# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>i</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>The Children’s Outcomes Project (COP):</td>
<td>2</td>
</tr>
<tr>
<td>Building a Learning Community for Place-Based, Multi-Sector Work</td>
<td></td>
</tr>
<tr>
<td>COP’s Origins and Goals</td>
<td>2</td>
</tr>
<tr>
<td>COP Participants and How They Were Chosen</td>
<td>3</td>
</tr>
<tr>
<td>COP’s Evolving Format</td>
<td>4</td>
</tr>
<tr>
<td>COP Achievements and Metrics</td>
<td>6</td>
</tr>
<tr>
<td>Success Factors:</td>
<td>11</td>
</tr>
<tr>
<td>What Do COP Participants Believe Contributed to Their Community’s Success?</td>
<td></td>
</tr>
<tr>
<td>Advice and Recommendations for Other Learning Communities/Communities of Practice</td>
<td>17</td>
</tr>
<tr>
<td>Conclusion</td>
<td>19</td>
</tr>
<tr>
<td>Appendices</td>
<td>21</td>
</tr>
</tbody>
</table>
The term *communities of practice*, originally coined by cognitive anthropologists, has spread outside academia. It describes communities in which a cohort of people across organizations or sectors gather to share and build knowledge, against a backdrop of social interaction that makes the exchange of ideas engaging and fruitful. In both concept and practice, these communities are appealing because they place people outside of their usual, day-to-day activities, giving them the opportunity and luxury to reflect and innovate in ways that would have been difficult, slower or impossible otherwise — all in the company of others with similar but distinct interests and experiences.

What lessons can we learn from a successful community of practice? What advice and recommendations can streamline the learning and implementation process for those who want to launch or strengthen their own versions? A recent community of practice — the Children’s Outcomes Project (COP) — funded and convened by The Nemours Foundation and The California Endowment provides many examples.

COP’s aims were fluid and relatively broad at first, exploring the role of integrated multi-sector, place-based initiatives focused on children’s health and well-being. The community did not start from scratch; it was a natural extension of previous work. This included partnerships forged through other initiatives exploring the role of different sectors in place-based initiatives for young children as well as Nemours’ own work in moving a policy and practice agenda around place-based work nationally. COP’s goals included creating and sustaining a safe, productive learning community of eight multi-sector, place-based teams and national leaders; advancing innovative policies and practices at the community and state levels; and working collaboratively to inform federal policy.
Through periodic face-to-face meetings (initially four times a year and then twice a year) and frequent interaction between meetings, strong connections and relationships across the eight communities and national experts evolved — many of which have continued in various forms even though COP’s official, funded four-year time span has ended. The teams gained and shared knowledge, and applied a wide variety of ideas and perspectives related to their work to improve outcomes for children and families. They accomplished this by crossing organizational and sector boundaries, regularly reporting back to each other on successes and challenges. In addition, a subset of participants tackled the implications of leveraging a federal rule change within the Medicaid system to allow reimbursement for services provided by qualified professionals working with children and families, when they are “recommended by a physician or other licensed practitioner.” This work, too, continues past the official COP time frame.

COP’s achievements include forming a thriving learning community that remained intact over four years together (and whose subgroups continue to stay connected, collaborating even after the official end of COP). Many COP members also used the learning community as a springboard for joint efforts, in pairs or small groups, presenting at conferences together and co-authoring journal articles. Together they explored new ideas, adapted tools and programs they learned through COP, and shared (and often implemented) these with colleagues in their home communities, extending the spread of COP even further. A logic model, theory of change and evaluation framework guided the periodic collection and analysis of qualitative data about the experiences of COP participants and how these affected their own multi-sector, place-based work.

On the policy front, COP participants were able to interact with federal agency representatives on topics as varied as public health, environmental justice, Medicaid, Promise neighborhoods, developmental screening, financing strategies and others, with some of these insights about place-based, multi-sector work later incorporated in Federal Opportunity Announcements (FOAs). A subgroup continues to work on state strategies in response to changes in federal Medicaid regulations, allowing states to reimburse qualified professionals to provide preventive services.

A number of factors supported these successes, including devoting sufficient funding and in-kind support to the effort (in Nemours’ case, serving as a backbone organization and providing a full-time staff member as well as considerable in-kind support); recruiting the right number and mix of participants; taking the time to build trust and relationships (in this case, over a four-year period); carefully designing meeting content and flow for precious face-to-face time; paying thoughtful attention to logistics; being responsive to feedback; and creating value for participants to keep them engaged.

As with any large-scale, multi-year endeavor with many participants and moving parts, COP encountered its share of challenges. While participants were greatly appreciative of the funding, leadership and
staff support that made their gatherings and work together possible, they noted several areas that, in retrospect, could have made their work together even more productive. In doing so, they recognized that many challenges involve trade-offs, balancing one set of advantages (e.g., specificity) against another (e.g., flexibility). These included balancing clear goals, aims and direction with not being overly prescriptive; setting expectations for teams (such as working together on a project for the duration of COP to focus their efforts and learning) without over-burdening participants; evaluating the group’s work without constantly surveying and interviewing participants; and appreciating the value of diverse perspectives that reflected input from team members who come from multiple sectors. While this initially created some confusion over jargon and acronyms, the group was able to develop common frameworks and shared understanding.

Based on these experiences together, what advice and recommendations do COP organizers, participants, funders and staff have to offer?

Their suggestions include:

- **Invest time and effort in recruiting the right participants.** COP’s selection process involved criteria and interviews, though not a formal application process. In part, this was because many participants were already known to the organizers and funders. Still, the process worked — in the sense that all eight teams continued participating throughout the four years of COP, and often beyond as well.

- **Set a clear overall purpose and expectations, but make room to adapt to changing landscapes and conditions.** COP had the advantage of shared interest in exploring place-based, integrated, multi-sector work. The goals of creating a thriving learning community, advancing innovation at the state and local levels, and informing federal policy emerged as the group coalesced, and always included room for new avenues or exploration. For example, financing, Collective Impact, and Medicaid policy were not original objectives, but rather responses to emerging opportunities.

- **Relationships are key, so create the space for them to flourish.** The relationships across peers and with national leaders and other experts connected more tangentially to COP meetings were a crucial part of the sense of value and satisfaction that COP participants reported. Meetings and other interactions were designed to provide both formal and informal time for these relationships to flourish, such as dinners, local tours and walks. The face-to-face time was highly valued by participants.

- **Plan and use meeting time wisely.** COP organizers knew their brief face-to-face meetings were a precious commodity of time and energy; they made sure to provide a mix of presentations, learning styles and interactions to keep participants engaged. Even when a particular topic wasn’t as relevant to participants as others, they still felt their attendance was worthwhile because of the mix of topics and the opportunities for interaction.

- **Invest in logistics.** COP participants noticed and greatly appreciated the efficiency and care that was extended to them in every facet of “behind-the-scenes” logistics, from travel and meal arrangements to meeting materials.

- **Build the right internal team.** Identifying the right balance of backgrounds, perspectives and temperaments for the participants was crucial, but so was the formation of an internal team — the “backbone” organization for the learning community — to keep a four-year effort efficient, relevant, timely and alert to the many changes unfolding in the early childhood policy landscape. In Nemours’ case, this included staff from many levels of the organization and a full-time staff member devoted exclusively to COP.

- **Monitor progress and results continuously.** In addition to an outside evaluation (which led to the development of a COP-specific evaluation framework, logic model, theory of change and data collection instruments) COP’s organizers collected feedback from participants regularly and — most importantly — acted upon it.
Cross-sector, place-based work is challenging, because it seeks to cut across well-established silos and requires forging common languages and approaches among teams and agencies with their own language, disciplines, cultures and approaches. Bridging these differences, COP was able to craft a true learning community of practice, providing lasting value for the members of this particular community. In essence, COP’s organizers, participants, funders and staff invested in both “learning” and “community,” never one at the expense of the other.

It is our hope that this description of COP’s experience and lessons learned will enable and encourage others to do so, as well.

“Don’t underestimate the power of the relationships, just spending time cultivating the relationship. If you have the right people in the room, and those relationships flourish, all sorts of things happen ...”

— COP Participant
Introduction

For centuries — indeed, as long as there have been practitioners of a craft or profession with shared experiences and expertise — people have gathered in guilds, apprenticeships and other configurations to learn from each other and advance their practice. Cognitive anthropologists who studied both formal and informal learning communities in the 1980s and 1990s coined the term communities of practice to describe this phenomenon, fortunately replacing the less descriptive and more academic term of situated learning.¹

Since then, the term communities of practice has spread outside academia to describe communities in which a cohort of people across organizations or sectors gather to share and build knowledge, against a backdrop of social interaction that makes the exchange of ideas engaging and fruitful. In both concept and practice, these communities are appealing because they place people outside of their usual, day-to-day activities, giving them the opportunity and luxury to reflect and innovate in ways that would have been difficult, slower or impossible otherwise — all in the company of others with similar but distinct interests and experiences.

This monograph describes the goals, trajectory and lessons learned from a recently convened community of practice: the Children’s Outcomes Project (COP). Jointly funded by The Nemours Foundation, The California Endowment and an anonymous donor and organized and staffed by Nemours, COP brought together eight teams from seven states around the country, as well as national leaders in children’s health and well-being. Together, this community of practitioners, researchers, funders and policy leaders explored common strategies to advance integrated, multi-sector, place-based initiatives that support children and families.

COP’s genesis, participants, goals and outcomes are described in greater detail below, but this document is not solely about COP. Beyond cataloguing COP’s evolution and results, it is intended to capture lessons learned that could be useful to others launching or expanding their own communities of practice, regardless of their scope, sectors or area of practice. The document is organized into five main sections:

- a brief overview of COP (to provide some context for subsequent discussions of success factors, challenges and lessons learned);

- a review of COP’s achievements and the metrics by which they were measured

- factors that participants believe contributed to COP’s success

- challenges encountered along the way

- advice for other learning communities drawn from the COP experience and evaluation.

An appendix includes links to some of the materials and reports generated during the COP’s four-year lifespan.

The Children’s Outcomes Project (COP): Building a Learning Community for Place-Based, Multi-Sector Work

**COP Origins and Purpose**

Like many communities of practice, COP had its origins in previous contacts and work among a core group of participants. In this case, some had originally met through the Health Matters learning community funded by the W. K. Kellogg Foundation in 2006, which aimed to explore the role of health and the health sector in place-based initiatives for young children. At the same time, Nemours was working nationally to move a policy and practice agenda around place-based initiatives and prevention, recognizing that there was a need to make it real by articulating a vision of this work and its potential and showcasing on-the-ground examples of communities making a difference for children by implementing place-based programs.

With funding from The Nemours Foundation, The California Endowment and an anonymous donor, and organizational support and direction from Nemours, this became the COP community of practice.

COP’s aims were fluid and relatively broad at first, exploring the role of integrated multi-sector, place-based initiatives in children’s health and well-being. In its early stages, COP focused more on sharing and exploring relevant topics in an in-depth way, than on any specific actions or expectations.

As the group coalesced over an initial two-year phase, the aims took on more clarity and specificity. Even so, they remained broad and flexible enough that COP could adapt to changing interests and conditions. For example, the interest in working on informing federal policy was not tied to a specific policy until late in the process. For most COP participants, this flexibility was a factor underlying the group’s continuity and success, though it occasionally caused confusion (especially early in the COP’s evolution).

The first explicit goal of COP involved **creating and sustaining the learning community**. This included creating a safe, supportive forum for sharing information and for joint learning, with engaged, satisfied participants who are able to apply, share and use what they learn through the community. Making this a specific aim, instead of a byproduct or assumption that the community would naturally form and sustain itself, was an important touchstone for everyone involved in COP. This also was the goal that was most fully defined and achieved over the course of COP.

The second goal — **advancing innovative policies and practices at the community and state levels** — envisioned COP participants taking their new knowledge and applying it in their home communities of practice. Since COP teams were chosen specifically with cross-sector representation in mind, an aspect of
this goal included the spread and scale of innovation across sectors and systems. This goal was partially realized, as COP participants reported numerous ways they applied the learning and innovation gleaned from each other and from speakers and leaders invited to present to COP participants at their face-to-face meetings. However, most of the activity in translating innovation from COP meetings and interactions back to a home base occurred at the community or local levels, rather than the state level. In part, this was due to the composition and sphere of influence of the various teams; only three of the eight had an explicit statewide focus. (The others operated at either the county or school district level, though with strong connections to statewide groups.) The states involved also varied greatly from one another in terms of size and governance, making any one set of state-level policy changes harder to replicate across different states.

A third aim was to work collaboratively to inform federal policy. This goal was particularly difficult to achieve, in part because of the complexity of such an enterprise regardless of the policy target, and in part because it was difficult to identify a policy target (or set of targets) that engaged all or most of the participating teams. However, near the end of COP, a subset of participating teams began discussing ways to leverage a federal rule change that allows for Medicaid reimbursement of preventive services provided by qualified practitioners recommended by a physician or licensed practitioner. Due to the complexity of the proposed rule change and the need for state action, the COP time frame ended before any changes occurred at the state level. However, the workgroup of participating communities continues to meet (even after COP has officially ended), indicating a level of interest and perceived value by communities.

COP Participants and How They Were Chosen

Thanks to a connection to the W. K. Kellogg Foundation’s Health Matters learning community and Nemours’ work in place-based initiatives, COP’s organizers and funders already had a core group of interested, vetted participants representing communities across the country who were involved in integrated, multi-sector, place-based initiatives. In adding to the core group, they sought recommendations from colleagues and followed similar criteria: requiring participation from at least two sectors besides health on the community team, focusing on multiple areas and systems at once, representing a particular geographic area (i.e., not a national group), and demonstrating an interest in integrating systems to serve children and families. In addition, an informal criterion for individual participants (especially the team leaders who organized their own teams to attend and participate in COP) was a reputation for being a team player and a constructive participant in group settings. This last criterion was harder to gauge, but all team leaders were interviewed before being invited to participate; the invitations were issued carefully and successfully in that all who were invited did participate and remained part of the community of practice throughout its four-year term, even though the composition of individual teams occasionally shifted.

From the Health Matters learning community and their state and national policy work on children, youth and families, the COP organizers also interacted with a small group of national leaders, researchers and policy experts who were invited to participate. Although some of the national leaders participated less consistently than the community team representatives, they were an important part of the community of practice. An early ground rule adopted by the organizers was that state and local community teams would be on equal footing with the national leaders; both on-the-ground and national/academic expertise would be valued and honored, without one holding sway over the other. As one put it, “We wanted COP to be a safe place to discuss these issues, without hierarchy.”
In addition to the state and local community initiative teams and the national leaders/experts, Nemours dedicated significant leadership and staff time to COP, augmented with funding from The California Endowment and an anonymous donor. Over time, COP was woven into the work of Nemours’ Washington, D.C.-based Office of Child Health Policy and Advocacy, which designed meeting sessions and materials, recruited speakers, oversaw commissioned reports and products, interacted with COP participants, and facilitated sessions during COP meetings.

A full-time Nemours analyst handled day-to-day operations and interactions with participants (including arranging conference calls, keeping communication flowing between meetings, overseeing logistics, and coordinating with event, travel and accounting staff). Nemours also provided a professional meeting/event planner to handle hotel contracts, meals, travel and logistics associated with the on-site meetings.

The Nemours team engaged consultants for an evaluation of COP, commissioned research and policy papers presented at sessions and outside speakers — all of which required coordination, contract management and oversight as well.

**COP’s Evolving Format**

Even in an age of 24/7 virtual contact through our various technological gadgets, COP’s funders and organizers made a commitment to face-to-face meetings that participants greatly appreciated and identified as a key factor in the community’s success and staying power. Initially, the 1.5-day meetings were frequent, occurring four times a year, alternating between the East and West coasts. For the second two years, meetings were held twice a year in the Washington, D.C., area.

Between meetings, Nemours organized conference calls to check in with teams or sought input on various topics via email, often posing specific questions to be considered, sharing links or resources brought to the group’s attention by a team member or national leader for wider distribution, following up on questions or items raised during meetings, or briefing teams on materials or contributions for the next upcoming meeting.

Over time, the teams began interacting independently with one another by phone and email — interactions that have continued a year after COP’s official culmination. On several occasions, teams met in person at one of their sites to exchange information initially explored in a COP national meeting in a more focused peer-learning format. Several COP sites have now created their own self-funded early childhood spin-off community of practice, inviting others to join them.
To continue to bring state-of-the-art knowledge, insights and information to COP, Nemours commissioned several papers and analyses based on the group’s interests and work together, including a set of case studies by The Finance Project (New Ideas, New Strategies: Supporting Sustainability with Incentive-based Financing Strategies) and a white paper on Medicaid funding strategies for community-based prevention. Experts in programs or topics of interest to COP participants — including Collective Impact, Results-Based Accountability, Help Me Grow, Child First, Strengthening Families, LEAN processes, among others — were brought in as speakers and presenters, interacting with participants in an in-depth seminar or workshop format and often available for subsequent technical assistance as well.

In addition, Nemours’ relationships with federal policy makers led to several panel discussions during meetings in which federal agency representatives had opportunities to hear from those “on the ground,” while COP participants too were able to glean insights about federal funding opportunities, priorities, and upcoming or anticipated policy shifts and the rationale for them. For example, at a fall 2012 COP meeting, participants learned that a cross-HHS (Department of Health and Human Services) working group had been convened to validate a public domain, comprehensive developmental screening tool that would be widely available. Instead of continuing to work on their own versions of such a tool or cobbling together different tools, some participants reported that they would wait and see what emerged from the working group. Participants also learned that the Environmental Protection Agency (EPA) Environmental Justice program — not traditionally thought of as a health or education funding agency — includes a grant program that supports many health components, particularly related to children’s health. This, too, was useful and new information to COP participants and their colleagues at home, some of whom explored funding through this mechanism.
COP Evaluation Findings, Achievements and Metrics

To gauge progress in advancing the three COP goals, an evaluation was commissioned at the beginning of COP’s second phase, halfway through the learning community’s four-year time span. The evaluator interviewed COP funders and participants to develop a logic model, theory of change, and evaluation framework with potential indicators for each goal. The logic model, theory of change and evaluation framework are provided in Appendix A; evaluation questions related to the three COP goals are provided in the box below. Evaluation results tied to the three overall aims (creating and sustaining the learning community, advancing innovative policies and practices, and informing federal policy) and five evaluation questions are discussed below.

Evaluation data were collected via attendance and observation of interactions at COP in-person meetings and a peer-to-peer meeting, interviews with participants at regular intervals, and an online survey to assess satisfaction with the collaborative and learning community itself.

From the combination of observations and more structured data collections, it is clear that COP learning community members found the experience worthwhile. A core group voted with their feet, attending meetings regularly and devoting considerable time and energy to COP between face-to-face meetings, such as participating in conference calls or responding to requests for information.

CHILDREN’S OUTCOMES PROJECT PHASE II EVALUATION QUESTIONS

1. How do learning community participants share and use what they are learning?
   a. What are individual teams taking back and leveraging in their own work?
   b. How is COP knowledge being used to make the work more effective?

2. Have learning community participants developed a common language to describe and communicate what they are trying to accomplish (within the learning community, and outside it)?

3. Are they generating new solutions or integrating existing solutions through this collaborative work?

4. What can we document as the spread and impact of COP ideas?

5. What specific federal policies are COP targets?
   – How has COP influenced the framing, positioning and movement of these policies?

Learning Community Outcomes

EVALUATION QUESTION #1:

How do learning community participants share and use what they are learning? What are individual teams taking back and leveraging in their own work? How is COP knowledge being used to make the work more effective?
In 2012, results of the collaboration survey demonstrated that COP participants valued and appreciated the opportunity that COP offered to network with others pursuing similar goals and to learn about initiatives and tools relevant to their own work. The evaluation results showed that many COP members also used the COP learning community as a springboard for joint efforts, in pairs or small groups. They presented at conferences together, co-authored journal articles (such as a piece published in a 2012 issue of The Foundation Review, “Bridging Silos, Improving Systems,” which features two COP authors and highlighted their initiatives as case studies), pooled funds to host peer meetings, and conferred informally about struggles and successes throughout the COP phases. As noted above, several have regrouped, contributing their own funds, adding other county-level early childhood initiatives to the fold. For example, participants from Delaware organized a meeting with COP participants and leaders from Delaware to discuss place-based work occurring around the country. This led to the adoption of Help Me Grow in Delaware.

The learning community itself was highly valued by participants, both as a conduit for sharing and using new ideas and resources, and as a source of support to and from one another. The ongoing relationships and atmosphere of trust that had built up over time were appreciated in their own right and as contributors to productive exchanges of ideas and information. “I always felt like I learned at least one new best practice at each meeting,” one participant said. Another shared, “It was an opportunity to broaden my understanding of many issues that I would not normally be exposed to.”

Participants also explored common language and frameworks, which was a particular challenge because of the different sectors (and thus, acronyms and cultures) represented in multi-sector work. Asked for specific examples of what they took back home from the COP learning community and put to use in their own work, participants offered these examples:

- exposure to nationally (and in some cases internationally) known programs and tools, including Help Me Grow, Strengthening Families, Early Development Instrument/Index (EDI), Results-Based Accountability (RBA), Collective Impact
- COP-specific information and tools, particularly the case studies about funding strategies developed by The Finance Project (“I learned about funding streams and mechanisms previously unknown to me”)
- examples of how general strategies, planning and structure (not tied to a specific program) had been applied in different places, such as early childhood models, funder relationships and parent engagement strategies
In terms of how COP knowledge was used to make the work more effective, participants offered these examples:

- The broader COP community expanded participants’ networks of people working on similar issues and fostered a sounding board for sharing ideas
- Discussions at (and between) COP meetings offered a fuller understanding of Help Me Grow’s potential
- COP meeting discussions highlighted connections across local, state, and national initiatives, and also reminded participants how strong local government can play a leadership role and how “some things have to move at the local level”
- COP connections led to peer sharing and expertise related to specific programs, including RBA, EDI, Help Me Grow and Strengthening Families — such as at a COP Peer Match meeting (hosted by one of the participants in June 2012).
- COP examples and programs were shared locally — for example, RBA and Collective Impact frameworks with city partners, evaluators, researchers and colleagues; one participant’s strategic plan as a model to inform needs assessments and planning; and the COP evaluation to share indicators and outcomes that could be used locally for cross-sector mapping of shared outcomes and approaches.

One participant summarized COP’s effect on her work this way, “The opportunity to learn about work with children outside my professional responsibilities was enlightening and fostered threads of connection — about how to structure and design some of my own work.”

**EVALUATION QUESTION #2:**

*Have learning community participants developed a common language to describe and communicate what they are trying to accomplish (within the learning community, and outside it)?*

Participants noted that the concept of *place-based* initiatives had gained some traction, although several also reported continued pushback and confusion associated with this term.

Over the two years covered by Phase II of COP, participants have continued to express an interest in learning more about how to communicate not only the scope but also the value of their place-based, multi-sector work. In this regard, many appreciated the potential of materials highlighting returns on investment (ROI), such as those developed by ReadyNation (one of the presenters at the October 2013 meeting) and underpinning some Pay for Success models. However, some participants cautioned that these tools, while helpful in many instances, may also undermine what COP teams seek to communicate about the inherent value of investing in children, by monetizing such investments or raising expectations about short-term returns.

Some tools adopted and shared by COP participants — particularly Collective Impact and RBA — build a common language of their...
own. Several COP teams have used these frameworks to spark discussions within their communities and with other partners and sectors about concepts such as backbone organizations, mutually reinforcing activities, outcomes, indicators and results. Earlier in the COP process, these terms were rarely used or had to be explained, but now many participants report that they are more commonly used in multi-sector meetings and conferences.

Advancing Innovative Policies and Practices

EVALUATION QUESTION #3:  
Are COP participants generating new solutions or integrating existing solutions through this collaborative work?

In terms of generating new solutions or integrating existing ones, COP members explored ideas generated by COP-commissioned case studies on innovative financing strategies used in two of the participating teams’ home counties, collaborated on a paper about the challenges and lessons learned in systems building work (like the Bridging Silos, Improving Systems article mentioned above), presented their work at philanthropy conferences (such as Grantmakers in Health). They appreciated hearing about programs or initiatives sooner than they might have otherwise, as well as learning about the work their colleagues were undertaking. Some added that the national credibility that COP lends — both through the involvement of funders such as Nemours and The California Endowment, as well as interacting with peers from across the country — gave them extra clout in proposing implementation of some of these strategies at home. COP’s imprimatur lent a stamp of approval for some of the new programs and approaches; knowing that others were “test-driving” these ideas at the same time also boosted confidence that individual teams would not be piloting these ideas alone.

EVALUATION QUESTION #4:  
What can we document as the spread and impact of COP ideas?

COP participants identified many ways that COP ideas had spread within their own teams and more broadly in their local communities, counties, regional networks and home states. As noted earlier, examples include Help Me Grow, Strengthening Families, RBA, Collective Impact, EDI, and financing and sustainability strategies.

In addition to these fairly structured and increasingly well-known models, participants noted the value of connecting with each other and national experts to learn about best practices around the country, share ideas and hear about “the items that are bubbling up.” Learning from each other, presentations at COP meetings, and access to federal agency representatives and national experts, they appreciated hearing about programs or initiatives before they might have otherwise. Some added that the national credibility that COP lends gave them extra clout in proposing implementation of some of these strategies at home.

They also cited specific resources and tools — data collection instruments, data dashboards, strategic plans, logic models and communication messages — that they learned about from COP partners and then shared more broadly within their own networks. Referring to sharing RBA and Collective Impact
frameworks with local partners, one COP team member commented, “I’ve seen conversation and interest in these frameworks pick up over the past three months — it’s exciting!”

**Informing Federal Policy**

**EVALUATION QUESTION #5:**

What specific federal policies are COP targets? How has COP influenced the framing, positioning and movement of these policies?

COP’s work to influence policy at the federal level includes the following:

- The COP Outcomes Framework monograph (developed in 2011) and other ideas were brought to meetings with members of the Obama Administration, federal agencies (particularly the Centers for Disease Control and Prevention, Administration for Children and Families, Environmental Protection Agency, and Department of Education), and Congressional offices to help advance the role of multi-sector, place-based work as part of the *Health in All Policies* approach.

- Opportunities were identified for participants to focus on early childhood and early education through grant funding opportunities, regulation and legislation.

- Perspectives and learning were shared from COP with Center for Medicare and Medicaid Innovation and Centers for Disease Control and Prevention staff to inform their Funding Opportunity Announcements (FOAs).

- Federal agency staff were given opportunities to interact directly with COP participants to understand more clearly the implications of various policies and funding streams related to children and families, and how these either hampered or helped efforts to support integrated place-based, multi-sector initiatives — including data and funding requirements, unintended consequences of various requirements, unclear directives and gaps in guidance or tools that would have advanced these efforts.

- Case studies and papers were commissioned that helped COP participants learn from one another and understand and navigate complex state and federal systems more effectively, including financing case studies and a paper debunking common Medicaid myths.

- A COP workgroup was created to identify and pursue opportunities for Medicaid reimbursement for community-based preventive services, prompted by a change in Medicaid regulations that would allow states to reimburse qualified professionals to provide preventive services when they are “recommended by a physician or other licensed practitioner … within the scope of their practice under State law.” For this effort, COP commissioned a background paper on the proposed changes and their implications; convened a subset of interested COP participants to discuss the options; helped educate members on the nuances and complexities of the state Medicaid programs, language and culture; and developed a set of questions to guide interactions between COP members and state Medicaid officials. This template was distributed broadly and used as a tool for those interested in promoting the regulatory change in their states. (See Appendix C.)

Although these efforts have not yet yielded the state-level Medicaid changes and proposals envisioned at the outset, COP members reported that they learned a great deal about the Medicaid program and how to approach their state Medicaid leaders. Many are optimistic that the knowledge, contacts and insights gained through their COP Medicaid work will lead to progress in the future. At least one
state-level participant in these calls was able to share the information regionally with peers in neighboring states, since some of the changes being contemplated — reimbursing community health workers — affect both workers and systems that may cross state lines. Medicaid workgroup participants plan to continue to use the approaches and knowledge gleaned from their workgroup participation to share with other stakeholders and possibly extend similar proposed changes to other professions (e.g., case managers or care coordinators) within the health system.

Several also noted that this model — the provision of commissioned research or papers, consultants and other experts playing a translator role across state and federal policy, and the coaching or guidance in how to frame policy “asks” — could be adapted for other complex policy changes. This is particularly true of policy issues in which local or state programs alone might not be able to exert much influence, but could potentially band together to raise a more unified voice.

It is also worth noting that COP Medicaid workgroup members continued meeting (in person and via conference calls) to share information, communicate with state and federal Medicaid officials, and propose pilot programs in their respective states even after COP ended.

**Success Factors: What Do COP Participants Believe Contributed to Their Community’s Success?**

COP’s organizers, participants, funders and staff were asked to reflect on which factors made COP a success, and identify challenges.

**Success Factors**

**Sufficient funding and in-kind support.** Nemours, The California Endowment, and an anonymous donor made COP possible. As the organizer of this effort, Nemours realized that ongoing resources would be needed; they were able to secure two rounds of funding from the original supporters that lasted four years (from 2009-2013). Through its own staff, Nemours also contributed in-kind operational and policy expertise beyond the funded levels, and ensured that COP was efficiently managed in a coordinated way throughout the learning community’s four years together. (It should be noted that some members of the learning community had known each other longer — either through previous work together on the W. K. Kellogg Foundation’s Health Matters Initiative that immediately preceded COP, and/or through professional interactions within the child health and health policy communities.) Many of the elements below — attention to logistics that made participants feel valued and well cared for, bringing people from around the country together for regular face-to-face interactions, supporting them between meetings, commissioning research and evaluation reports and other

“If nothing else, you bring a group of people with such brilliant minds and capacity for innovation together, even without a specific agenda, you get a lot . . .”

— COP Participant
materials, and securing speakers — all take significant resources. Securing and deploying these resources were key factors in COP’s success.

Although the funding that made this possible was an important factor in COP’s success, most participants felt that this level of funding for a learning community is difficult to secure. Stable outside funding is helpful, but may not be a deal-breaker if it is not forthcoming. Indeed, some feel that participants having financial “skin in the game” may add a level of commitment and participation that is different from being hosted. For example, four of the eight COP teams have joined with others in a similar learning community dedicated to improving results for children and supporting families. The Early Childhood Learning and Innovation Network for Communities (LINC) is co-sponsored by the Center for the Study of Social Policy and the Children’s Services Council of Palm Beach, Florida. It receives some funding, but participants also pay their own travel costs to in-person meetings and collaborate on information sharing, webinars and other contact as well.

Recruiting the right number and mix of people to work intensively together over several years. Nemours staff and consultants took great care and invested considerable time and effort in choosing learning community members, interviewing them prior to issuing invitations and developing criteria for teams. These included representation across at least two nonhealth sectors, interest in and commitment to an approach integrated across systems, and a place-based initiative (not a national or regional one). The cross-sector team participation requirement was important in its own right, because many reported that it gave participants opportunities to work together and interact more intensively and productively than they could in their day jobs.

---

**COP Initiatives’ Vision and Mission Statements: A Shared Vision of Children’s Health and Well-Being**

**ALAMEDA COUNTY, CALIF.**
First 5 Alameda County, CALIF.
Every Child Counts
Every child will have optimal health, development, and well-being to reach his or her greatest potential.

**COLORADO**
Early Childhood Colorado Framework
All children are valued, healthy and thriving.

**CONNECTICUT**
Community Planning Partnership Initiative
To support local communities to develop and implement a comprehensive, community-wide plan for young children from birth through age 8 that encompasses early care and education, social, emotional, behavioral and physical health and family supports.

**DELAWARE**
Nemours Health & Prevention Services/Partnering for Change
Optimal health and development for all children.

**FLORIDA**
Children’s Services of Palm Beach County
To be innovative leaders creating communities in which children reach their full potential.

**INDIANA**
EVSC School-Community Council/Center for Family, School and Community Partnerships
To establish schools as places of community to enhance youth and family development.

**MONTGOMERY COUNTY, MD.**
Linkages to Learning/Teaming for Excellence
Children will be academically successful, healthy, and safe and prepared to be productive citizens.

**ORANGE COUNTY, CALIF.**
Children and Families Commission of Orange County
Orange County’s young children need safe, supportive and nurturing environments to be healthy and ready to succeed in life.
COP’s organizers also looked for various types of diversity across teams — including geographic diversity (teams were from both coasts and the Midwest), levels of expertise and spheres of influence (local, county, and state teams, and national experts), and areas of emphasis (early childhood, health and human services, education).

While COP did not require a formal application process, there was considerable contact between the organizers and representatives of the eight teams and national leaders who joined together as COP. All eight teams and team leaders remained part of COP for its duration, although the composition of each team shifted over the course of COP. Interestingly, many of the participants reported initially feeling that they were the “odd man out,” because they were the only representatives of a particular type of team or geographic scope.

Between the team representatives, national experts, consultants and staff, in-person meetings routinely included 50 or more individuals. Participants felt the group was the right size for types of interactions designed during and between meetings; which fostered full participation of members, with a cross-section of diverse backgrounds and perspectives which found its way into the discussions and presentations. All of these factors increased the value of the experience.

A key success factor was the early commitment to treating everyone in the group as an equal. Regardless of degrees, titles and role within COP (team representatives or national leaders/experts or consultants), there was no premium placed on particular types of expertise. In presentations and interactions, the organizers were careful to feature many different types of expertise and wisdom, avoiding the sense that one group of experts was teaching or lecturing another group of less informed practitioners. In fact, a mix of participants (not just national leaders or experts) often was asked to present their work to others, individually or as panelists alongside others. The two-way interaction, (e.g., locals to federal agency representatives) was cited as a particularly prized characteristic of the experience by many participants in their reflection on COP.

**Taking the time to build trust and relationships.** COP was fortunate to have secured funding for several years of in-person meetings and a core staff to organize and lead the learning community. Still, frequent in-person meetings with excellent logistical support alone would not have guaranteed that the group would coalesce. Organizers valued the face-to-face time of meeting in person, even though the frequency of meetings decreased over time (moving from four times a year to two). Frequent contact was built in between meetings as well, with structured conference calls and check-ins. At each in-person meeting, team members had opportunities to share aspects of their current work (e.g., through “gallery walk” poster sessions or small tables hosted by one or two team members while others rotated for conversations and explorations of a particular topic). Informal social time was always built in as well.

**Investing in meeting content and flow.** During the meetings themselves, the organizers and core staff solicited and listened to feedback from participants about what was useful, relevant, interesting — or none of the above. They worked hard to include a mix of activities and respond to different learning styles. Outside speakers were well prepared to interact with the group and understood that their presentations and panels would not be mini-lectures or public relations opportunities. Between meetings, the staff and organizers
posed thoughtful questions to gather information, prepare for subsequent meetings and keep participants engaged. They also commissioned a variety of specific papers and synopses geared specifically to the needs and interests of COP participants — such as the financing case studies and Medicaid white paper described earlier.

**Attention to logistics.** COP participants always felt they were treated exceptionally well, to the degree that many used the word “pampered” to describe the array of meals, snacks, planned excursions and meeting materials provided at every meeting. Assistance was provided with travel arrangements; communication about meeting venues and times was clear and timely; and in general participants felt that their comfort, convenience and logistics needs were attended to. Again, this alone might not have guaranteed successful and ongoing participation, but it certainly helped and made participants feel valued and appreciated.

**Nemours staffing levels and configuration.** As noted above, the Nemours team was heavily involved in COP at many different levels, incorporating COP work into ongoing projects and initiatives of the Washington, D.C.-based Office of Child Health Policy and Advocacy. The array of staff roles and skills devoted to COP included the Office’s senior leadership team for overall design, strategic thinking, and national policy expertise and linkages; meeting and event planning; day-to-day operations (including ongoing contact with teams and consultants and overseeing the many calls, reports and data gathering activities between meetings).

When participants needed help organizing interactions between meetings, Nemours staff members were always willing to help (e.g., setting up conference calls and circulating notes or other additional resources). For the policy work that encompassed the Medicaid workgroup, expertise in translating across state and federal policy frontiers, especially for a system as complicated as Medicaid, was of particular value. All participants — community team representatives, national leaders, invited speakers and consultants — could see the commitment of Nemours staff at each meeting and between meetings, which demonstrated the value Nemours placed on COP’s work.

**Responsiveness to feedback and suggestions.** COP participants commented on how responsive Nemours staff members were to their ideas and suggestions. Feedback was solicited at the end of each meeting in
person, and in subsequent online surveys as well. Participants were always invited to suggest topics and/or activities for in-person meetings.

In addition to feeling heard when they had feedback or ideas, participants noted that there was a high degree of flexibility among the organizers. As funders and participants, the Nemours staff valued participant input and also had their own ideas to contribute about what meetings should cover and produce.

Creating value for participants. COP participants felt that the COP format, speakers, materials and meeting content was designed with their time and needs in mind. Representatives of federal agencies were invited to COP meetings to discuss their upcoming agency initiatives in an interactive way — access and insights that most COP participants felt they would never have been able to obtain on their own. This and other interactions and presentations at COP, in turn, made many feel they were part of a national conversation and better connected to colleagues in the field who were also pursuing this work.

During and between meetings, participants had opportunities to explore ideas and tools, learning from others who were either at the same stage of exploration or who shared insight from their own trial-and-error implementation. Likewise, those who shared stories of success and struggle felt they had outlets for disseminating valuable lessons learned to an interested and informed audience that was larger, more diverse and more influential in the field than what they could have reached on their own. They had prime access to new information, research, tools or programs that they might have learned about eventually, but not as quickly or thoroughly as through COP. Team members also had the time and luxury to focus on their work together across sectors, which most found more difficult to do at home.

“Part of the value of the COP for us . . . was having the opportunity to be exposed to and hear about creative other ideas, or maybe they may not have been creative, but they were doing something different than we were doing, and that it made sense and seemed like something that was worth bringing back here to try . . .”

— COP Participant

The Challenges of Many Balancing Acts

As with any large-scale, multi-year endeavor with so many participants and moving parts, COP encountered its share of challenges. While participants were greatly appreciative of the funding, leadership and staff support that made their gatherings and work together possible, they noted several areas that, in retrospect, could have made their work together even more productive. In doing so, they recognized that many challenges involve trade-offs, balancing one set of advantages (e.g., specificity) against another (e.g., flexibility).
The challenges and observations they noted are listed below:

**Balancing clear goals, aims and direction without being overly prescriptive.** Some COP participants felt that the initial goals/aims and purpose were not clear, and this created some confusion. Despite some initial confusion, most continued to have faith that their participation was worthwhile — reinforced by the continuous learning and positive group interactions over time. Several noted that they might not have stuck with the effort at the outset if they had had to pay for the experience out of pocket, yet all were glad they got past the group’s initiation phase. As noted previously, it appears the group’s flexibility and willingness to shift in directions were of more relevance and utility to participants, which might not have been possible if a narrower, more specific set of goals had been established at initiation. Still, finding the “sweet spot” between clear goals and flexibility is a challenge other learning communities may face.

**Expectations for teams.** Some participating teams wished for a concrete project they could have worked on in parallel with other teams, in order to focus their efforts. However, they acknowledged that this would have been difficult, given the diversity of teams and their geographic or other spheres of influence (e.g., local, county, state). The travel to meetings, participation during meetings, and interaction between meetings were all time consuming, but some team members felt more could have been asked of them in terms of contributions to COP, especially since Nemours and The California Endowment covered all travel and meeting expenses. If the goal is to work together on a concrete project, participants would need to be selected with this expectation in mind and perhaps COP membership would have been a less diverse group. For example, while some of the participants focused on early childhood education, others focused on school-aged children, making it difficult to identify a common area on which to focus.

Related to this, community team composition was generally left up to the team leaders. Some teams experienced more turnover than others, and this occasionally placed more managerial burdens on team leaders (for organizing, coalescing and motivating team members) than they had anticipated at the outset.

**Diversity across teams and participants.** COP’s organizers deliberately sought out teams that would bring different perspectives to the COP table. In general, this worked well — but it also meant that several teams experienced some head-scratching about why they were part of COP. It is worth noting that despite some initial confusion about why they were part of the group, all of the teams remained involved and found the experience worthwhile. The key lesson here: paying more attention to commonalities across groups and deciphering of jargon (e.g., acronyms unique to the health or education sectors) that would not have been familiar to everyone may have aided with the assimilation process.

**Evaluation challenges.** Collecting consistent, comparable data across teams about the influence of COP on their work was a challenge, both because the teams differed in many respects from one another and because the most appropriate data collection methods — in-depth interviews — placed additional burdens on respondents. Many effects of COP on the spread, scale and nature of teams’ work were subjective in nature and did not seem self-evident to them. For example, upon questioning, a participant

> “You get kind of a front-row seat when you’re at something like COP; you get to see it first and check it out before anybody else does …”

— COP Participant
would recall that an idea or tool implemented at home originally came from COP, but this would not necessarily have been captured or reported otherwise. The changing composition of teams also made it difficult to assess COP’s value and influence across teams, since not everyone attended every meeting. However, the leaders of each team remained consistent, and they were willing to respond to survey and interview requests periodically.

Even though COP’s four-year time frame was relatively generous, it was still difficult to move beyond process measures of convening people across sectors, piloting tools or programs, or testing the waters to move to concrete outcomes and measurable results of these in terms of policy changes and system integration. In part, this was because the evaluation was launched halfway through COP, at the beginning of its second two-year phase. Still, the measures that were used for the strength and value of the learning community and cataloguing of ways participants changed their practice did demonstrate the accelerated spread of ideas and tools first shared at COP. (See Appendix C for a copy of the Phase II Survey).

Advice and Recommendations for Other Learning Communities/Communities of Practice

Based on these success factors and challenges, what advice and recommendations do COP participants have for others who are either launching or already part of their own communities of practice?

**Invest time and effort in recruiting the right participants.** Options include a more formal application process, pre-interviews, vetting of potential members through personal recommendations and referrals, or employing a combination of these tactics. Having some criteria in mind — as COP did in seeking those who were already involved in multi-sector, place-based work — is crucial for the topic at hand, but personal characteristics come into play as well. A person who is extremely knowledgeable but not known for being a team player (e.g., presenting at a meeting and then leaving for the interaction/discussion that follows) would not be the best choice for a process that relies so heavily on group interaction and sharing. Likewise, COP made an early and strong commitment to avoid imposing hierarchy of any kind in meeting interactions. To the extent possible, learning about how people interact in these more subjective and subtle ways could influence who is invited to participate.

**Set a clear overall purpose and expectations, but make room to adapt to changing landscapes and conditions.** COP did this well, despite some initial confusion, in large part because its organizers were perceived by participants as being open to feedback. Frequent, open-flowing communication, across many modes, supported by consistent opportunities to provide feedback on meetings, topics, relevance and wish lists for future meetings were important components.
**Relationships are key, so create the space for them to flourish.** COP invested heavily in nurturing the personal relationships that were so highly valued by participants and kept them engaged, even (or especially) when individuals felt unsure about their purpose or connection to the larger group early in the COP’s evolution. Face-to-face meetings (even if these taper off in frequency), activities that help individuals and teams learn about each other (e.g., “speed dating” and poster sessions at meetings), informal social time, and organizing opportunities for semi-structured contact between meetings all help generate these relationships. In COP’s case, the commitment to honoring and respecting all types of expertise was equally crucial.

**Plan and use meeting time wisely.** It’s tempting to fill scarce face-to-face meeting time with too many presentations and activities. COP staff worked hard to balance activities and learning styles, offer down time for processing new information, and support new ideas with high-caliber materials and follow-up to support the work. They also brokered access to various types of experts and consultants, as needed — both at the meetings themselves and offline. In retrospect, some COP participants wished there had been a concrete project to work on together and report on (though it is certainly possible this might have had as many detractors as proponents).

Although meeting time itself was the most visible aspect of COP, a great deal of contact and activity occurred between face-to-face meetings. Support for conference calls, distributing new resources, facilitating access to other experts, posing questions or requests for information — all of these kept COP “alive” between meetings.

Some participants wished they had been prompted to do more, perhaps with a question about exactly how they planned to apply what they had learned at each meeting. Intentions were good, but follow-through was often difficult as competing pressures and deadlines piled up after a few days away.

**Invest in logistics.** The care and feeding of COP participants was exceptional, and very much appreciated. In short, if participants are uncomfortable, unhappy, or do not feel that their time and comfort is valued, the content of meetings — no matter how relevant or timely — may not get much traction.

“Don’t underestimate the power of the relationships, just spending time cultivating the relationship. If you have the right people in the room, and those relationships flourish, all sorts of things happen . . .”

— COP Participant

**Build the right internal team and make sure it is adequately resourced.** Just as important as the group of participants recruited to be part of a learning community or community of practice is the internal team that keeps its operations running smoothly and efficiently. To use the language of Collective Impact, the learning community needs its own “backbone” organization, representing a set of skills that complement those of the learning community participants and help advance its goals. For Nemours and COP, the internal team included leaders with state and national policy and philanthropy connections and the ability to play a translator role, strategic thinkers, operational managers to handle ongoing learning community tasks and contact across staff and teams (including a full FTE devoted to COP), and meeting/event
planners for flawless logistics. Having a dedicated FTE created accountability and focus for the work. There was always one person accountable for driving the work forward.

**Monitor progress and results continuously.** As noted above, evaluating a community of practice is a challenge, just as it is for other moving targets. While more resource-intensive than surveys, capturing anecdotal information from meetings and other interactions is one important — and irreplaceable — source of data on the learning community itself. For COP, this occurred through immediate post-meeting feedback, including reflection exercises such as identifying particular benefits or “a-ha!” moments on notecards that were then collected at the end of the meeting and wrapping up each in-person meeting with a “plus/delta” exercise that captured immediate reactions and opportunities for improvement. Surveys and structured interviews also serve as important sources of information on the effects of a learning community in advancing specific practice, but this is more easily accomplished with teams that are more similar. Even with different settings and spheres of influence, a basic logic model or framework can orient both the evaluation questions and the learning community itself, providing a touchstone, indicators and benchmarks for progress along the way. Finally, whether as part of an evaluation or simply seeking feedback on a meeting: if feedback is sought, it should be acted upon. This demonstrates responsiveness and often leads to improvements, both of which are appreciated by participants.

**Conclusion**

In their 2002 scholarly exploration of communities of practice, Wenger, McDermott, and Snyder identified seven specific actions that cultivate such a community. These were not explicitly part of the planning for COP, yet are echoed in many of the lessons learned. They include:

- Design the community to evolve naturally.
- Create opportunities for open dialog within and with outside perspectives.
- Welcome and allow different levels of participation (specifically leaders, active participants and peripheral participants).
- Develop both public spaces (where all members share, discuss and explore ideas) and private community spaces (in which relationships among members and resources are based on specific needs).
- Focus on the value of the community by creating opportunities for participants to explicitly discuss the value and productivity of their participation in the group.
- Combine familiarity and excitement — the expected learning opportunities as part of their structure, and opportunities for members to shape their learning experience together by brainstorming and examining the conventional and radical wisdom related to their topic.
- Find and nurture a regular rhythm for the community — a thriving cycle of activities and events that allow for the members to regularly meet, reflect and evolve, yet not so fast-paced that it becomes unwieldy and overwhelming in its intensity.

Without this checklist as guidance, COP was able to craft a true learning community of practice, providing lasting value for the members of this particular community. In essence, COP’s organizers, participants, funders and staff invested in both “learning” and “community,” never one at the expense of the other.

It is our hope that this description of COP’s experience and lessons learned will enable and encourage others to do so, as well.
Appendices

Appendix A: COP Phase II Evaluation Plan

Introduction

I. COP Phase II Logic Model

II. COP Theory of Change

III. Partnership Inventory (adapted from the Wilder Foundation)

Appendix B: Links to Mentioned Programs/Initiatives

Appendix C: COP Papers and Materials

I. Medicaid Preventive Services Regulation Questionnaire

II. COP Phase II Survey

III. Finance Project
Appendix A: COP Phase II Evaluation Plan

Introduction

COP Overview
In its second phase, COP builds on earlier work convening representatives of eight state and county community teams and national experts and advocates in a learning community. Together, the funders, teams, experts and advocates are pursuing three main streams of activity:

- creating and sustaining the learning community itself;
- advancing innovative policies and practices at the community and state levels; and
- working collaboratively to inform federal policy.

A Developmental Evaluation Framework

The path to achieving these types of goals — and tracking their progress using evaluation tools — can be a complex and sometimes murky process. The approaches of developmental evaluation and policy/advocacy evaluation seem particularly relevant to this work. In particular, these approaches acknowledge a backdrop of uncertainty and unfolding, moving targets; give weight to incremental change; and “lift up” and value qualitative methods (including interviews, story-telling, and anecdotal information).

Evaluation Questions

To help frame the evaluation, we have identified five key evaluation questions that should inform the learning community about its progress. These are:

1. How do learning community participants share and use what they are learning?
   a. What are individual teams taking back and leveraging in their own work?
   b. How is COP knowledge being used to make the work more effective?
2. Have learning community participants developed a common language to describe and communicate what they are trying to accomplish (within the learning community, and outside it)?
3. Are they generating new solutions or integrating existing solutions through this collaborative work?
4. What can we document as the spread and impact of COP ideas?
5. What specific federal policies are COP targets?
   a. How has COP influenced the framing, positioning, and movement of these policies?

Evaluation Tasks, Strategies, and Products

The first step in understanding how the different elements of COP fit together — and how they could be evaluated as we move through Phase II — has been to develop a logic model and accompanying theory of change. (These are included in Appendices A and B.)
To understand how learning community members perceive the value of participating, we plan to field a brief survey between learning community gatherings that will assess success factors in six categories based on the Wilder Foundation’s Partnership Inventory (see Appendix C).

To understand more about how community teams share and use what they are learning (evaluation question #1), whether and how they are integrating existing solutions or generating new ones (evaluation question #3), and how COP ideas are spreading within and outside the learning community (evaluation question #4), we plan to develop several short profiles or mini-case stories. The profiles will feature a particular topic or innovation, and then explore how new knowledge, tools, or ideas are applied.

An important COP goal is to foster the development of a common language to describe COP work — as well as common outcomes and measures (evaluation question #2). As part of their participation in the COP learning community, each of the eight state/county community teams has prepared its own logic model, as well as summaries of each team’s vision, mission, goals, outcomes, and strategies. The outcomes being pursued by each team (as documented in the individual team logic models and summaries) have been compiled in a COP Outcomes Summary. The shared outcomes and their implications will be discussed at upcoming COP learning community meetings, and changes and fine-tuning in each team’s outcomes will be tracked as part of the evaluation as well.

As federal policy targets become clearer, a longer case study/story may be developed to describe how COP has influenced the evolution of a particular change in federal policy.

I. COP Phase II Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Short-Term Outcomes</th>
<th>Intermediate Outcomes</th>
<th>Long-Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>What resources are in place to support COP?</td>
<td>What are the main things COP will do/provide?</td>
<td>How many and what sorts of observable/tangible results do we hope to achieve through these activities?</td>
<td>What do we expect will occur as a direct result of the activities and outputs?</td>
<td>What results should follow from the initial outcomes?</td>
<td>What results should follow from the intermediate outcomes?</td>
</tr>
</tbody>
</table>

- **Funders’ support for COP activities**
- **Expertise of national experts and community teams**
- **Participation/engagement of COP members**
- **Support from key policy, advocacy and government partners**

*IMSP* = Integrated, Multi-Sector, Place-based

**Corresponds to key evaluation question(s):**

1. COP identifies a set of specific policy targets & points of influence/leverage
2. COP participants develop a common language
3. COP communities increase capacity for IMSP initiatives
4. COP communities become incubators for innovations, promising practices, outcomes
5. COP knowledge, insights, solutions disseminated beyond COP learning community (*spread*)
6. COP identifies a set of specific policy targets & points of influence/leverage
7. COP focuses systematically on state/federal policy targets that lead to IMSPB initiatives
8. The COP learning community is sustained
9. COP communities build an evidence base for IMSP initiatives and interventions (through real-time data, QI, evaluation)
10. Systems changes are tied to COP innovations and measures
11. State/federal funding supports COP innovations and systems changes (*“scale”*
12. IMSPB initiatives become the rule, not the exception — and children’s health and well-being improves
II. COP Theory of Change

Children’s Outcomes Project Theory of Change

Vision: COP sites are connected and supported in their efforts to accelerate improvement: improvement that leads to integrated, multi-sector, place-based aligned at the local, state, and federal levels. With the support of COP and others, these types of initiatives become the rule, not the exception, and are sustained over time – transforming systems so that they can do a better job of optimizing children’s health and well-being.

STRATEGIES
How will we influence audiences/stakeholders, take advantage of windows of opportunity, shift practice and visibility, and achieve the impact we envision?

- Create and sustain a COP learning community (i.e., safe and productive forum, participation and engagement, common language . . . )
- Advance innovative policies and practices at the community and state levels (i.e., build capacity and evidence base, develop/spread innovative solutions and practices . . .)
- Work collaboratively to inform federal policy (i.e., select policy targets, enlist partners/advocates, align funding, sustain efforts, achieve scale . . .)

WINDOWS of OPPORTUNITY
What are events, crises, and/or other windows of opportunity that could serve as leverage points for focusing attention on COP’s vision, generating interest in the innovations and solutions we offer, and building demand for change?

- 2012 Presidential election/federal budget
- State budget discussions/elections
- Public discussions/media attention to child poverty and economic inequality
- Existing/planned Federal initiatives (e.g., CTG, ECCS); CMMI

SHIFTS
What kinds of shifts need to occur as precursors to having an impact?

- Promising practices need to be more widely adopted, documented and visible
- The evidence base and case for COP promising practices/solutions must be compelling, credible and accepted
- Funding streams – especially federal ones – need to align to support COP system-wide changes
- Changes must be sustainable
- Demand for these changes must broaden outside the advocacy/policy community (i.e., public demand)

IMPACT
What kinds of changes do we expect to achieve?

- Integrated, multi-sector, place-based initiatives supported with funding/policy
- Initiatives sustained over time
- Children’s health and well-being improves markedly
- Improvements tracked via shared, credible, measurable outcomes

III. Partnership Inventory (adapted from the Wilder Foundation)

Environment
- Favorable social and political climates
- Positive history of collaboration
- Perceived leadership

Membership characteristics
- Right partners
- Mutual respect
- Understanding and trust
- Self-interest met
- Ability to compromise
Process and structure
- Clear roles and responsibilities
- Clear method of decision making,
- Flexible and adaptable
- Invested interest
- Multiple layers of participation
- Comfortable pace of development

Communication
- Multiple methods
- Open and frequent
- Informal and formal communication

Purpose
- Clear and attainable goals and objective
- Shared vision and purpose
- Unique purpose

Resources
- Capable leadership
- Enough staff, materials, funds, influence, and time
Appendix B: Links to Mentioned Programs/Initiatives

The Nemours Foundation
www.nemours.org

The California Endowment
www.calendow.org

Promise Neighborhoods
www2.ed.gov/programs/promiseneighborhoods/index.html

W.K. Kellogg Foundation
www.wkkf.org

Health Matters
www.clintonfoundation.org/our-work/clinton-health-matters-initiative

Nemours Office of Child Health Policy and Advocacy
www.nemours.org/about/policy.html

The Finance Project
www.financeproject.org

Collective Impact
www.collectiveimpactforum.org

Results-Based Accountability
www.raguide.org

Help Me Grow
www.helpmegrownational.org/pages/what-is-hmg/what-is-help-me-grow.php

Child First
www.childfirst.com

Strengthening Families
www.cssp.org/reform/strengtheningfamilies

LEAN Processes
www.lean.org/WhatsLean/Principles.cfm

Department of Health and Human Services
www.hhs.gov

Environmental Protection Agency Environmental Justice Program
www.epa.gov/environmentaljustice
Early Development Instrument/Index (EDI)

ReadyNation
www.readynation.org

Grantmakers in Health
www.gih.org

The Early Childhood Learning and Innovation Network for Communities (LINC)
www.cssp.org/reform/early-childhood/early-childhood-linc

Children’s Services of Palm Beach County
www.cscpbc.org

First 5 Alameda County
www.first5alameda.org

Early Childhood Colorado Framework

Nemours Health & Prevention Services/Partnering for Change
www.nemours.org/service/health/growuphealthy/about.html

EVSC School-Community Council/Center for Family, School and Community Partnerships
www.edlinesites.net/pages/EVSC/EVSC_Offices/Center_for_Family__School___and/School-Community_Council/Nutritional__and__Physical_Activ

Children and Families Commission of Orange County (Calif.)
www.occhildrenandfamilies.com
Appendix C: COP Papers and Materials

I. Medicaid Preventive Services Regulation Questionnaire

Effective January 1, 2014, the Centers for Medicare and Medicaid Services (CMS) revised the definition of preventive services in 42 CFR §440.130(c) to allow states the option to cover preventive services recommended by physicians or other licensed providers to be provided by practitioners other than physicians or other licensed practitioners. The former version of the regulation required preventive services to be provided by a physician or other licensed practitioner. States that choose to move forward will need to submit a Medicaid State Plan Amendment (SPA) to CMS. The rule change is one of several opportunities promoting prevention through Medicaid. The focus on population health is driving changes in the marketplace related to the need for a broader array of health professionals to provide preventive services.

This questionnaire is designed to prepare organizations to engage in a dialogue with their state Medicaid officials about pursuing the new option to cover preventive services provided by non-licensed professionals under 42 CFR §440.130(c). State Medicaid agencies will likely need the information identified in the questionnaire to prepare a Preventive Services SPA and may have additional questions. Interested organizations are encouraged to answer as many questions as possible and be prepared to be as specific as possible in describing their proposal.

Background

The new option only relates to services provided under the Medicaid preventive services benefit authorized under 42 CFR §440.130 (c). It does not change the definition of covered preventive services under Medicaid. Section 4385 of the State Medicaid Manual, which represents CMS’ guidance on 42 CFR §440.130 (c), which makes clear that Medicaid-covered preventive services must (1) involve direct patient care and (2) be for the express purpose of diagnosing, treating or preventing (or minimizing the adverse affects of) illness, injury or other impairments to an individual's physical or mental health. The regulation does not change current federal authority which allows states the option to pay for preventive services provided outside the clinical setting.

This regulation applies to Medicaid services provided fee-for-service under a State Plan Amendment. Many states provide Medicaid services through managed care organizations (MCOs). While MCOs already have flexibility to pay non-licensed professionals for preventive services, there are a number of reasons many do not, most notably they may not be required to provide the services and the costs may not be reflected in their capitation payments. Nonetheless, it is important to consider the availability of preventive services provided by these providers to managed care enrollees. States will need to consider the relationship between the State Plan Amendment change and their MCO requirements, including such strategies as requiring MCOs to mirror the requirements in the State Plan.
The rule change is one of several opportunities for promoting prevention through Medicaid. Some states have implemented new Medicaid financing and delivery models designed to improve health, health care and lower costs under initiatives approved by the Center for Medicare and Medicaid Innovation (CMMI). These new models may be opportunities to leverage new flexibility and financial incentives to improve access to prevention services. These new options build on the demonstrated success of public health and Medicaid leaders in some states to navigate Medicaid’s complex requirements to finance community-based prevention initiatives.

While the rule change presents an important opportunity for enhancing the focus on prevention through the Medicaid program, there are barriers to implementation that must be considered and addressed. Examples of these barriers include:

- Addressing State Medicaid agency bandwidth, churning and competing priorities.
- Implementing safeguards to prevent fraud and abuse.
- Addressing tensions regarding scope of practice issues from licensed providers.
- Educating providers about this change and working with them to develop referral relationships with new providers/programs.
- Determining how to bill.
- Engaging managed care since the rule is applicable for fee-for-service Medicaid.
- Determining (with input from the CMS Regional Office for your state) that the services proposed to be covered meet the specific CMS definition of ‘preventive services’.

Questions to Consider When Defining the Proposal

A. Basic Description

1. Provider: What type of provider(s) are you proposing to use?

2. Service: What services would the provider(s) be providing? (See section 4385 of the State Medicaid Manual for guidance on the definition of preventive services.) CMS’ rule change did not expand the types of services that can be covered as preventive services. Therefore, services that are not coverable under the preventive services regulation would have to be addressed under a different federal authority.

3. Eligible Individual: What Medicaid-covered individuals would receive this service?

Note: Medicaid is a program that pays for covered services, provided to individuals enrolled in Medicaid by eligible Medicaid providers. It is important to keep this basic framework in mind when describing the proposal.
B. Requirements for Providers Who Are Not Physicians or Licensed Practitioners

1. Educational Background: What are the educational requirements for each type of provider?

2. Training: What type of training and continuing education would the provider have to complete? Who would provide the training? How will you document training has been completed?

3. Experience: What experience would each type of provider be required to have?

4. Credentialing or Registration Process: Which state agency would be responsible for certifying that providers have met all the requirements? How does the Medicaid program confirm the provider has met the established requirements and register the provider(s) in their payment systems (for example, provide a Medicaid provider number)? Can a third party attest to the qualifications of the providers?

5. Employment: Who would employ the provider(s) (for example, solo practitioner, employed by agency, employed by a health provider as part of a team)?

C. Covered Services (Service Definition, Referral and Coordination)

1. Defined Service(s): What preventive service(s) would the provider(s) be authorized to offer? (See section 4385 of the State Medicaid Manual for guidance.)

2. Referral: What is the process by which a physician or other licensed practitioner would recommend a service? How would the referral from a physician or other licensed practitioner be documented?

3. Service Limitations: Are there any limitations on the number of services provided? Are there any limitations or requirements on the location in which the service may be provided?

4. Follow-up: What type of follow-up would occur with the referring physician or other licensed practitioner to ensure care coordination and integration?

5. Reimbursement: What would the unit of service be? How would the reimbursement level for the service be determined?

D. Eligible Medicaid Members

1. Establishing Medicaid Eligibility: What process is in place to document the Medicaid eligibility of the individual who receives the service?

2. Non-Medicaid: Would the provider also provide the preventive service to individuals who are
not covered by Medicaid? If so, who would pay for that service and what is the level of reimbursement (note: Medicaid generally will not pay for services that are otherwise provided for free)?

3. Eligibility Limitations: Are there any limitations on who may receive the services from the provider(s) (for example: age, diagnosis, risk status)?

E. Overall Rationale and Purpose for use of the Provider

1. Goal: What is the health care goal or gap that the provider(s) will fill?

2. Evidence: It would be helpful to have evidence that the provider can achieve the goals of reducing health care costs and improving health and health care and evidence of return on investment (ROI). What is the evidence of effectiveness of the service?

3. Cost: What is the anticipated cost for preventive services provided by this new type of health care provider?

F. Other Issues

1. Oversight: What type of oversight, monitoring or evaluation occurs to ensure the quality of the services provided?

2. Background: Is this provider currently providing preventive services or is this a new initiative? If currently provided, how is it funded?

3. Availability: What is the availability of this provider? How does it vary throughout the State?

II. COP Phase II Survey

III. Finance Project

http://www.nemours.org/content/dam/nemours/wwwv2/filebox/about/2013casestudies.pdf