration, grantees noted a number of barriers that were encountered to building collaborative relationships. Twenty-one grantees had at least one interviewee identify one or more barriers to collaboration. Figure 1 shows the barriers most frequently mentioned.



Other difficulties mentioned included different agency policies, unwillingness to share resources, and distance between workplaces. Comments from interviews illustrate some of the frustrations people faced in trying to collaborate because of the nature of the grant requirements:

- **Power imbalances** created by the budgetary control by the ISD and the way the ISD related to other agencies and community groups were a source of tension.

“There were some very strong advocacy groups who helped make sure (ASAP-PIE funding) happened, but it didn’t come to them...it’s been difficult for them to be so controlled by the schools.”

- **Competitive nature** of the allocation of funding at a county level and through state grants hampered collaboration.

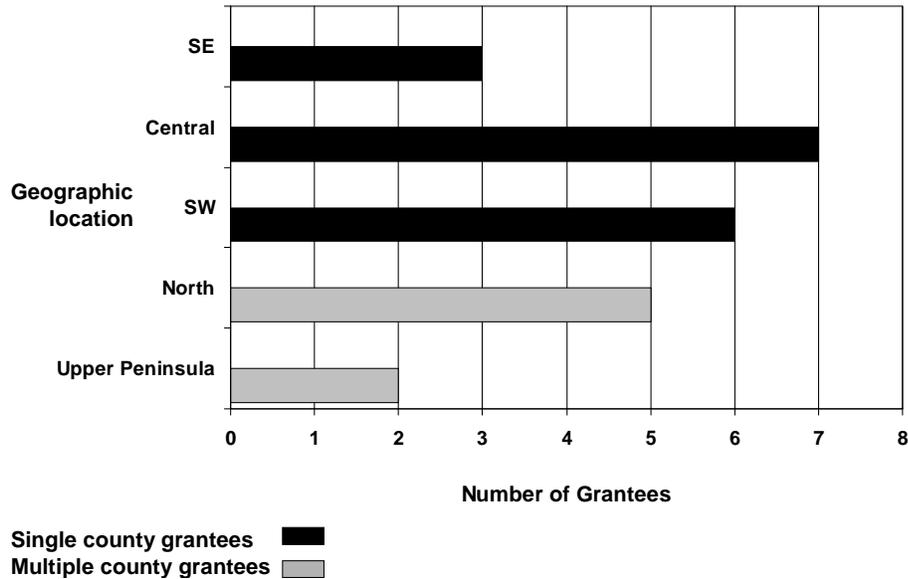
“I never go to an ASAP-PIE meeting where I still don’t feel the competition. The people aren’t willing to share... to help you, you

don't have this sense of, we're all in this together and we all have to help each other out if there's any sense that we want to have this happen for anyone else."

"We're not only competing amongst ourselves, we're also competing now for other grants. It's difficult for me to come in here and keep morale up every day."

Overall, the interviews suggested that the collaborative focus of the ASAP-PIE legislation was a key strength, but was also a significant barrier, even for some of those with well-integrated, pre-existing collaborations. In addition, the mandate for the ISD to be the recipient of funds appeared to initiate some tensions in collaborative bodies that already existed.

Figure 2. Geographic Distribution of ASAP-PIE Grantees



DESCRIPTION OF PROGRAMS

This section describes the distribution of funding, characteristics of the potential population from which participating families could be drawn, and information about the distribution of service providers, service delivery models, and preliminary service utilization of program components. Information for this section was drawn from public sources, such as the U.S. Bureau of the Census, state, and TANF databases, program reports, and personal interviews with administrative staff from each grantee.

Distribution of Funding

Geographic Distribution

The 23 intermediate school districts receiving ASAP-PIE grants are spread geographically throughout the state, covering 35 of 83 counties (Figure 2). The majority of grantees were located in central Michigan. Programs in the northern Lower Peninsula and the Upper Peninsula tended to service multiple counties due to low population density.

Population Distribution

The size of the population of children age 0-4, varied considerably among the grantees, ranging from 2,084 to over 51,000, resulting in a total of 205,955 children age 0-4 living in ASAP-PIE grantee counties (see Table 4). This represented 31 percent of the state's population of children ages 0-4. The ASAP-PIE grants were distributed throughout the size range of counties.

Relationship Between Demographics and Funding

Grants to the 23 grantees ranged from a low of \$347,400 to the maximum of \$4,500,000 (see Table 5). With two exceptions, grantees were granted the amount requested. Most received less than \$2,000,000.

Per Capita Funding

The decision to use a dollar cutoff rather than place a per capita maximum on funding resulted in considerable discrepancy among grantees in the amount of funding received for each child 0-4 years of age in the population. Grants per child age 0-4 ranged from a low of \$27.92 to a high of \$639.75 (see Table 6). The median grant was \$237.83.

Table 4: Distribution of Children Aged 0-4 in
All Michigan Counties and Among ASAP-PIE Grantees

Number of children Age 0-4	All Michigan counties		ASAP-PIE counties
	Number	Number	Percent of all counties with this number of children
Under 5,000	59	24	41%
Under 1,000	18	7	
1,000-1,999	22	10	
2,000-2,999	6	2	
3,000-3,999	8	1	
4,000-4,999	5	4	
5,000-9,999	9	5	56%
5,000-5,999	3	2	
6,000-6,999	3	1	
7,000-7,999	1	1	
8,000-8,999	-	-	
9,000-9,999	2	1	
10,000-19,999	9	3	33%
10,000-14,999	7	1	
15,000-19,999	2	2	
20,000+	6	3	50%
20,000-29,999	1	1	
30,000-39,999	1	1	
40,000-49,999	1	-	
50,000+	3	1	
Total	83	35	42%

Based on information from the U.S. Census Bureau (<http://factfinder.census.gov>). U.S. Census, 2000.

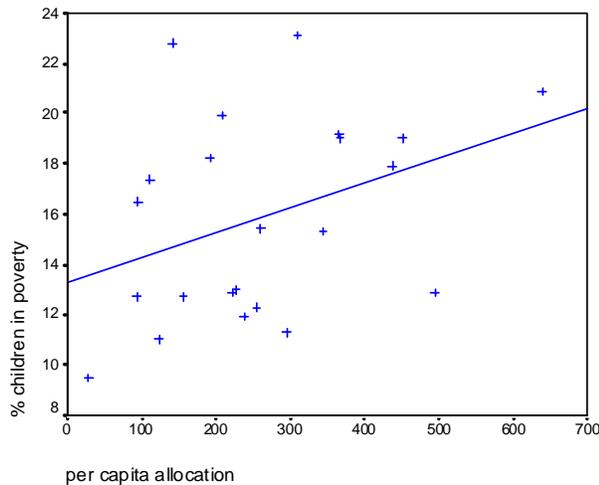
Table 5: Distribution of Funding to ASAP-PIE Grantees	
Amount of funding	Number of grantees
Under \$1,000,000	7
\$1,000,000 to \$1,999,999	8
\$2,000,000 to \$2,999,999	3
\$3,000,000 to \$3,999,999	1
\$4,000,000 to \$4,500,000	4

Table 6: Per Capita Distribution of Funding to ASAP-PIE Grantees		
Grant per capita age 0-4	ASAP-PIE grantees	
	Number	Percent
Under \$100	3	13.0%
\$100-\$199	5	21.7%
\$200-\$299	7	30.4%
\$300-\$399	4	17.4%
\$400-\$499	3	13.0%
Over \$500	1	4.3%
Total	23	99.8%

As can be seen in Figure 3, the relationship between per capita grants and percentage of children in poverty in the county varied widely. Although there was an overall trend for grantees with higher proportions of children in poverty to receive more funds, for the most part, funding awards bore little relationship to the level of need in the grantee service area.

The allocation policy placed large urban districts, with many more families to serve and many more children at risk because of low family income or other risk factors, at a competitive disadvantage and greatly reduced the services that could be offered to each child. However, the policy of awarding recommended programs funding at the full amount requested did allow grantees to fully implement their model as it was intended and thus provided the opportunity for a better evaluation of its effectiveness.

Figure 3. Relationship Between Per Capita Allocation and Percentage Children in Poverty for ASAP-PIE Grantees



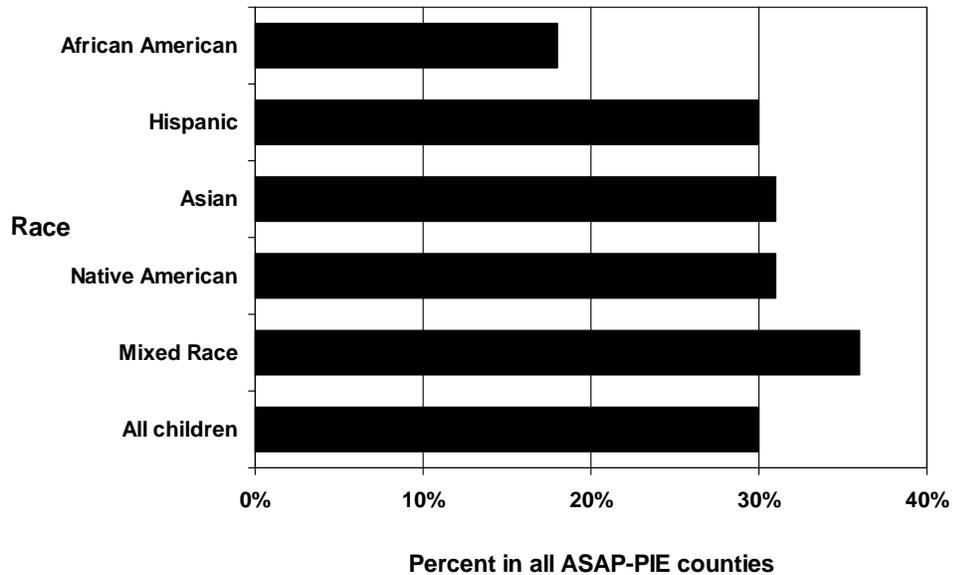
Demographics of Target Population

Many of the following charts (see Appendix B for detailed numbers) describing characteristics of the target population show groups of children divided into, for example, “high,” “medium,” and “low” groups. These categories refer to whether the percentage of a particular group is high, average, or low in comparison to the distribution of those percentages across all Michigan counties. For example, to identify high, medium, and low group cutoffs for percentage of poverty, the percentages of children in poverty was identified for all counties. This distribution was divided into thirds, so that the third of all Michigan counties that had the lowest percentage of children in poverty marked the range of percentages categorized as low, and the third of all Michigan counties that had the highest percentage of children in poverty marked the range of percentages categorized as high. Grantees were then placed into the high, medium, and low categories using the cut-offs calculated from the data from all counties in the state. This enables review of the representativeness of the funding decisions for the population of Michigan as a whole.

Minority Children

The percentage of minority children residing in the grantee service area out of all the children of that minority in Michigan is presented in Figure 4. As discussed earlier, children age 0-4 available for ASAP-PIE services represent 31 percent of all children age 0-4 in the state.

Figure 4. Percent of Michigan Population of Children Age 0-4 by Race in ASAP-PIE Counties



Based on information from the U.S. Census Bureau (<http://factfinder.census.gov>). U.S. Census, 2000.

- **African American.** African-American children are more likely to be in poverty, in single and teen parent homes, and with mothers having less than 12 years of education. The majority of grantees have relatively few African-American children in their service area, although some have substantial numbers. Grantees ranged from three African-American children of all ages to 8,003. ASAP-PIE grantees included only 18 percent of the state’s African-American children. It may be that many of these children have been included in the “Mixed Race” category, which is overrepresented compared to state levels.
- **Latino.** Grantees ranged from 32 Hispanic children of all ages to 1904. ASAP-PIE grantees included 30 percent of the state’s Hispanic children.
- **Asian.** Grantees ranged from 8 Asian children of all ages to 1513. ASAP-PIE grantees included 31 percent of the state’s Asian children.
- **Native American.** Grantees ranged from 8 Native American children of all ages to 164. ASAP-PIE grantees included 31 percent of the state’s Native American children.
- **Mixed Race.** Grantees ranged from 44 children of mixed race of all ages to 1872. ASAP-PIE grantees included 36 percent of the state’s mixed race children.

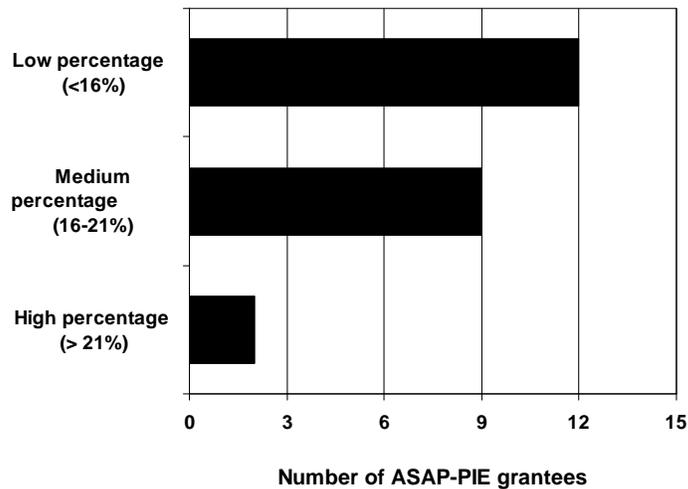
Children Most At Risk

Although ASAP-PIE is a universal initiative designed to reach all children, certain children within the general population are more likely to be at risk of school failure. Certain demographic characteristics can suggest the proportion of children within the population who could receive the greatest benefit from ASAP-PIE services.

Percent of Children in Poverty

The target population. Children in poverty are less likely to have excellent general health (U.S. Department of Education, 2000) and a stimulating home environment and are more likely to live in families that possess other risk factors. Children's poverty levels in grantee service areas ranged from less than 10 percent to 23 percent. Compared to the statewide average, 12 of the grantees had a low percentage of children in poverty; nine were near the state mean; and two had a high percentage (Figure 5). This indicates that ASAP-PIE grantees tap into a disproportionately well-off group of children compared to the Michigan population of children as a whole.

Figure 5. Percent of Children in Poverty for ASAP-PIE Grantees

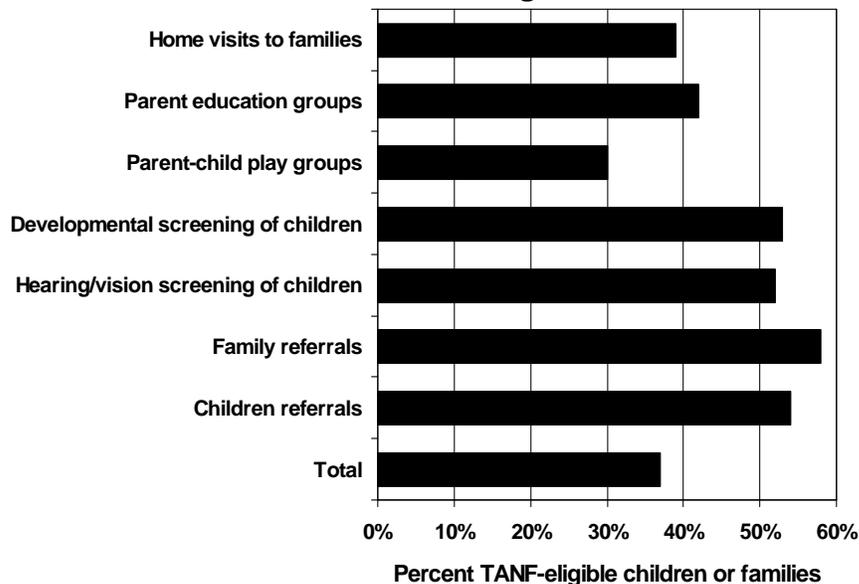


Based on information from the U.S. Census Bureau (http://www.census.gov/hhes/www/saipe/stcty/e98_00.htm)
"State Estimates for People Under Age 5 in Poverty for US: 1998"

Actual utilization. Additional data collected by the Michigan Department of Education from the 23 ASAP-PIE grantees provided a preliminary description of the children and families enrolled in the programs. Out of 27,776 children enrolled across all ASAP-PIE services, 37 percent were reported to be TANF-eligible, or no more than 150 percent above the poverty line (Figure 6). Over 50 percent of the children receiving screenings and referrals were TANF-eligible, whereas only 30 percent of

the families receiving parent-child play groups met TANF criteria. Compared to the statewide rate in which 5 percent of families are TANF recipients, this suggests that programs are serving a substantial percentage of the poor families in their communities.

Figure 6. Percent of Children and Families Participating in ASAP-PIE Services Who are TANF-Eligible



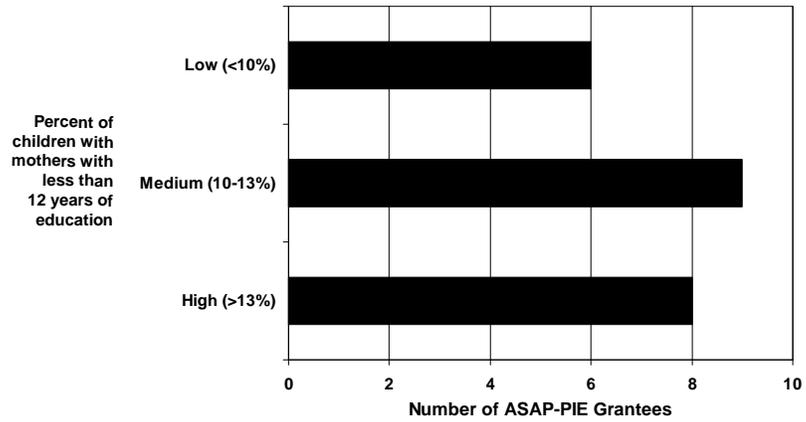
Percent of Mothers with Less than 12 Years of Education

Children’s performance in reading, mathematics, and general knowledge at kindergarten entry generally increases with the level of their mother’s education (U.S. Department of Education, 2000). Grantees’ target populations ranged from 6.4 percent of mothers with less than 12 years of education to 30.8 percent (Figure 7). Six grantees had low levels of low maternal education, and eight sites had high levels of low maternal education.

Percent of Children with Single Parent

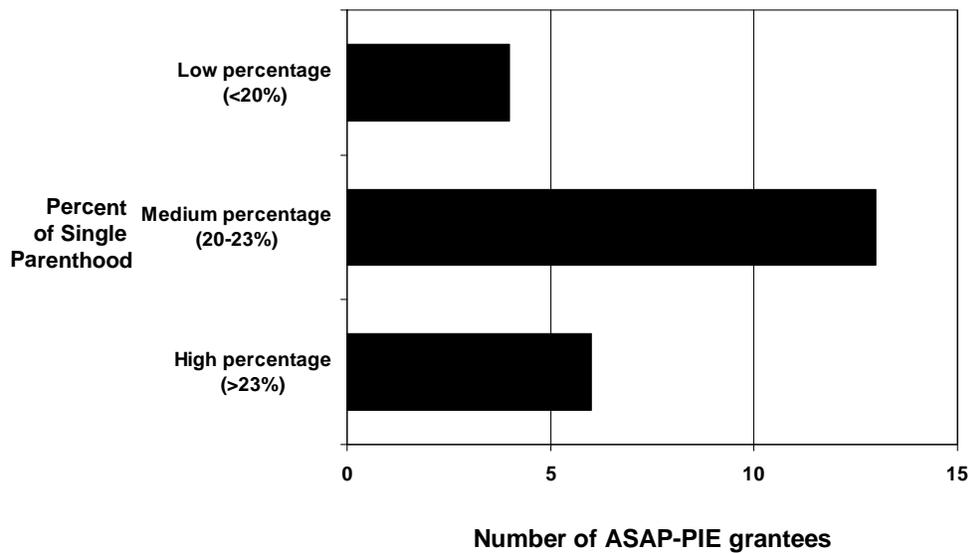
Kindergarteners from two-parent families are more likely to enter kindergarten with greater competence in reading, mathematics, and general knowledge than children from single-parent families (U.S. Department of Education, 2000). Grantees ranged from 17.5 percent to almost one-third single parent families (Figure 8). Four grantees had a low percentage of children with a single parent, and six had a high percentage compared to the state average. Most grantees were in the average range of rate of single parenthood.

Figure 7. Percent of Children Age 0-4 with Mothers Having Less than 12 Years Education for ASAP-PIE Grantees



Based on information from the Michigan Department of Community Health (<http://www.mdch.state.mi.us/pha/osr/CHI/Births/frame.html>) "Selected Birth Characteristics" 2000 Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

Figure 8. Percent of Children Age 0-4 with a Single Parent Among ASAP-PIE Grantees

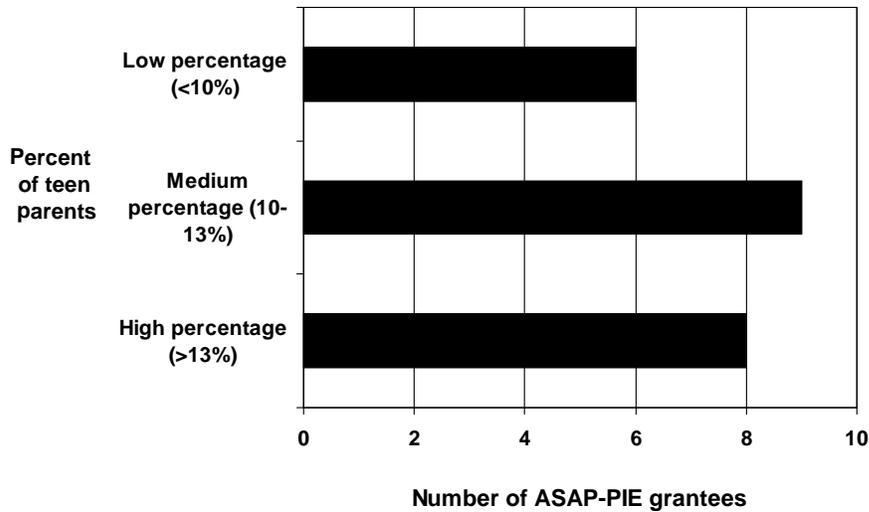


Based on information from Annie E. Casey Foundation: Kids Count Census Data Online (<http://www.aecf.org/cgi-bin/aeccensus2.cgi?action=rank>) "Percent of Own Children in Married-Couple Households:2000" and "Percent of Own Children in Single-Parent Households:2000" Data collected from Census 2000 information.

Percent of Children with a Teen Parent

Children with a teen parent are most likely to have other risk factors cited above: poverty, single parent, mother with less than 12 years of education (U.S. Department of Education). Grantees ranged from 5.5 percent of children with a teen parent to 16.4 percent (Figure 9). Six grantees had a low percentage of children with a teen parent, and eight had a high percentage compared to state averages.

Figure 9. Percent of Children Age 0-4 with a Teen Parent for ASAP-PIE Grantees



Based on information from Michigan Department of Community Health (<http://www.mdch.state.mi.us/pha/osr/CHI/Births/frame.html>) "Selected Birth Characteristics" 2000 Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

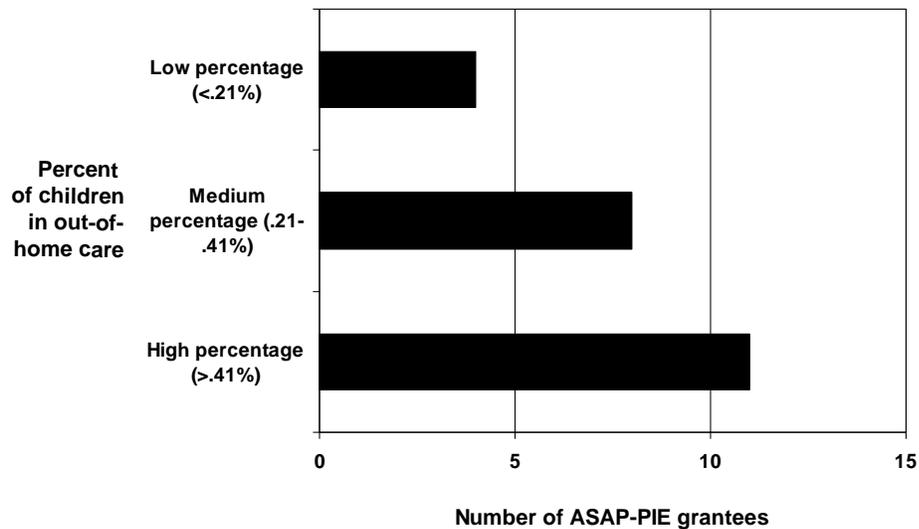
Percent of Children Age 0-4 Substantiated for Abuse and Neglect

Percent of children age 0-4 substantiated for abuse and neglect is an indicator of the need for programming to support parents in providing adequate parenting and stable homes. There is little variation among the ASAP-PIE grantees in the percent of children age 0-4 who have been determined by Protective Services to have been abused or neglected (10/1/00-6/30/02). Between 1 and 4 percent of the children in the grantees' service areas had substantiated abuse and neglect, with about 17 percent of grantees providing services in the areas with the highest rates of abuse and neglect (4%).

Percent Children Age 0-4 in Out-of-Home Care

Percent of children age 0-4 in out-of-home care reflects those children in foster care, primarily due to substantiated abuse and neglect. This figure taps the availability of programming that facilitates keeping the child within the home as well as the effectiveness in moving children from foster care to reunification with families or adoption. Grantees ranged from less than 1 percent of children in out-of-home care to 13.2 percent (Figure 10). Four ASAP-PIE grantees had a low percentage of out-of-home placements, and 11 had a high percentage of out-of-home placements, suggesting that ASAP-PIE grantees were well-represented among families with need for improvements in family stability.

Figure 10. Percent of Children in Age 0-4 Out-of-Home Care Among ASAP-PIE Grantees



Percent of Students in Special Education

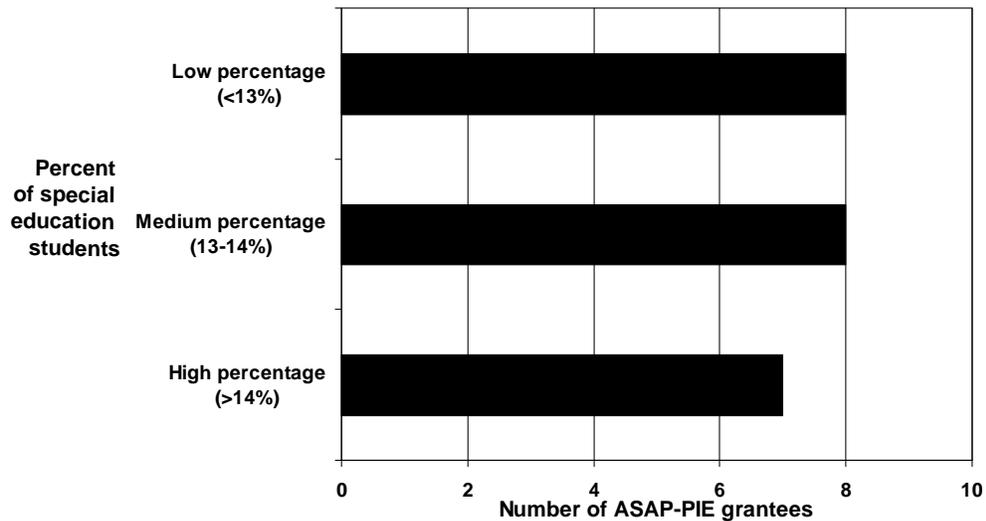
ASAP-PIE programming could have the greatest impact for those children who would otherwise be referred for moderate disabilities, such as speech and language difficulties or behavioral problems. The percent of students in special education varied among grantees from below 10% to more than 15% of the student population (Kids Count, 2001; Figure 11). Of the programs, eight had low rates of special education and seven had high rates of special education.

Summary of Target Populations

The analysis of the target populations available to ASAP-PIE grantees compared to the population of the state of Michigan provides contrasting information with respect to the level of risk and need in the ASAP-PIE service areas. Although ASAP-PIE legislation mandates universal services, a reasonable goal would be to access

populations that have a high proportion of at-risk groups in order to maximize the effects of the intervention. On the one hand, ASAP-PIE-funded grantees have access to populations that are overrepresented in the area of out-of-home placement. On the other hand, grantees are underrepresented in the areas of high poverty and single parenthood. Subsequent reports will evaluate the service utilization of at-risk groups relative to their representation in both the ISD and the state.

Figure 11. Percent of Students in Special Education Among ASAP-PIE Grantees



Based on information in Kids Count, 2001.

Service Organization

The ASAP-PIE proposal process allowed considerable latitude to applicants in how they organized to deliver services. There was considerable variation among grantees in both the structure of service delivery and the service models used.

Program Designations

The 23 grantees have selected different designations to identify their ASAP-PIE initiative. Site participants believe these local descriptors are more informative to the public than the “ASAP-PIE” designation. These designations include:

ABC, ACTS (All Children Connected to Success), CAPS (Comprehensive Access for Parenting Services), Cradle to Classroom, Discovery Years, Early Childhood Connections, Early Childhood Education-PIE, Early Success-Right from the Start, Family Links, First Steps, Five Year Guarantee, Focus on the First

Five, Network for Young Children, Parents as Teachers, Project SKIP (Successful Kids-Involved Parents), Start Smart, Stepping Stones to School, Success by Six (2), Tapestry, Way to Grow, Zero-5 Program

Although these designations have relevance for local marketing, they do not enable legislators and the general public to recognize the initiative across counties.

Primary Employer of Service Providers

The 23 grantees selected different organizational structures through which to manage and deliver ASAP-PIE services. In all instances, in accordance with the requirements of the statute and the Department of Education, the ISD retained fiscal responsibility and in most instances overall coordination and data management. There were six distinct patterns, with minor variations, for employment of staff delivering home visiting and group services to families (Figure 12):

- For five grantees, the ISD was primary employer (with minimal contracts with agencies in two cases)
- For five grantees, all local school districts in the county were primary employers (i.e., grant funds were transferred by contract to school districts).
- For eight grantees, the ISD shared responsibility with community agencies
- For three grantees, community agencies were primary employers
- For two grantees, services were provided through a mix of ISD/major school district/community agencies and major school district/community agencies

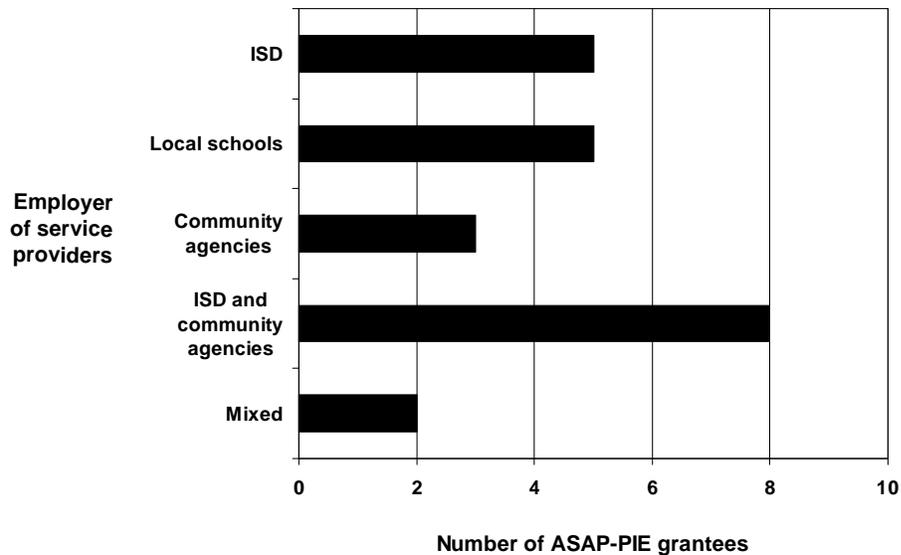
Local School Districts Play a Significant Role

- In five instances noted above, all school districts in the county were the employers of service providers. In addition, the major city school district in two instances received funds for service provision.
- School districts provided matching cash funds in nine instances.
- School buildings were explicitly identified as the sites (locations) for service delivery in 17 instances.

Description of Program Components

ASAP-PIE program components include home visiting, parent education groups, parent-child play groups, and developmental, health, vision, and hearing screening. In addition, grantees were required to develop links to quality preschools. This section describes the service providers and service delivery models for each program component, as well as preliminary service utilization information up to July 30, 2002.

Figure 12. Primary Employer of Service Providers for ASAP-PIE Grantees



Home Visiting

Home visiting services are designed to increase parental knowledge about child development and to increase their parenting skills and sense of efficacy as parents. Visits are done in the home, with parent and child present. The parent educator/home visitor may model parenting behavior but the focus of the activities is parent-child interaction. Some grantees included an infant mental health component as well to assist with risky parent-infant relationships.

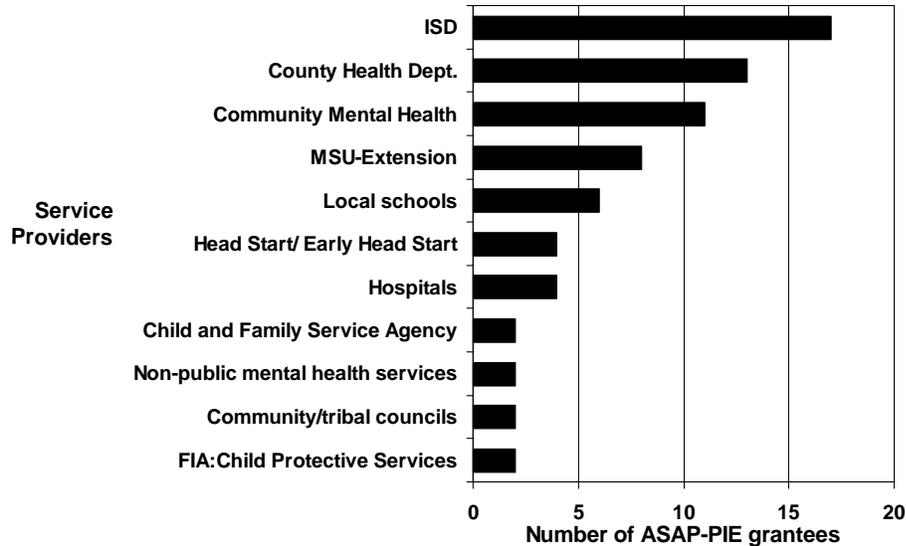
“It’s there for the intentions of just helping parents become better parents.”

“...we are using the Parents as Teachers model and I think it is an extremely powerful and helpful tool in what we are doing.”

Service Providers

All but four of the grantees reported multiple service providers for home visiting services. The ISD, the county health department, and Community Mental Health were the home visiting providers reported most frequently. Whereas most of the services were funded in whole or in part by ASAP-PIE funds, some services that received no ASAP-PIE funding were also considered part of the service system. Figure 13 displays the service providers mentioned most frequently; a number of other agencies received one mention.

Figure 13. Service Providers for Home Visiting Reported by ASAP-PIE Grantees



Service Delivery Models

The following models of service were reported as being used for home visiting² (Figure 14). The Parents as Teachers was by far the most frequently used program, with 20 out of 23 sites reporting its implementation.

Service Utilization

During Year 1, grantees submitted TANF-eligibility data which included a count of the number of children receiving home visiting services. It must be noted that some of these may have been double-counted as grantees may have reported their visits at the previous submission of TANF-eligibility data (e.g., as 1-4 visits) and submitted them again for the next reporting period (e.g., as 11-20 visits). Thus, the data in Figure 15 should be reviewed with caution. For example, it is likely to be correct that all but about 3,500 children (15% of the total) received home visiting services, but the proportion of that may be more than 15 percent because the total sample of enrollees may be inflated. Updated information will be considered in Year 2 in conjunction with the grantees' reports of their frequency of home visiting.

² As programs have developed over the first year, many have developed variations of home visiting program models or changed models. We have reported those that were most sharply defined and will seek clarification of the more diverse mixtures in the second evaluation year.

Figure 14. Service Delivery Models for Home Visiting Reported by ASAP-PIE Grantees

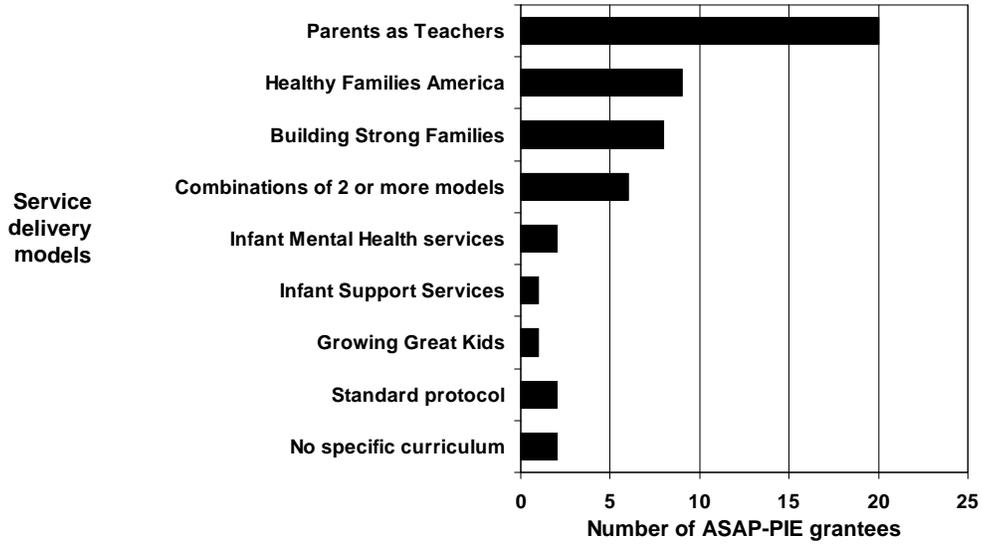
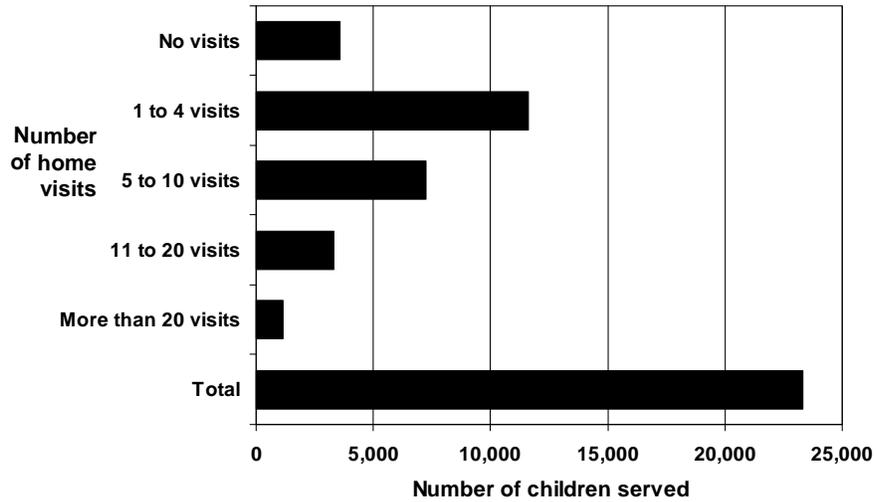


Figure 15. ASAP-PIE Home Visiting Services Provided as of July 30, 2002



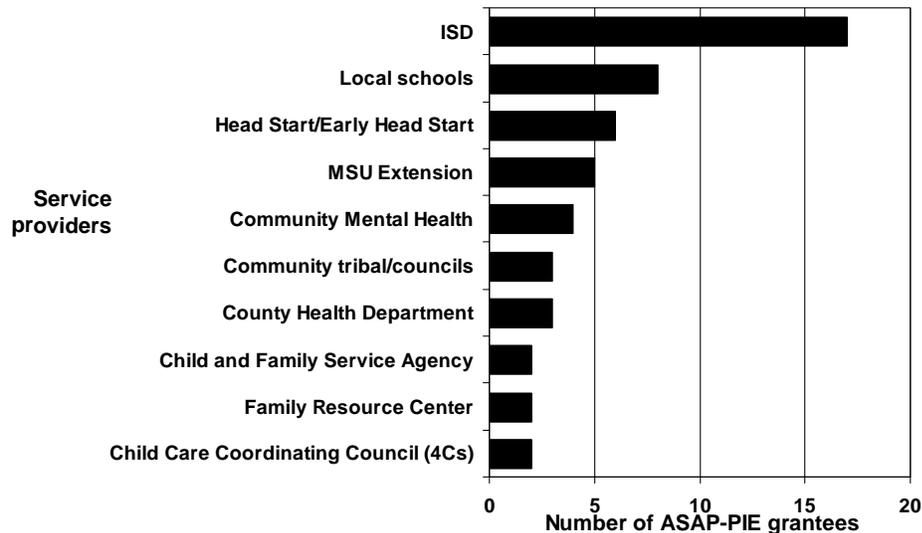
Parent Education Groups

Parent education groups usually involve teaching parenting skills or providing parents with information related to their child's health, safety or development. Instruction is done in groups of parents. Childcare may be provided so that parents are not distracted during educational presentations.

Service Providers

Figure 16 shows the groups providing parent education groups. Eight other agencies were mentioned once. As with home visiting, the ISD was the most frequent direct service provider, followed by other educational institutions such as local school districts and Head Start/Early Head Start.

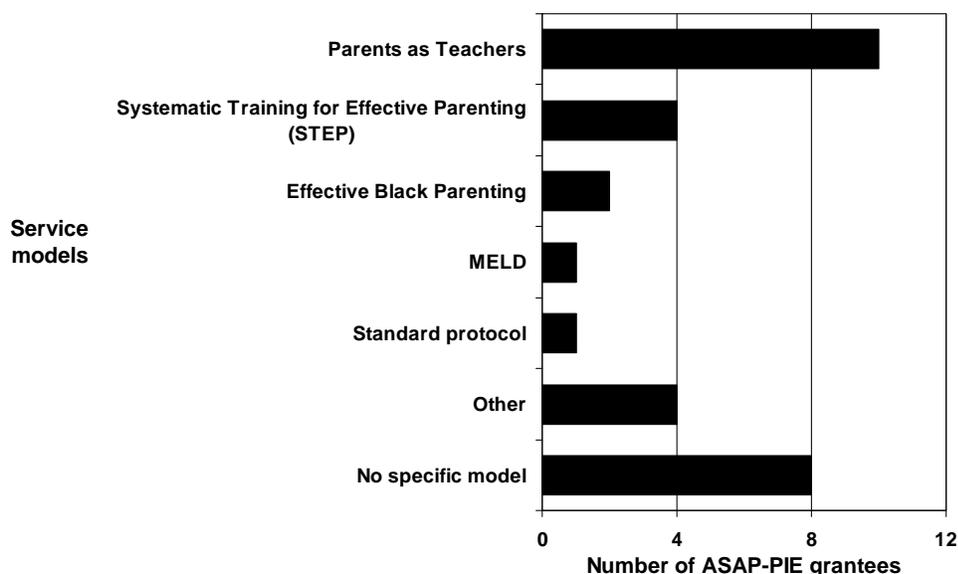
Figure 16. Parent Education Group Service Providers Reported by ASAP-PIE Grantees



Service Delivery Models

Many of the parent education groups were not based on a specific curriculum but rather planned activities based on perceived needs or expressed interests of participants. The following service models were used (Figure 17). Parents as Teachers was the most frequently reported curriculum. Eight grantees reported that they used no specific curriculum.

**Figure 17. Parent Education Groups
Service Models Used by ASAP-PIE Grantees**



Service Utilization

As of July 30, 2002, 24% of the children enrolled in ASAP-PIE had parents who had participated in a parent education group (Figure 18). This number is likely to be an overestimate, however, because some of those children have the same parent. These data will be clarified for the next report.

Parent-Child Play Groups

Many grantees opted to provide parent-child play groups in addition to or in lieu of parent education groups. Parent-child play groups are built around developmentally appropriate activities that parent and child do together.

Service Providers

Figure 19 shows the organizations cited as providers of parent-child play groups. Five additional agencies were mentioned once. The ISD and the local school districts were the primary providers of play group services.

Service Delivery Models

Most parent-child play groups did not employ a specific curriculum. Parents as Teachers was mentioned in six instances and other curricula were mentioned four times.

Figure 18. ASAP-PIE Parent Education Groups Provided as of July 30, 2002

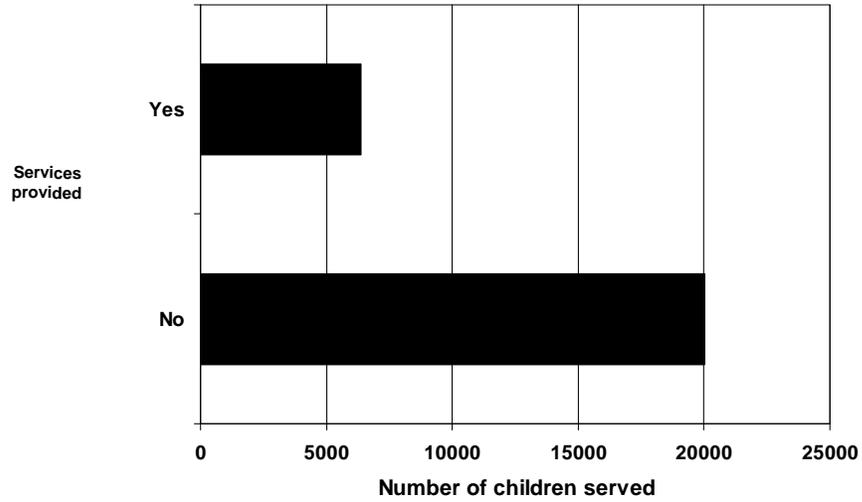
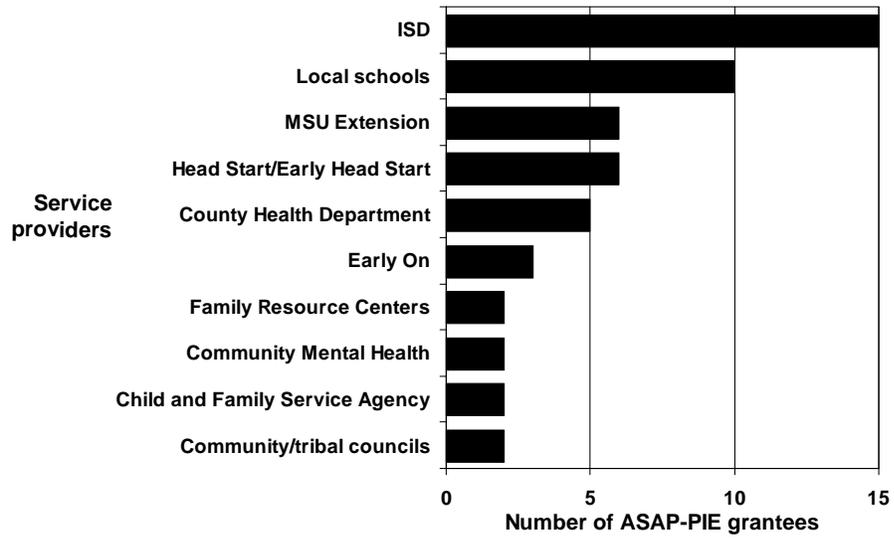


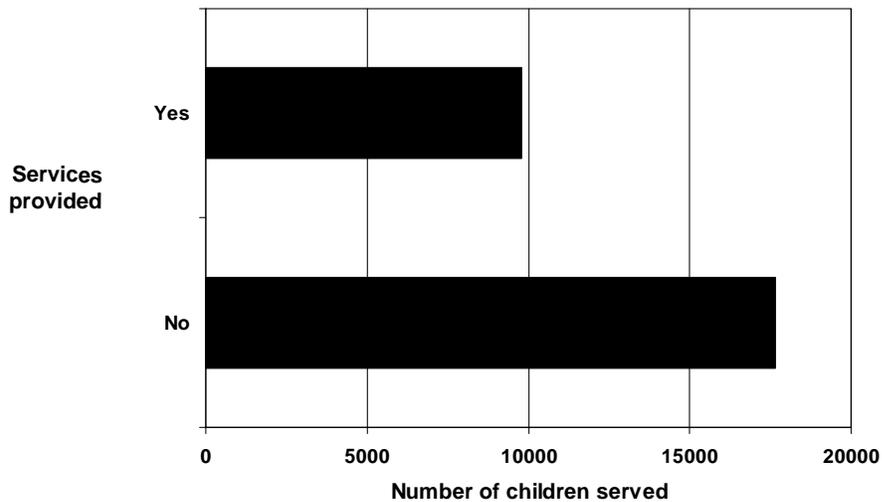
Figure 19. Parent-Child Play Group Service Providers Reported by ASAP-PIE Grantees



Service Utilization

As of July 30, 2002, 36% of the children enrolled in ASAP-PIE had parents who had participated in a parent-child play group (Figure 20). This number is likely to be an overestimate, however, because some of those children are likely to have the same parent. These data will be clarified for the next report.

**Figure 20. ASAP-PIE Parent-Child Play Groups
as of July 30, 2002**



Screening

Programs were also required to provide periodic screening of children's development, health, hearing and vision with the assumption that periodic screening would pick up potential problems earlier and remediation could be instituted. Developmental screening was frequently incorporated into home visits.

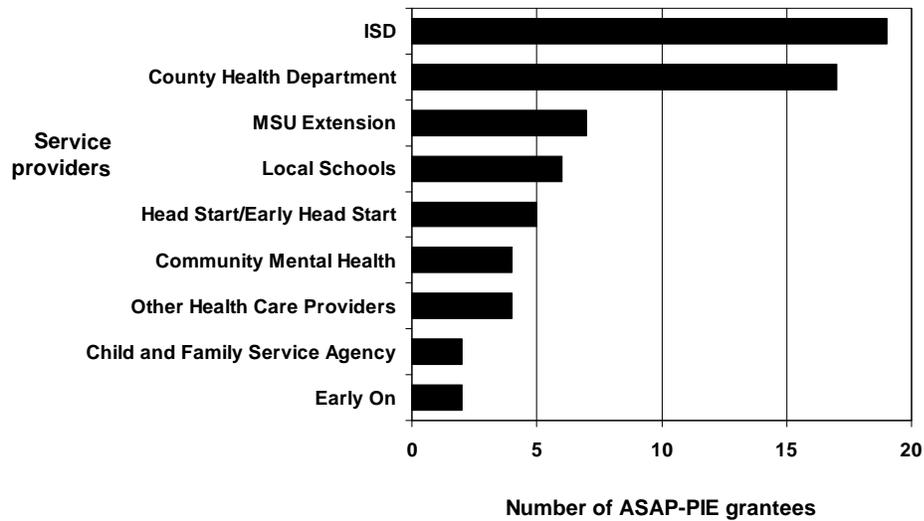
Development

Figure 21 shows the providers responsible for developmental screening, with the ISD and the county health departments taking on most of the responsibility.

Hearing and Vision

Hearing and vision screening were provided primarily by the County Health Department (19 grantees) or the ISD (12 grantees). Local schools did the screening in 5 instances and MSU Extension in 4. Hospitals, CMH, Head Start, public school academies, and other providers were cited in 1 or 2 instances.

Figure 21. Developmental Screening Service Providers as Reported by ASAP-PIE Grantees



Service Utilization for Screening

As of July 30, 2002, developmental screening services had been provided to 38 percent of enrolled children, hearing screening services had been provided to 23 percent of enrolled children, and vision screening services had been provided to 19 percent of enrolled children (Figure 22). These data will provide the evaluation team with information to investigate differences in site models of screening delivery to ascertain why developmental screening, which may be more time consuming than hearing and vision screening, is more frequently provided.

Health

Although health screening was not a required component of ASAP-PIE services, most grantees instituted a health screening component. Figure 23 shows the health screening service providers, among which the county health departments predominated. Two other agencies were mentioned once. Service utilization data for health screenings is not available at this time.

Links to Quality Preschools

Programs were required to provide families with referrals and connections with quality preschools. Because of the difficulties of getting complex service programs up and running in a short time period, many programs did not focus on links to quality preschool in Year 1. However, a number of organizations on the collaborative bodies were mentioned as having responsibility for developing links to quality preschool (Figure 24), particularly the ISD and the 4Cs Association. Four additional organizations were each mentioned once.

Figure 22. ASAP-PIE Screening Services Provided as of July 30, 2002

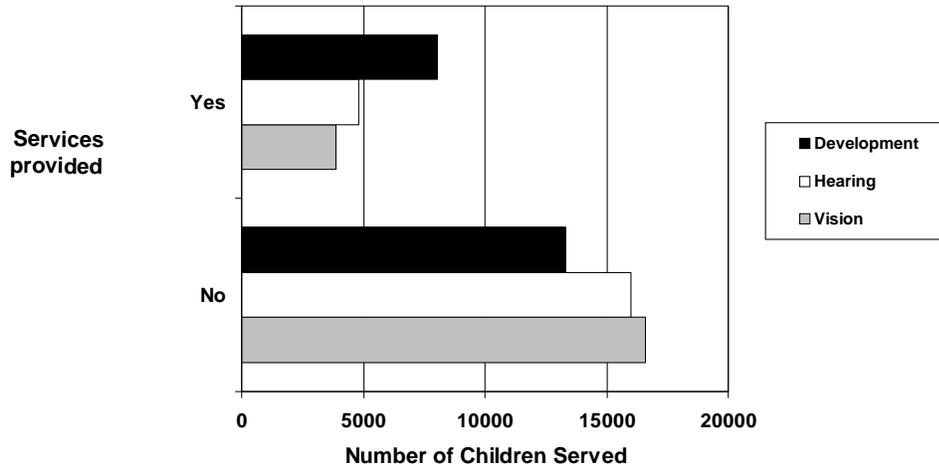


Figure 23. Health Screening Service Providers as Reported by ASAP-PIE Grantees

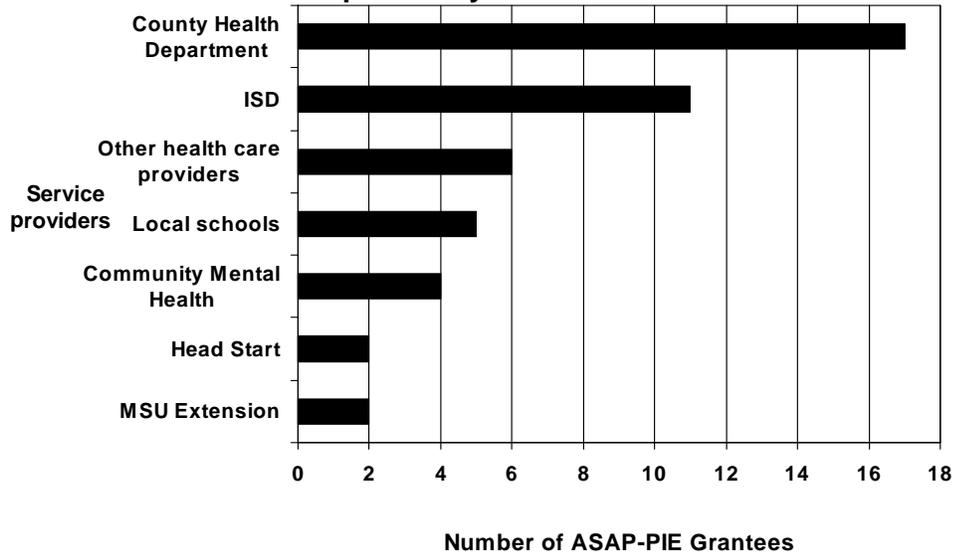
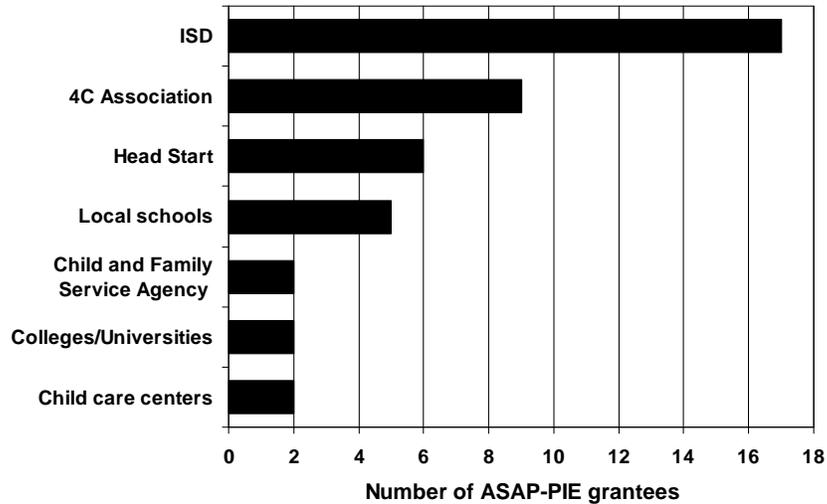


Figure 24. Organizations Linking to Quality Preschools



IMPLEMENTATION

Initiation of Implementation

A few grantees began services as early as February-March 2001, but the majority of services began between June and September 2001. This report includes data from the 23 grantees on program start dates. Grantees often had several different agencies providing a specific service and beginning on different dates, and start dates varied from one program to another.

- **Home visiting:** Two providers began by March 2001, with the majority of programs starting between June and September 2001. All grantees had initiated home visiting by January 2002.
- **Parent education groups:** Two providers began services by March, 2001, with the majority beginning between August and November 2001. The latest start date mentioned for parent education groups was between April and June 2002.
- **Parent-child play groups:** The earliest groups began in March 2001, with most programs beginning between August and September 2001.
- **Developmental screening:** The start dates for developmental screening were generally the same as the start dates for home visiting services, because much of the screening was done as part of the home visiting.

- **Hearing and vision:** Two grantees began screening in spring 2001, with most programs beginning between June and September 2001.

The administrators who were interviewed identified a number of strengths and barriers that influenced their ability to get this complex program up and running on a short time frame.

Prior History of Service Delivery for Children Age 0-5

Seven ISDs reported prior experience in providing general education services for children age 0-5 (e.g., Even Start, Michigan School Readiness Program, Head Start, Parents as Teachers, Nurturing Program). These ISDs had an advantage in having a base from which to expand 0-5 services.

Over the past decade, 0-5 services have evolved in Michigan from various sources of funding. These represented both a resource and a necessity for collaboration. ASAP-PIE grantees variously involved pre-existing services for 0-5 in membership on the collaborative body and in provision of ASAP-PIE services through expansion. Table 7 details services that were among those expanded through ASAP-PIE funding or that contributed to the overall program.

Table 7: Prior History of Service Delivery for Children Age 0-5		
Agency	Model	Non-ASAP-PIE source of funding
Health Department	Infant Support Services	Community Health, HMOs
Community Mental Health	Infant Mental Health Services	Community Health
Various	Healthy Families America	0-3 secondary prevention grants*
MSU-Extension	Building Strong Families	

*Funds from FIA and Education appropriations, administered by Children’s Trust Fund

Management and Operations

Grantees identified some factors related to management of programs that were significant assets or challenges to successful implementation of the ASAP-PIE initiative:

- **Effective communication systems within and between policy and providers**

“And in [County 2], there’s a two-tiered system, but it seems to be very hands-on at all times. And there’s lots of discussion and lots of communication between the two levels.”

- **Clearly defined goals and objectives**

- **Development of clear service agreements that delineate what each partner will provide.** This avoided confusion about responsibility for specific work with families which resulted in families being shunted from one agency to another. This was a concern found in a few projects as this quote illustrates:

“I know a grandmother who got her grandchildren in her custody and she went to apply for some mental health services...and was given the impression that she couldn’t qualify because she already had a home visitor in this program...this program was not addressing the abuse issues and acting out issues that she wanted addressed.”

- **The availability of resources and expertise** from collaborative partners to staff on the ground enhanced their work and was two-way:

“...the internal management units at the ISD are a project strength.”

- Systems of employment, supervision and team development were important. One of the challenges for some programs was establishing ways of bringing together teams coming from various disciplines and employers. Organizational cultures differed as well as terms of employment, policies and procedures. In one program some staff were paid through agencies, supervised through both agencies and ASAP-PIE administrators. This meant that there were:

“...differences in pay levels and differences in rules and staff wondering who they really belonged to.”

Balance of Service Provision

Projects were required to get services up and running as fast as possible. This meant that emphasis at this stage had to be given to some aspects of service over others. In almost all cases, it appeared that the home visiting component was the most developed service. Developmental screening was also given prominence in many programs. The least developed area appeared to be the establishment of links with quality preschool provision. Interviewers noted:

“The project has heavily emphasized home visiting, partly due to the fact that they have received ‘hundreds of referrals for home visits.’ Other services, while up and running, do not seem to be as complete. For example, there is no mechanism with which to share screening results with the school system, and the program has raised awareness of quality preschools without yet making large changes in the numbers of accredited preschools.”

“The majority of the focus has been on the home visitor piece. That piece seems to be developing very well and there is a waiting list.”

In some cases, the development of one service component helped establish another. For example, the following interviewer described how home visiting assisted the development of parent-child groups:

“Channeling of home visiting families into parent-child play groups has resulted in successful recruitment for parent-child play groups.”

Links to quality preschool appeared to present the most challenges to programs. An interviewer commented that:

“This site is lacking in the area of links to quality preschools. Each interviewee cited this as a weak area in this county program.”

This type of statement was common.

Staffing

There was a wide range of qualifications, experience and training available to staff from one project to another, which is likely to affect pay, recruitment, and retention. The range of qualifications will be discussed further in the next evaluation report. Despite differences, there were some general issues about staff attitudes, qualifications, experience and systems worth noting.

- **Time limited funding impacts staff recruitment, retention and training.**

“Everything (training) was implemented except the Building Strong Families staff were not able to complete the PAT training because of when they were hired and the length of PAT training.”

“PAT is a strength for the program because of the exceptional curriculum. The training investment in the personnel and if that person leaves, the program has lost a lot of money in time and training.”

“The county is concerned that staff will leave for other jobs once they find out that funding is no longer available.”

There were, however, a number of factors employers considered when recruiting staff that facilitated service delivery, including:

- **Recruiting for hire only those eligible for the job**
- **Identifying potential knowledge gaps**
- Providing the appropriate training on an ongoing basis to fill gaps

“Pulling staff together and getting them all trained was difficult. Finding qualified people and bringing on so many new staff at the same time.”

Staff attitudes also appeared to be critical to maintaining program momentum:

- Some staff were exceptionally **creative and took a problem-solving approach.**

“Every request they get from parents or the community with the idea that if they can’t somehow figure out how to do it, they will find the person who can. This has resulted in several new services and relationships coming out of the PIE grant.”

- Staff appeared to be **committed and enthusiastic**.

“I think other groups have liked joining with our enthusiasm and our ability to do some things and the money we have for professional development and advocacy...and everyone working with families has been so poor for so long and felt it so important scratching for everything they do that they are joining and coming together with us and doing what we can for the time we have to do it.”

“I think the commitment of our staff to providing the PIE services is another strength. We literally have people providing services through PIE who have wished we could do this kind of stuff for years.”

YEAR 2 PLAN FOR ANALYSIS

PLANS FOR YEAR 2 QUALITATIVE ANALYSIS (REPORT 2)

For the second report, further analysis of program characteristics that may potentially influence the child and family outcomes will be conducted. Potential areas of further study, determined with input from the state and the grantees, are:

- Collaborative body functioning
- Outreach strategies
- Target populations
- Processes of linkage to quality preschools
- Relative emphasis placed on particular service components (e.g., home visiting, parent-child play groups, screening)
- Community service networks development and usage
- Relationships between the identified program characteristics and perceived strengths and barriers

Data for these analyses will be drawn from transcripts of interviews previously conducted with ASAP-PIE administrative personnel, focus groups of parent educators to be conducted this fall at selected ASAP-PIE grantees, and written records such as meeting minutes and program reports.

Specific criteria comparing factors such as degree of collaboration will be developed. As an exemplar, a preliminary rating system has been developed to assess collaboration. It will be tested across a subset of programs to determine whether weighting factors need to be incorporated into the proposed indexing system. The draft of the collaborative index is presented in Appendix D. This will enable comparisons to be made and relationships to be identified in the subsequent quantitative analysis.

PLANS FOR YEAR 2 QUANTITATIVE ANALYSIS (REPORT 3)

Outcomes Evaluation

Definition of Outcomes

School Readiness

Time-limited funding for ASAP-PIE programs requires that most children's outcomes be evaluated *before* they reach school age, as most are entering between birth and age 3. Therefore, assessment of the direct effects of the program on school readiness skills, and especially school performance, will be limited by sample size. To maximize the sample available for analysis, school readiness indicators will be defined as follows:

- For children age 0-5, early *predictors* of school readiness, including the development of age-appropriate language and communication skills, emotion regulation abilities, and the capacity to form and maintain relationships
- For children age 4-5, direct indicators of school readiness skills such as emergent literacy and numeracy

Reduction of Use of Special Education

As with the evaluation of school readiness outcomes, the majority of children will not be of age to be referred for special education programs. Development within the normal range is expected to be linked to a reduced need for special education. Thus, need for special education will be quantified as:

- Age-appropriate development in the domains of language and communication, emotion regulation, relationship formation, and health
- Referral rates to special education such as Early On and Pre-Primary Special Education
- County-level rates of special education enrollments

Family Stability

Family stability was identified in the request for proposal as "encouraging positive parenting skills, enhancing parent-child interaction, and providing learning opportunities to promote children's intellectual, physical, and social growth." Family stability is therefore operationalized as:

- Parent-child interaction
- Parenting attitudes and beliefs
- Parental stimulation of child learning

- Parenting knowledge
- Parenting stress vs confidence
- County-level rates of abuse and neglect and out-of-home placement

Access to Needed Community Services

Increased access to services will be defined as the following:

- Rates of referrals
- Outreach efforts, including rates of promotional material distribution, newsletters, on-site visits
- Rates of contact (e.g., phone logs, web site hits)

These four main outcomes will be assessed using a pre- and post-test design to determine the degree of change.

Program Characteristics and Outcomes

The wide variation in program structures, service delivery models, targeted populations, and collaborative processes and history makes it possible that different outcome effects will be associated with different program characteristics. The results of the qualitative studies described in Reports 1 and 2 will be used to generate categories of programs (e.g., service provision structure, history of pre-existing services, service delivery models). Because these categories are in the process of development, they will not be described in detail here. Grantees will subsequently be categorized and group comparisons made on the outcomes to determine whether program characteristics are associated with different rates of outcome attainment.

Limitations of the Evaluation

Both the evaluation team and the grantees have noted several limitations placed upon the analyses that can be conducted and the conclusions that can be drawn from the existing data collected through the local evaluations.

- **Limited longitudinal assessment period.** Although school readiness is a consequence of actions during the entire preschool period, the ASAP-PIE grantees will have been able to provide services for children for at best a maximum of two years. As described under the section *Definitions of Outcomes*, this problem will be partially addressed by extrapolating the outcomes to related indicators that are relevant at earlier ages.
- **Lack of a control group.** Because the ASAP-PIE program was designed without random assignment of participants to treatment or control groups, a true impact analysis is not possible. However, all available strategies will be used to analyze the program's effects, particularly pre-test/post-test comparisons.

- A **need for shared definitions** about even basic terms was identified because there may be variations in understanding of a number of common terms which will make significant differences when comparing sites. Some of the terms identified included component services, referral, enrollment, and outcomes such as school readiness and family stability. As one grantee described:

“We found when we got the data out that we hadn’t clearly defined what a referral was. Did it mean you just talked to them about it? Did it mean they actually got the service? Did it mean they tried to get the service, but they didn’t qualify?”

Enrollment, in particular, was often problematic. For example, in home visiting at one site, there were frequently other children in the household who participated, or other children from the area were in the home at the time and may have benefited from the intervention. Others mentioned difficulties in obtaining accurate counts for open activities that were family-oriented but still had a parent education focus.

- **Delayed implementation of the statewide evaluation.** Implementation of most services began in the fall of 2001, but the statewide evaluation did not begin until May 2002. Although programs knew that they would be evaluated on the legislatively required outcomes, they were not required to collect uniform data on child or family outcomes. The 23 grantees, in accordance with their locally determined evaluation plans, have collected developmental data using a number of different instruments at different points in development, and consequently uniform indicators of program outcomes across programs are not available. This has resulted in a wide disparity in the types and degree of outcomes measured, and in a complete lack of assessment of some outcomes for some grantees. However, discussions with grantees has revealed that in some cases, instruments that have been conceptualized as intervention tools can also function as outcome data.
- **Staffing levels and priorities.** At one site it was noted that staffing levels (or priority given to the task) had not enabled examination of special education enrollment data as a potential outcome measure.
- **Outcomes evaluation focus on families receiving intensive services.** Because the greatest effort and the most contact occurs with families receiving intensive services such as home visiting, evaluation efforts for nearly all grantees have concentrated on these families. Data that assesses the effects of other program components is very limited. This also suggests that the sample will be biased toward greater risk and need.
- **Data collection targeting only one age group.** Some grantees appear to have focused on the school readiness outcomes and are gathering outcomes data specific to skills deemed necessary for school entry. Others have come to the conclusion that since relatively few children will reach school age during the funding period, it is the 0-3 age group that should be assessed. This has resulted in effectively two paths of school readiness evaluation that assess a continuum of school readiness outcomes but may not be directly comparable or wise to aggregate.

- **Access to technology and the compatibility of systems within and between sites.** For example, multiple sites had experienced serious difficulties with a technology sub-contractor or database developer and had therefore been having particular difficulty collecting and therefore sharing information about the use of services.
- **Confidentiality concerns.** In at least one site there was difficulty asking for personal family information, such as household income. Other sites commented on the reluctance of some agencies to share some information on the basis that it would breach confidentiality.

Status of Local Data Collection

Year 1 outcomes evaluation efforts have focused on determining the status of local data collection and the availability of indicators for the legislatively required outcomes for each grantee. In this period, all grantees provided local evaluation plans, forms used to collect enrollment, demographic, outcomes, and outreach and referral data, and their database (most of which were still under development). This information was used to develop a matrix of indicators available for each grantee. The matrix forms the basis for the evaluation team's recommendations for Year 2 data collection and analysis, based on gaps in information identified for each grantee.

Status of School Readiness and Reduction of Special Education Data

Indicators of Language and Communication

Most grantees (78%) report having some measure of language development at some point across ages 0-5. Most grantees have the Ages and Stages Questionnaire (ASQ) and several have the Infant Developmental Assessment (IDA). Both are screening measures for developmental delay. Although most of the measures listed in Figure 25 are not particularly sensitive measures, with a few exceptions they will constitute acceptable measures of child development. However, a number of sites have only indicators for age 0-3 children or only indicators for school readiness at school entry. Less than half of the grantees reported gathering language skill or emergent literacy information from children approaching school age.

Indicators of Emotion Regulation

Although sometimes overlooked in favor of literacy skills, the ability to manage emotions and behavior is a critical foundation for school readiness. Emotion regulation enables children to attend, work independently, and manage stimulation. However, 65 percent of the grantees had no indicator of behavioral regulation (Figure 26). The data that was available was distributed between indicators appropriate for infants and indicators appropriate for preschoolers, thereby further decreasing the sample size due to inequitable measures.

Figure 25. Available ASAP-PIE School Readiness Outcomes Data: Language and Communication

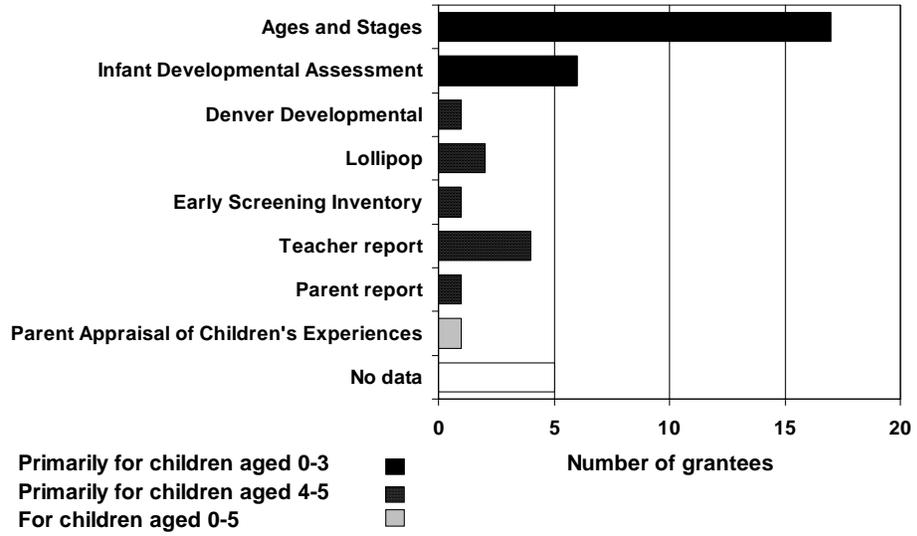
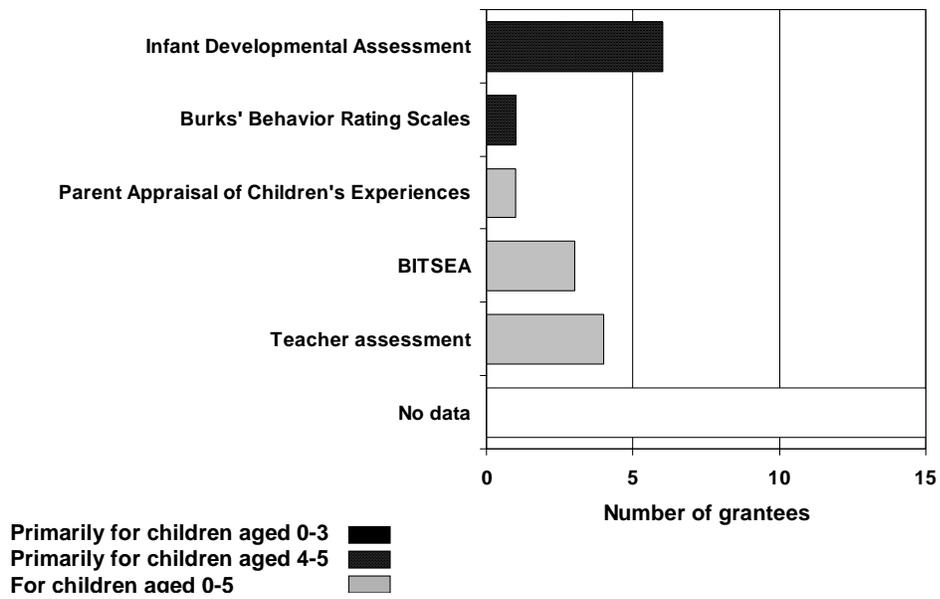


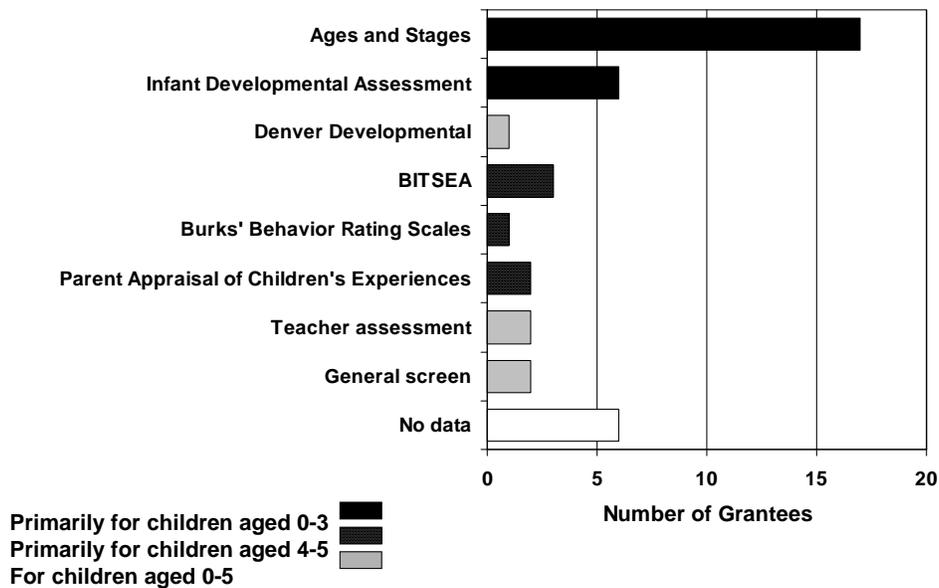
Figure 26. Available ASAP-PIE School Readiness Outcomes Data: Emotion Regulation



Indicators of Relationship Capacity

An essential task of childhood is to develop the ability to form and maintain friendships. Peer relationships are presumed to be founded in early parent-infant relationships. Thus, early childhood social relations with caregivers was used as an indicator of relationship capacity. Because the ASQ has a subscale that addresses social functioning, most grantees have a basic measure of this outcome (Figure 27). Five grantees included checklists appropriate for preschoolers and kindergarteners. Six grantees (26%) had no measure of relationship capacity.

Figure 27. Available ASAP-PIE School Readiness Outcomes Data: Ability to Form Relationships

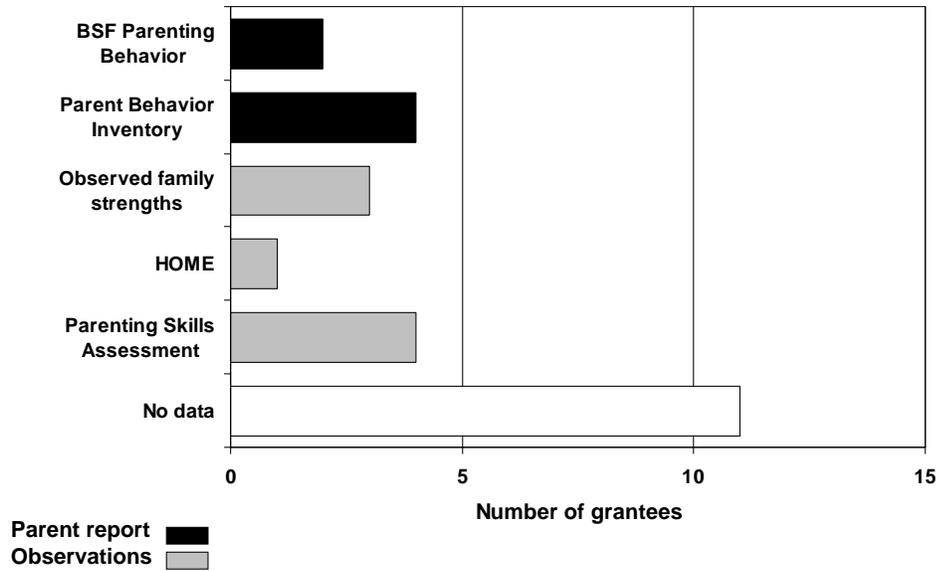


Status of Family Stability Data

Parent-Child Interaction

As shown in Figure 28, grantees utilized both observed parent-child interaction and parent reports of their own parenting behavior. These two methods of assessing parent interaction tend to be only mildly related, calling into question the comparability of the data. Fifty-two percent of grantees do not have parent-child interactions data.

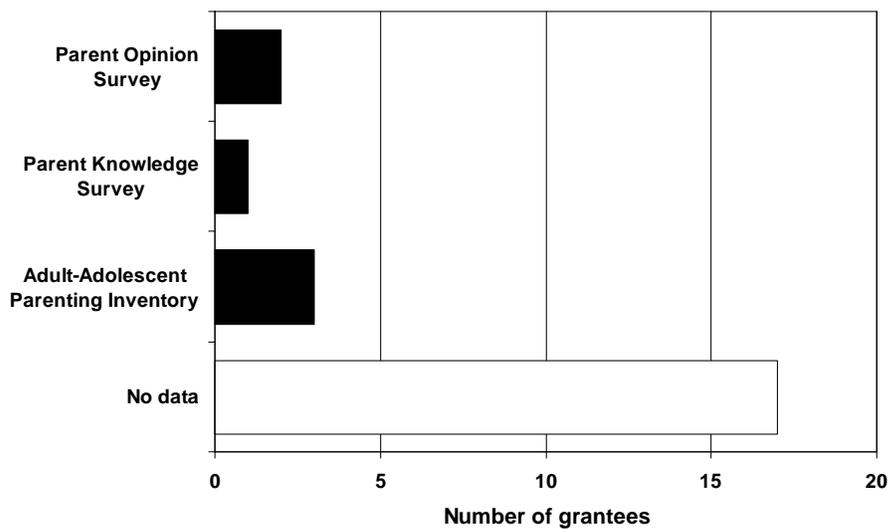
Figure 28. Available ASAP-PIE Family Stability Outcomes Data: Parent-Child Interaction



Parenting Beliefs and Attitudes

Most grantees (74%) did not have information on parenting beliefs and attitudes about childrearing (Figure 29).

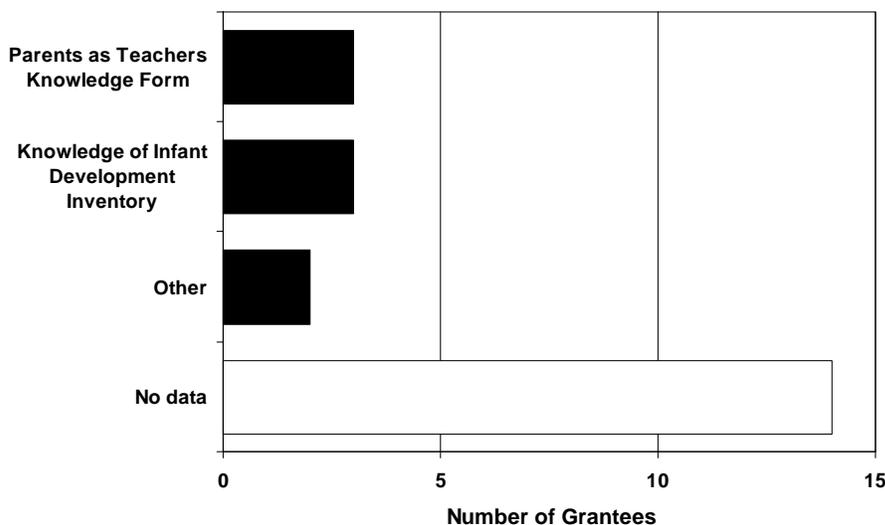
Figure 29. Available ASAP-PIE Family Stability Outcomes Data: Parenting Beliefs and Attitudes



Parenting Knowledge

As shown in Figure 30, 61 percent of grantees were not assessing indicators of parenting knowledge.

Figure 30. Available ASAP-PIE Family Stability Outcomes Data: Parenting Knowledge



Parenting Stress/Confidence

Similarly, 74% of grantees had not measured parenting stress (or confidence, efficacy, enjoyment of child) (Figure 31).

Teaching and Stimulation of Child

Data assessing the parent's teaching and stimulating interactions or attitudes about the importance of verbal stimulation or academics was available from a number of grantees (Figure 32). Because some grantees had multiple measures of teaching and stimulation, however, this was misleading--most grantees had no data (74%).

Summary of Data Status

School Readiness and Special Education Outcomes

Broad measures of early language development (age 0-3) are available from the majority of grantees. These measures are not highly sensitive to change, which may preclude identification of improvement due to program effects. Use of scale scores rather than pass/fail scoring may increase the variability and improve the chance of identifying change, although this is not certain. It is likely that there are additional grantees who have measures of language development, but have thus far

considered them primarily developmental screening measures or tools for intervention. The evaluation team is in the process of contacting grantees to pursue this question.

Figure 31. Available ASAP-PIE Family Stability Outcomes Data: Parenting Stress/Confidence/Enjoyment

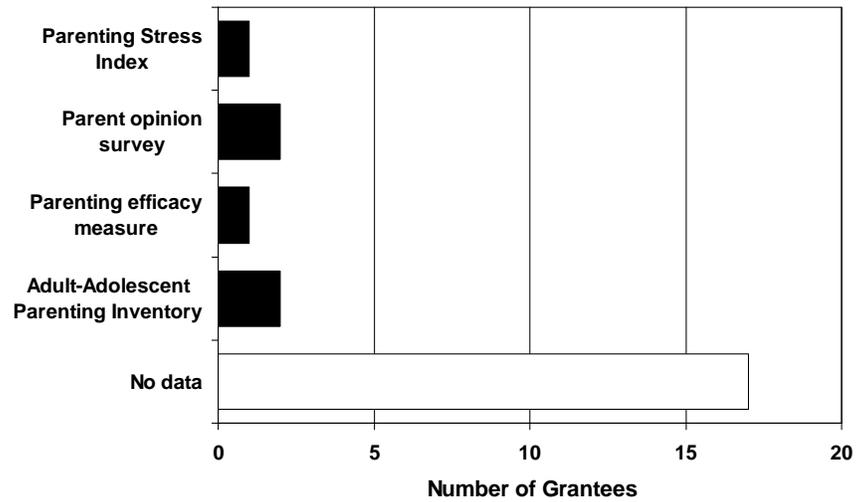
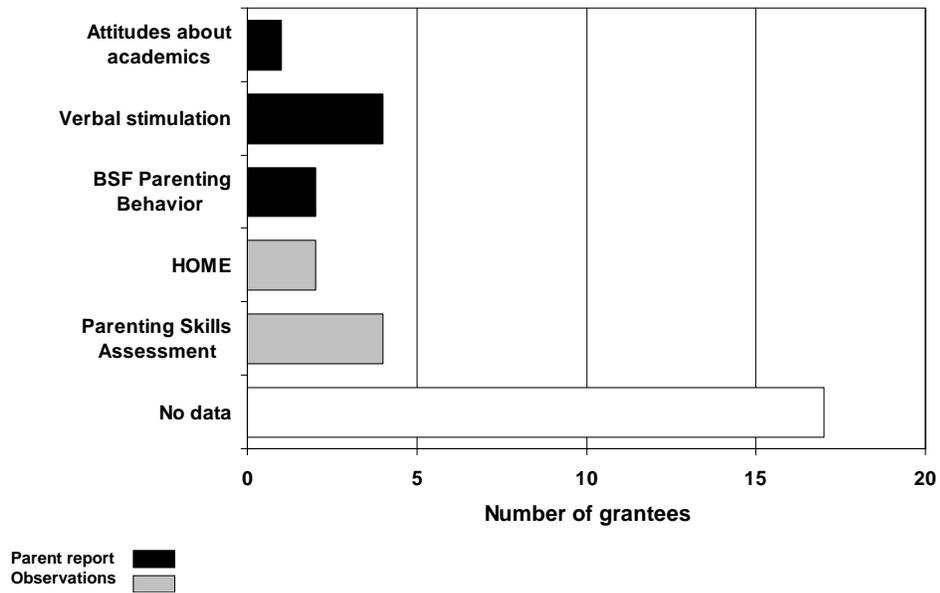


Figure 32. Available ASAP-PIE Family Stability Outcomes Data: Teaching and Stimulation



Few grantees have explicit measures of school readiness skills, such as pre-literacy and numeracy, in place. Tracking of preschool- and kindergarten-age children may be further inhibited by the procedure for some grantees to transition preschoolers out of most ASAP-PIE services and into preschool programs. This decrease in or termination of contact with the families of these children is likely to make data collection much more difficult.

Most grantees do not have indicators of emotion regulation and have only the ASQ, which again is a broad screening tool, as a measure of relationship capacity.

It should be noted that nearly all grantees collect information on healthy development (e.g., immunization tracking, health concerns, growth measurements), which can be considered another aspect of school readiness. In addition, as part of the required ASAP-PIE services, most children enrolled in the program receive vision and hearing screenings.

Family Stability Outcomes

Thirty percent of the grantees have no measure of family stability, defined as parenting interactions, attitudes, and knowledge. The other grantees all have some indicator of parenting, but no particular parenting concept (e.g., knowledge, belief in verbal stimulation) or measure emerged as dominant. Among grantees with only one indicator of family stability, knowledge of child development was most common.

Increased Access to Community Services

Virtually all grantees report having referral and outreach documentation that will enable evaluation of referral utilization. Although we will be able to assess change in referrals over the funding period, we will not be able to determine whether community services were more accessible after the initiation of ASAP-PIE than before as there is pre-program baseline data.

Other Issues

- We are in the process of determining the ages at which data are collected and confirming the information on local evaluation databases, which were in development for many grantees at the time they were requested for this report
- Satisfaction with services or quality of service providers was assessed for three programs, but the availability of the measure depended on the service (e.g., home visiting, parent education groups)
- Many grantees had not yet begun the database development and entry process as of June 2002.

Plan for Analysis

Constructs have been identified to represent the mandated outcomes. The task remains to equate different measurements of each across grantees. To do so, the following tasks must be accomplished to the degree that the available data allow:

- Constructs measured by multiple grantees using the same instrument can be analyzed without transformation
- Constructs measured by multiple grantees using different instruments will have standardized scores developed, which should then be roughly comparable if the measures have similar questions
- Specific items that appear equivalent, although from different measures, can be combined or standardized to represent the construct in question
- Descriptive statistics will be presented for continuous variables, and frequencies for categorical variables, for the total and within program characteristic group
- Data that is collected over time will be analyzed for change using appropriate statistical techniques for 2-time vs more than 2-time repeated measures data
- The effects of site and program characteristics will be evaluated using techniques for analyzing nested designs such as meta-analysis that control for interdependencies. For example, families being served by a particular program model may be more similar to one another than to families who are comparable on demographics but being served using a different program model. This will enable analysis of change in outcomes across all grantees, change in outcomes as a function of different program characteristics, a comparison of families who receive one service component vs. multiple components.

Recommendations

Because current data collection processes and instruments are extremely variable across grantees, the evaluators present options below to address gaps in the evaluation. This will allow the contractors to choose which option they feel will be best implemented while still meeting the needs of the evaluation.

Option 1: Use local evaluation data only

Use the data in its current state:

- Identify any additional indicators already being administered by grantees that may currently be used solely as screening or intervention tools
- Have grantees enter all pertinent data into computer databases

This option will enable the development of a complete dataset within the parameters of the local evaluations being conducted by grantees. This should be well within grantees' capacities to complete within the proposed timeframe, which identifies all data collected by March 31, 2003 to be included in analyses. Data will be consistently measured for most grantees for child language development, cognition, health, and relationship capacity only (because of the widespread use of the ASQ and health screening instruments), as well as community access to services as indicated by referral/promotional material rates, but not for emotion regulation or family stability. In addition, this may be an overestimation of the amount of data that can be used for outcomes analysis. Some grantees do not currently administer the

ASQ more than once, precluding analysis of change in outcomes. For some outcomes, the small amount of data and variety of measures being currently utilized may preclude analysis of program characteristics that contribute to outcomes due to small cell sizes.

Option 2: Collect data to fill gaps

Request that grantees with data gaps collect minimal data necessary to provide indicators for all outcomes:

- Have datasets completed as in Option 1
- Collect additional data only for grantees that are currently missing data for the basic school readiness/special education needs and family stability outcomes.
- The evaluation team would recommend measures that would assess those outcomes and provide Microsoft Access, Excel, or SPSS databases to facilitate data entry
- Collect repeated data for grantees who have gathered outcomes data at only one time point, which does not allow for the assessment of change
- The evaluation team would be guided by the contractor regarding whether to complete gaps in assessment for the 0-3 infant group, which would focus on predictors of school readiness, the 4-5 preschool group, which would focus on explicit school readiness skills, or both.

This approach would provide outcomes measures for all grantees, enabling analysis of the effects of change as a function of program participation and of program characteristics across all programs. Conclusions about outcomes would still need to be interpreted cautiously due to the lack of a control group, which is true for all of the options presented herein. Because some grantees currently have more outcome indicators in place than others, the process of data collection and entry would vary across grantees. Although there would be greater consistency in measures across grantees than in Option 1, a number of different measures would still be used for each outcome, and it would be likely that data from a few grantees would be omitted from the main analysis of each outcome and would need to be analyzed separately because of a lack of similar measures at other programs.

Option 3: Collect consistent data across all grantess

Obtain consistent information across all grantees:

- Identify outcomes measures that would be required of all grantees as repeated-measures. These may or may not be measures that they have already implemented.
- The evaluation team would recommend measures that would assess those outcomes and provide Microsoft Access, Excel, or SPSS databases to facilitate data entry.

This option would essentially be an original evaluation using new measures and data collection points that may coincide with the local evaluations of some grantees, but would not for most. This option would provide data from which the most reliable conclusions could be drawn. It would place the greatest burden on the grantees for data collection and would be likely to disrupt their local evaluations due to time and personnel constraints.

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APPENDIX A. Interview Team

Coordinator: Laura Bates

- Angela Casady
- Laura Dilly
- Nora Geraghty
- Michael Mahaffey
- Vicki Mousouli
- Beth Prince
- Celeste Sturdevant-Reed
- Oseela Thomas
- Laurie Van Egeren

APPENDIX B. Demographics Tables

Table B1: Distribution of African American Children Across ASAP-PIE Grantees		
Number of African American children in ASAP- PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
<i>Less than 500</i>	17	73.9%
10 or less	4	
11-20	3	
21-59	3	
60-99		
100-199	3	
200-299	3	
300-399	-	
400-499	1	
<i>500-999</i>	0	0
<i>More than 1000</i>	6	26.1%
1000-1999	2	
2000-2999	2	
3000-3999	1	
8000+	1	
<i>Total</i>	23	100.0%

Based on information from the U.S. Census Bureau (<http://factfinder.census.gov>). U.S. Census, 2000.

Table B2: Distribution of Hispanic Children
Across ASAP-PIE Grantees

Number of Hispanic children in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
<i>Less than 500</i>	15	65.2%
30-49	2	
50-99	4	
100-199	4	
200-299	1	
300-399	2	
400-499	2	
<i>500-999</i>	4	17.4%
500-599	1	
600-699	-	
700-799	2	
800-899	1	
900-999	--	
<i>1000-1999</i>	4	17.4%
<i>Total</i>	23	100.0%

Based on information from the U.S. Census Bureau (<http://factfinder.census.gov>). U.S. Census, 2000.

Table B3: Percentage of Children in Poverty Across ASAP-PIE Grantees		
Percentage of children in poverty in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
Under 10%	1	4.3%
10.0-12.9%	8	34.8%
10.0-10.9	-	
11.0-11.9	3	
12.0-12.9	5	
13.0-15.9%	3	13.0%
13.0-13.9	1	
14.0-14.9	-	
15.0-15.9	2	
16.0-18.9%	4	17.4%
16.0-16.9	1	
17.0-17.9	2	
18.0-18.9	1	
19.0-20.9%	7	30.4%
19.0-19.9	4	
20.0-29.9	3	
Total	23	99.9%

Based on information from the U.S. Census Bureau (http://www.census.gov/hhes/www/saipe/stcty/e98_00.htm)
"State Estimates for People Under Age 5 in Poverty for US: 1998"

Table B4: Percentage of Mothers with Less Than 12 Years of Education Across ASAP-PIE Grantees

Percentage of mothers with less than 12 years of education in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
Less than 10 %	2	8.7%
10.0-14.9%	9	39.1%
15.0-19.9%	5	21.7%
20.0-24.9%	4	17.4%
25.0-29.9%	2	8.7%
30.0+%	1	4.3%
Total	23	99.9%

Based on information from the Michigan Department of Community Health (<http://www.mdch.state.mi.us/pha/osr/CHI/Births/frame.html>) "Selected Birth Characteristics" 2000 Michigan Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

Table B5: Percentage of Children with a Single Parent		
Percentage of children with a single parent in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
Less than 20%	4	17.4%
17.0-17.9%	2	
18.0-18.9%	1	
19.0-19.9%	1	
20.0-20.9%	5	21.7%
21.0-21.9%	5	21.7%
22.0-22.9%	3	13.0%
23.0-23.9%	1	4.3%
24.0-24.9%	1	4.3%
More than 25%	4	17.4%
28.0-28.9%	2	
30.0+%	2	
Total	23	99.8%

Based on information from Annie E. Casey Foundation: Kids Count Census Data Online (<http://www.aecf.org/cgi-bin/aeccensus2.cgi?action=rank>) "Percent of Own Children in Married-Couple Households:2000" and "Percent of Own Children in Single-Parent Households:2000" Data collected from Census 2000 information.

Table B6: Percentage of Children with a Teen Parent (Under Age 20) Across ASAP-PIE Grantees		
Percentage of children with a teen parent in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
5.0-9.99%	6	26.1%
5.0-5.9	2	
6.0-6.9	-	
7.0-7.9	1	
8.0-8.9	1	
9.0-9.9	2	
10.0-14.9%	15	65.2%
10.0-10.9	5	
11.0-11.9	2	
12.0-12.9	1	
13.0-13.9	3	
14.0-14.9	4	
Over 15%	2	8.7%
15.0-15.9	1	
16.0-16.9	1	
Total	23	100.0%

Based on information from Michigan Department of Community Health
(<http://www.mdch.state.mi.us/pha/osr/CHI/Births/frame.html>) "Selected Birth Characteristics" 2000 Michigan
Resident Birth File, Division for Vital Records and Health Statistics, Michigan Department of Community Health.

Table B7: Percentage of Children Age 0-4
Substantiated for Abuse/Neglect

Percentage of children substantiated for abuse/neglect	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
1	7	30.4%
2	7	30.4%
3	5	21.7%
4	4	17.4%
Total	23	99.9%

Table B8: Percentage of Children in Out-of-Home Care
Across ASAP-PIE Grantees

Percentage of children in out-of-home care ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
Less than 1%	1	4.3%
1.0-2.9%	8	34.8%
1.0-1.9	2	
2.0-2.9	6	
3.0-4.9%	8	34.8%
3.0-3.9	2	
4.0-4.9	6	
5.0-6.9%	3	13.0%
5.0-5.9	1	
13.0+%	1	4.3%
Missing data	2	8.7%
Total	23	99.9%

Table B9: Percentage of Children in Special Education
Across ASAP-PIE Grantees

Percentage of children in special education in ASAP-PIE grantee county or counties	Number of ASAP-PIE grantees	Percent of ASAP-PIE grantees
10.0-10.9	2	8.7%
11.0-11.9	3	13.0%
12.0-12.9	3	13.0%
13.0-13.9	7	30.4%
14.0-14.9	4	17.4%
15.0-15.9	4	17.4%
Total	23	99.9%

Based on Kids Count, 2001.

APPENDIX C. Organizations Participating in ASAP-PIE Collaboratives

Schools

- ISD, including Early On, Preprimary Impaired, Infant Preschool
- Local school districts
- Local public school academies

Early Education

- Head Start/Early Head Start
- Michigan School Readiness Programs
- Even Start

Health Services

- County health departments
- Local hospitals
- Other health agencies

Child and Family Services

- Community mental health/Infant mental health services
- Child and Family Service agencies
- Family Independence Agency/ Child Protective Services
- Family resource centers
- MSU Extension

Child Care Organizations

- 4Cs--Child Care Coordinating Councils
- Private child care providers

Community Organizations

- Child Abuse and Neglect Council

- Community councils
- Tribal councils
- Parents/parent organizations
- United Way
- Private nonprofit agencies
- Faith-based organizations
- Service clubs/civic organizations
- Professional associations

Government Agencies

- Sheriff/police/courts
- Local government

Higher Education

- Colleges/universities

Funders

- Foundations/funding sources

Businesses

- Local businesses
- Chamber of Commerce

APPENDIX D. Collaborative Index

Summary of Collaboration Characteristics

The request for proposals strongly emphasized the need for collaboration between community agencies in undertaking the ASAP-PIE initiative. The following indicators have been identified as representing collaborative efforts:

Collaborative Body

- ASAP-PIE collaborative committee for planning and oversight of ASAP-PIE activities includes representatives of contractual service providers and non-service provider community agencies (including school districts)
- ASAP-PIE collaborative committee is a workgroup of the multi-purpose collaborative body
- Periodic reports are made to the multi-purpose collaborative body
- Meetings are held monthly
- Attendance at meetings is representative of a majority of the members

Participation

- There are contractual arrangements between the intermediate school district and community agencies (in addition to the health department for screening) for ASAP-PIE services
- Community agencies that are not receiving ASAP-PIE funding contribute services to the ASAP-PIE initiative
- School districts participate as:
 - Service providers
 - Sites
- Community agencies provide cash match
- School districts provide cash match

Activities

- Activities promote quality preschool services
- The community resource network is functioning

- The collaborative committee is developing cross-agency training, common procedures and forms that facilitate a smoothly functioning community system of care

Table D1. Collaborative Index		
	Criteria	Points
Collaborative body		
Makeup of collaborative body	ISD staff	0
	+ contractual service providers	3
	+ non-contractual agencies	5
Characteristic attendance	ISD staff	0
	+ contractual service providers	3
	+ non-contractual agencies	5
Relationship to MPCB	Workgroup of MPCB	5
	Workgroup of LICC	3
	Periodic reports to MPCB	3
Meetings	Less than monthly	0
	Monthly	5
Minimum score = 0		Maximum score = 23
Participation		
Contractual agreements with community agencies	None	0
	Some (score by number of agencies)	
Non-funded agencies contribute services		5
School district participation	None	0
	Service provider	5
	Site, but not service provider	3
Cash match	ISD	0
	Community agencies (score by number of agencies)	
	School districts	5
Activities		
Promoting quality preschools involves other agencies	No points values recorded	5
Community resource network functions smoothly	No points values recorded	5
Collaborative committee is engaged in developing or has accomplished	Common forms	5
	Single intake	5
	0-5 management information system	5
	Other	?

