

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Webinar
“Beyond Reporting: Making the Most of Your MIECHV Data”

February 24, 2015
3:00 pm ET

Presentations by:

Peter Mulhall, PhD, Director, Center for Prevention Research and Development, University of Illinois Urbana-Champaign

Jackie Newson, Director, West Virginia Home Visitation Program

Kyle Peplinski, MA, Program Analyst, Health Resources and Services Administration (HRSA)

Lance Till, MS, Technical Assistance Liaison, Design Options for Home Visiting Evaluation (DOHVE)

Operator: Good day and welcome to the ZERO TO THREE *Beyond Reporting: Making the Most of Your MIECHV Data* conference call. Today’s call is being recorded. At this time I would like to turn the conference over to Katrina Coburn. Please go ahead, ma’am.

Katrina Coburn: Thank you Elizabeth and good afternoon, everyone. My name is Katrina Coburn. I’m the e-Learning Coordinator for the MIECHV Technical Assistance Coordinating Center. I’ll be your facilitator today and on behalf of the TACC and my DOHVE colleague Lance Till, I want to welcome you to today’s webinar.

During this webinar you’ll be invited to consider the ways that MIECHV benchmark findings and other data can be framed and shared to achieve a variety of goals. The first hour today will feature two grantees that are leveraging benchmark data in interesting and successful ways.

Then, in order to provide an opportunity for you to talk with others who are at a similar stage of leveraging data and sharing results with stakeholders, you will have the opportunity to choose among two separate conference call rooms to discuss opportunities and strategy.

We hope this new framework will provide you with an incubator where new ideas can be encouraged and strategies identified. You should have received an e-mail yesterday with the link to download your pre-webinar registrant packet, and that contains a PDF of these PowerPoint slides that we’re sharing today, so be sure and download it if you haven’t already.

Just a quick reminder. If at any time you have a question or comment about the presentation, we’d love to hear it. To submit your question or comment you’ll use the control panel that’s located on the right of your screen.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

At the bottom of the panel is an open-text field where you can type your questions. Those will be coming to me today. I'll be monitoring the question box and will share your comments or questions with our presenters during the Q&A time.

To set the stage for today's presentation we are delighted to welcome Kyle Peplinski. Kyle is a Program Analyst in the Division of Home Visiting and Early Childhood Systems. In that role he is responsible for data analysis, evaluation and technical assistance coordination for the MIECHV program.

Prior to this role Kyle served for three years as the Evaluation and Technical Assistance Lead for the Bureau of Health Workforce Evaluation and Technical Assistance for a portfolio of 13 workforce development programs.

He received his bachelor's degree in anthropology and political science from Emory University and his master's degree in anthropology from Georgia State University. He has worked at HRSA for over six years in various capacities. Welcome, Kyle.

Kyle Peplinski: Great, thank you. I'm happy to be here this afternoon to welcome you all to this webinar and to just provide a few opening remarks. First I want to thank all of our presenters for volunteering to present on this very important topic.

And really just want to underscore the fact that the topic of this presentation really aligns with HRSA's interests and goals in assisting all of our MIECHV grantees in taking a critical look at their data in order to be able to use that data in new and interesting ways, both for communication with internal and external stakeholders as well as for making data informed decisions and policymaking purposes.

HRSA is really interested in promoting the use of data for quality improvement and as well as sharing the results of our program with internal/external stakeholders as well as just for the purpose of describing our program to people who may not be aware of it.

Also, and I think you'll see in this presentation, a big part of using data is identifying the appropriate audiences for specific types of data in aligning your data sharing message with those appropriate audiences in providing the appropriate context around numbers so that the whole story of the MIECHV program is told.

And I think you'll see with the presentations from our presenters today great examples from the field of how to best do this. With that I'll turn it back and thank you all very much.

Katrina Coburn: Thank you, Kyle, for setting the stage for us. Now I would like to turn this over to Lance Till. Lance is a Senior Research Associate with James Bell Associates where he is a DOHVE TA

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Liaison for Regions IV and V. He has been a member of the DOHVE team since 2011. Welcome, Lance.

Lance Till: All right, thank you, Katrina. As Katrina mentioned, I have been working with DOHVE and numerous MIECHV grantees over the past few years to provide technical assistance around benchmark, CQI, data and evaluation plans as well as the DGIS submissions.

And as most of you know DOHVE is funded by the Administration for Children and Families in collaboration with HRSA, and our team includes James Bell Associates, Cincinnati Children's Hospital Medical Center and MDRC.

So in regard to today's topic, grantees really have spent the past four years creating their benchmark plans, training staff on data collection and measurement tools and working with their local implementing agencies to collect demographic and benchmark data for their Fiscal Year 2012, '13 and '14 DGIS submissions.

A great deal of data has been collected, yet there are probably still some questions around how grantees can use that information gathered through the benchmark data process and how to communicate those findings to both internal and external stakeholders.

So while DGIS reporting is extremely important, the data gathered for this process and information gleaned from the data can really be leveraged for a number of other purposes, and what this slide shows is a continuum of the stakeholders with which grantees might be sharing their information.

You'll see that this is a linear presentation of those stakeholders with whom they could be sharing their data but please know that this does not have to be a linear process. This is probably just the most likely path that grantees have taken to sharing that information. Additionally this information could be shared with any or all of the grantees at any given time.

So this first circle really represents the sharing of benchmark findings of LIAs and at this level many grantees might be working to establish protocols, reporting and work on some of the CQI projects with their LIAs.

I think if you remember back to our July webinar, which is Case Studies and Supporting Quality Data Collection at Local Implementing Agencies that provided a number of really great examples of what this looks like and what grantees were doing around that particular area.

The middle circle really represents the sharing of finding more system partners and this could include other members of your early childhood system at the community level or state level. Often times these individuals are really brought into the CQI process.

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

In the last circle that we have on the continuum represents the sharing of information with policy and decision makers. These individuals could also be involved in the CQI process; however, the information shared with these individuals may occur separately from that process.

And often the goals for sharing your benchmark findings with these individuals could be related more to the purposes of sustainability or creating broader change. So, before we present our first case, I would like to give a quick overview of the format that we'll be using today.

Our intent is to allow everyone to benefit from the problem-solving process that each of our grantees went through, as they were faced with how they could communicate their findings from their benchmark data and local and/or state level stakeholders.

But I think it's fair to say that regardless of where you all follow along that continuum of sharing trends with stakeholders, most of you on the webinar today are either doing this or have given some thought as to how you could share your findings.

In preparation for today's call, a number of you have actually responded to the question: Do you currently share benchmark and/or research findings with stakeholders outside your MIECHV team and LIAs?

What we found is that just under half of you are sharing findings with your stakeholders and this could be done by sharing your information with state legislators and policymakers, state level partners such as your home visiting workgroups or advisory committees, community partners, model developers.

And often times you're presenting this at national meetings or even submitting for publication in scholarly journals. For those that have yet to share their findings with stakeholders, most do intend to do this.

There have been some barriers cited as to why they may not be sharing this information yet and we really hope that today's examples shared by both the West Virginia and Illinois team will provide some ideas to help overcome those.

So as I mentioned, we have members from the West Virginia and Illinois MIECHV teams with us today to share their story as to how they've communicated their benchmark findings and each of our presenters will tell their story in four parts.

This includes the impetus which provides us with some information as to how and when they decided that it was necessary to involve and share findings with their stakeholders, including what information they wanted to share and with whom.

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Next, we will be looking at actions and they'll let us know about some of the ways that their research and program staff worked together to gather their data and communicate their findings with stakeholders.

We'll then move on to the results or outcomes of what this process looked like for sharing their information with the stakeholders, how it influenced their work with the LIAs and what some of their next steps have been.

And then finally each of our presenters will share some of their lessons learned from this process, and they'll provide some thoughts as to how their experience can actually translate to the work that other grantees are doing. So, with that I would like to turn this over to Jackie Newson to start our conversation around West Virginia's example.

Jackie Newson is the Director of the West Virginia Home Visiting Program and has been with the Office of Maternal and Child Family Health for 18 years. She worked with the Family Planning Program for 14 years and transitioned to the Director of the West Virginia Home Visiting Program in 2010.

She also provides oversight to the Early Childhood Comprehensive Systems project and Project Launch grants, both of which focus on providing support for families – including increased screenings and awareness of types of stress and social and emotional development. Welcome, Jackie.

Jackie Newson: Well, thank you.

Lance Till: Good morning, Jackie. To start, I was just wondering if you could maybe tell us a little bit about how and when you knew that it would be imperative to share your findings with stakeholders.

Jackie Newson: Okay. We wanted to be able to use our data collected to help steer both our state stakeholders team and our local CQI teams in making decisions. So when we were looking at possible larger system change processes, we knew that this would need to be in place to ensure that the right initiative, the right trainings and policy changes were made.

And after looking at the data, we knew that this was not decisions that we could make alone but ones that we needed to have the expertise from our various partners such as domestic violence, mental health and developmental specialists.

And we also realized that we knew we didn't know what the answers were in the local community because it wasn't the one solution meets the other one's needs and so for this reason we knew the local CQI teams and the community stakeholders would be critical in any of the decision making.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Lance Till: All right great, so Jackie you mentioned a few of the stakeholders that you kind of brought to the table throughout this process. Can you maybe talk a little bit about the local partnerships and how you involved the stakeholders at the various levels?

Jackie Newson: Sure. We modeled it after how we had our state home visitation stakeholders group, as far as representation from the multiple different agencies around domestic violence, Department of Education, Bureau of Children and Families, early intervention Birth to Three, Head Start, child care and other early childhood partners.

So we knew at the local level we would need to have that level of expertise from the communities, and then also the data was showing us in different communities, particular experts that would be able to bring their thoughts into the process when we were looking at what changes needed to be made.

Lance Till: Great, so it sounds like you really used a lot of your information to identify who you needed to bring to the table and then through that process began to share that information with them, is that correct?

Jackie Newson: Yes.

Lance Till: All right, great so once you identified who to bring to the table, Jackie, it sounds like you then started to consider how you would prepare your findings and I was wondering just to what extent you were involved in that process, and if you could tell us a little bit more about how you and your state epidemiologist maybe worked together to prepare those findings.

Jackie Newson: Okay, West Virginia is kind of fortunate in many ways in that we're a small state and we have a small program and Katie Oscanyan, who is our epidemiologist, works wonderfully with all of our local sites and so she has the responsibility to ensure data accuracy and data completeness and she also pulls together the quantitative data.

My role is to ensure that the context regarding family and programs are incorporated so it balances each other out in a way that we can use data to show what's going on in the local communities and have both the data and the real-life stories to share with folks.

And so it's that combination that can impact the local CQI team and your stakeholders, legislators, etc., because the data drives the decision making but you also want to make sure that you know what's going on in the community, the challenges that families are having and what's impacting some of those decisions that are being made.

Lance Till: All right, great, so it sounds like really you guys are a close team in the way that you and Katie work together to prove the quantitative data, as well as the context around that. And, could you talk maybe a little bit more about that process to review the data and how you choose what data then ends up going into the information that you share with your stakeholders?

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Jackie Newson: We have a state CQI team that consists of representation from each of our home visiting models and also some of our key state staff that's involved with the home visitation program. We meet to review the data and then take suggestions to the larger home visitation stakeholders group.

And then we have that discussion with the larger group to prioritize the areas based upon what the data is showing for our local CQI teams. We provide local snapshots that are shared with the larger home visitation supervisors group. They meet on a quarterly basis and this is our supervisor for all of our home visiting programs across the state.

And we knew from the beginning that we wanted to be able to have active discussions with the local agencies and for them to be able to take that back to their local CQI teams and then complete their Plan-Do-Study-Act activities and share that information with their local teams.

So we set that process up and then our local CQI teams report back on a monthly basis to determine the effectiveness of the change.

Lance Till: Excellent, so it sounds like you have a really thoughtful process in the way that you review your data and then really kind of combine the information to then present to your stakeholders. Now in preparation to do that, Jackie, did you anticipate any challenges in sharing your information with the stakeholders?

Jackie Newson: Yes, we anticipated quite a few challenges. Realizing that each agency could have different regions for outcomes, it was important for us not to sway their thoughts on what would be causing those challenges but to let their local CQI teams work through the process and include their local stakeholders, and at times it was very difficult and continues to be difficult to share information.

Some sites have been very successful in sharing information with their local groups while other sites are still very challenged with this. It's always difficult for anyone to acknowledge a weakness to their local advisory board and partners and so it's a work in progress for many.

And, some of the strategies that we've had is that we've held multiple CQI trainings across the state and invited their local teams to participate, and this has been kind of interesting.

Initially they didn't quite get their CQI process yet, but as we continued to work with them on that, you could almost see the light bulbs going off in their head and it's like, "Oh, okay, I get this."

Well, we could use this process for this activity and so forth so they were really getting engaged with it. We were using peer examples, highlighting sites that have had more success in sharing data and involving stakeholders in the CQI process.

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

And then Katie and I have walked local implementing agencies through the process engaging members of the local agencies and stakeholders in small group discussions and this has helped the group to see the process come together and they were more engaged and enjoyed it.

I think some of our most successful have immersed in a very small group and they were more open to asking questions and getting involved than they were in the larger group discussions.

Lance Till: Yes, and that's a really great point Jackie. Sometimes as you're moving into these types of conversations it really can help to look at this with a smaller group where people are a little bit more comfortable but it sounds like in general you've really leveraged your CQI process to not only engage your own LIAs in looking at the data and findings, but also in sharing those findings with your community-level stakeholders as well.

So as you prepared and shared this information, would you mind telling us a little bit more about how you actually shared those findings or what an example of sharing the findings might look like?

Jackie Newson: Okay, the one example that we have is looking at domestic violence screenings and one of the things that we have worked with all of our sites from day one is that we're very open about what the data is showing and sharing that information with all of the sites.

And it wasn't to embarrass a site or to show that one site is doing better than the other but to be able to build upon some sites that were being very successful and learn from the lessons that they've had to go through and have those very open conversations during our meetings.

So when we've been able to share this, they've been able to look and see okay, this site has been very successful in administering screenings and getting referrals made and they share how they were able to do that, local partners that they've pulled in, how they are documenting the information, how they've trained their staff.

So they've been able to share examples of what's worked well for them. The sites that may not be doing as well are able to discuss the challenges they have and give their perspective in why what would work well in one community wouldn't necessarily work well in the other community and that's why those local groups are so important.

Lance Till: Great, and it looks like the way in which you've shared this information too, Jackie, has been visually so that way it's a little bit easier for others to understand and you also have again, like you mentioned, providing them with some comparisons, not to show who's doing well or not well but really giving them some ideas as to kind of where they fall and where there might be some opportunities.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

So after you've shared this information with your LIAs and your community-level stakeholders, could you talk about what some of the results were from this sharing process?

Jackie Newson: Okay, one of them - around completing the screenings and some of the challenges that we have with that - is that when we were looking to see how our screenings were, realizing that they were low and looking at some of the activities that needed to be completed that it didn't necessarily always reflect what the actual the environment was in the home.

We were getting ASQs completed that were showing that there was absolutely nothing wrong with the child and you could literally see where they were just by going down and checking the boxes. And so we realized that we needed to focus on professional development, looking at the messaging that we're doing and making sure that we're implementing the right programs to best have our home visitors in a way that they could support the families.

Lance Till: All right, and Jackie I know you've kind of discussed this in relation to domestic violence and the ASQs, how did that process align with what you were expecting?

Jackie Newson: Okay, again because the comfort level of the home visitor is so important and if they're not comfortable doing a screening with a family whether it's a developmental screen or a domestic violence screen, they have to be able to ask the questions to the family and be able to get the family to respond back to them.

So knowing that it wasn't simply a matter of, sort of like a Domestic Violence 101, but being able to have that more-advanced level professional development opportunity for the home visitor and then also again ask them what the challenges are in the community.

If you're doing a screening for depression and that screen was positive, what type of referral are you going to be able to make for the person who was screened? So, those were all very valid discussion points that our local CQI teams are having on a routine basis.

Lance Till: All right, great and in regard to the child development screening Jackie, could you talk a little bit about how that translated to your work with your LIAs?

Jackie Newson: Sure. One of the areas that has been very strong in our state has been encouraging developmental screenings, and we worked with many of our partners with that and when we were sharing the information about what our developmental screenings were showing, having conversations among the Early Childhood Advisory Council, which included early intervention, Birth to Three, Head Start, Childcare, all of us were finding that we were kind of coming up against similar problems.

So we reached out to the Brookes publishing company to see what they recommended and they came to the state and did two trainings in which we had an open, it was like a train-the-trainer

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

event, and we had representation from Childcare, Head Start, Early Interventions, Birth to Three and home visiting.

And so they were able to train those key partners and that way the messaging was consistent across the state. The screens would be administered in the same way and so that was something that, again, when we were sharing the information with other partners, found out that we weren't, home visiting and that we were not the only program that was dealing with some of those challenges.

Lance Till: Wow, that's really great to hear, Jackie. So as a result of sharing this information with your stakeholders you were actually able to kind of address an issue that wasn't just related to your LIAs but your stakeholders actually brought some of their information to the table as well which ultimately ended up benefiting everybody.

Jackie Newson: Yes.

Lance Till: Great. So Jackie, as we kind of think about this entire process and all that you've gone through, it certainly sounds like this has been very beneficial for both your state and your local implementing agencies.

With that, though, we also know that there are always lessons learned throughout a process like this, so I was just wondering if you could maybe share a few of those with us.

Jackie Newson: I think the two key lessons that we've learned, as there's been many others too, but the one is being able to utilize the expertise of your statehood partners, realizing that no one program has an answer for everything.

And so when you're looking at some very real concerns, bringing in those extras - the domestic violence coalition, your advocates, your mental health consultants, your developmental specialists - those subject matter experts that can bring a whole new layer of conversation and expertise to the table.

And also knowing that your local CQI teams are critical in understanding why the data is showing what its showing and in making those decisions. Communities are very different and what could be an issue in one community may not be the issue in another community so you can't just assume at the state level that you know exactly what's going on until you have those conversations.

Lance Till: Great, absolutely and Jackie for any of the grantees out there who maybe are still considering sharing information with their stakeholders but maybe haven't done so yet, are there any tips that you would share with them or anything that you think would be helpful with that process?

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

Jackie Newson: I think one of the most important things is realizing the impact that it's going to have on your community and your families, and knowing that you may not be painting the perfect picture of success. But no program is 100% successful and that's why you need to have that input to say, "Okay, this is working well but this is not. What do we need to do to change this?"

So you have to be able to be up-front and just have those open lines of communication and get the answers for people and I think you almost, everyone involved in early childhood home visiting, our local stakeholders want to have an impact in the community, want our families to get the best services that they can.

And so they're willing to sit down and have those very difficult discussions to see what type of change needs to be made.

Lance Till: All right, great. Well, Jackie I just want to thank you very much for your willingness to share your examples with us today and with that I will turn it over to Katrina.

Katrina Coburn: Thank you, , and thank you, Jackie. We do have just a couple of minutes for Jackie to answer questions if people want to submit those into the question box. I do have one ready for you Jackie. How do you think things would have turned-out if you hadn't shared these findings with your stakeholders?

Jackie Newson: I don't think we would have a true picture of what's going on in West Virginia because many times you would take things for granted and so if we didn't share the data that we were finding, we may not be able to identify the way that a screen is being completed, if there's a lack of resources, if the home visitor isn't comfortable completing a certain screen, if they're having problems with data collection.

You don't really know what the root of the problem is until you have those very candid difficult discussions with people.

Katrina Coburn: Great, and we have time for one more Jackie. Do you continue to share benchmark findings with your stakeholders and what do you think they would have to say about this process?

Jackie Newson: We do continue to share benchmark findings and will continue to do that. I think it's very helpful for them to see where our programs are going, to see the impact that it's made since several new home visiting programs have started within our state and it started doing expansion.

And it also helps them see how they can partner and support each other and our home visiting benchmarks have actually helped lay the groundwork with some of our other early childhood partners so that we can be consistent in some of the activities that we're doing.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

So being able to show where our prenatal outcomes are, what our domestic violence outcomes are. It's helping shape some of the other activities that we're doing within the state and particularly with some of the work with our early childhood advisory council.

Katrina Coburn: Excellent. Well, thank you so much for sharing Jackie. If you're a participant and you've submitted questions but we didn't get to you, you will have an opportunity to ask that again during the breakout sessions at the end of the webinar so hold on to those questions and now I'm going to hand the mic back to Lance for the second part of today's webinar.

Lance Till: So next we will be having our guest speaker from the State of Illinois. Our next speaker is Peter Mulhall and he is the Director of the Center for Prevention Research and Development at the University of Illinois.

The CPRD contracts with the Office of Early Childhood Development, who is the MIECHV grantee for the State of Illinois, and they provide data, evaluation and CQI support to OECD. Dr. Mulhall has a Master's degree in Health Studies from Indiana University and a doctorate in Community Health from the University of Illinois at Urbana-Champaign.

He has extensive experience in the fields of health education and prevention and he has worked on a number of federal, state and local projects related to the evaluation of programs and interventions that target academic failure, substance abuse and related problem behaviors. With that, I would like to welcome Peter.

Peter Mulhall: Good afternoon.

Lance Till: All right, well Peter, thank you so much for being with us today. I guess to start what would be really helpful is if you could maybe talk a little bit about the stakeholders that Illinois has been working with. I think Illinois is in a little bit of a different position from some grantees in that there have already been some pretty established stakeholder groups in the state.

So we were just wondering if you could maybe provide a little context around that and share who is part of the stakeholder groups.

Peter Mulhall: Yes, I think two really big factors in Illinois, is that Illinois has a long history in home visiting that's been in place for over a decade now, and so they have and had an existing infrastructure of governance and leadership at different levels.

So for example the Early Learning Council that you see on your slide has been around, and that's a committee that's been appointed from members from the governor's office so that's a more formalized group and then there's these different levels of the home visiting task force.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

And because Illinois has this long history of home visiting services, it also has multiple funders so within the State of Illinois, they have the Department of Human Services, they have the State Board of Education, they have Chicago Public Schools, they have Head Start.

And so these different groups work somewhat collectively in a governance format but also on the ground where they actually deliver services. They continue to work together to deliver services with the different models.

So Illinois has this existing infrastructure and MIECHV was added to this, essentially three or four years ago and through the Department of Human Services. But, its larger governing body is through the Office of Early Childhood Development so the stakeholders are fairly sophisticated.

They've been doing this, the Ounce of Prevention Fund has been a large player in the State of Illinois, and they've been doing training both nationally and internationally on home visiting services.

So there was a lot of real capital related to the home visiting program with researchers like Deborah Daro and Jon Korfmacher and other folks that have worked in this area so the idea of data, and being able to think about data, is part, I think, of the norm within the State of Illinois for these different groups.

Lance Till: Great, thanks Peter. As you have these various stakeholder groups that you are kind of bringing to discuss those findings with, how and what did you and your colleagues at the Office of Early Childhood Development identify as your purpose for sharing the information with these stakeholders?

Peter Mulhall: Yes, one of the groups that really came together out of these was this interagency committee which has the representatives of all the funders. Sometimes they call it the Funders Group.

They have representation to a group that we have incorporated part of their time on a quarterly basis to do sort of a "state CQI" group of activities. These are the folks that actually work through their different kinds of, they have different data systems, they have different, although the Ounce does a lot of the training of the other groups, and interestingly enough of the four program models that were supported by MIECHV which are Healthy Families America, Family Partnership, Early Head Start and Parents as Teachers, they come from a slightly different background.

And of course when they put them into MIECHV now we had all these groups having to work together on the 33 or 34 benchmarks that Illinois had committed to addressing, so the idea was bringing these groups together and they're doing CQI at the local level and at the community level so again Illinois is a larger state.

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

U.S. Department of Health and Human Services Health Resources and Services Administration

We have, in the six different communities there's between three and five local implementation agencies and so they're working together at the community level to address issues related to coordinated intake and community systems development and then within that community these LIAs are delivering services.

So as we began to collect data in part of our group and our group here at the university is very much attuned and philosophically aligned with the idea of data-based decision making. In a lot of the research projects that we do, our goal is to try and get the data back in the hands of the stakeholders.

Obviously the stakeholders for the governance committee is different than the data that we're providing back to the community or to the LIAs and so that's a key issue that we try to address, and we think about, first of all, what kind of data do they need and, in essence, what kind of data do they want?

So for example, one of the things that early on in the first year that we were collecting data with the local LIAs just had to do with basic data entry. We went through a transition from one data system to a next which created some challenges but then getting the new data system on, we were able to then feel like we had a lot more confidence in our data.

So we were able to then begin to use data and provide it back to the community. At the end of the first year of data collection we thought about the target, our target audience as being the state governance structures, the CQI, the community and at the local level.

Data was made available depending on what level that they were involved with. For example, the local communities got their data back at potentially at their own level and they could see their data.

We did potentially show some averages that allowed them to see. We don't provide data back in a comparative format to other communities. We let them see their data relative to the state averages.

We also give them the opportunity to then take that information and identify the kinds of issues they want to work on relative to their local CQI. Each community and each agency has a CQI team and they work together working with someone on our staff here at the university in terms of setting-up a CQI process based on their benchmarks that we receive and other types of information that they recognize are issues.

One of the bigger issues that surfaced, and this came through a series of both communications that we understood because we have field data collectors who are collecting data in the local communities as well as the home visitors, is that in the first year the large majority of home visitors were brand new to these positions.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

In essence Illinois brought up a large home visiting program in tandem with other home visiting programs and they hired a large number of home visitors even though potentially the supervisors were with other home visiting programs that were funded by other agencies.

So one of the things that we noticed early on from field data collection staff was that there was a significant amount of turnover of home visitors so every time we attempt to collect data, we find out, oh my goodness, this home visitor's gone or this home visitor's leaving.

And of course as a result of that we did a couple of little sub-studies or brief studies that we looked at the turnover rate of the home visitors and we also looked at the attrition rate for the families in home visiting.

This kind of information was then taken and moved up to the CQI state committee which then began to attempt to address some of these issues. Another key issue that we addressed is we did an annual home visitor survey so we surveyed all the home visitors.

We'll be in our third year this year to provide information about their experiences on the issues that they need for training and technical assistance, their issues around job satisfaction and turnover.

For example if you go to the next slide there, you can see a sample of a survey result that we had because we were interested in what potentially led folks to this higher turnover rate. Our turnover rates were in excess of 80% in a couple of sites and again some had 0% turnover and some had high levels of turnover.

As it turned out one of the things we found out when we asked the home visitors on the survey was why did you stay or why did you think about leaving the position?

Without question the highest issue was salary and in fact one of those issues as a result of this went up to the OECD staff, and we were able to actually talk to the particular site about the salary issues and make some adjustments in the rehiring of staff.

Again the information both from the surveys that we collected, the benchmarks and some of the outcome measures that we've used have all been utilized at the different levels from the state level to the community level down to the LIA level.

The other thing I want you to note is that we were struck to some degree about how passionate and how committed the home visitors were to their particular sense of making a difference and to the work of home visiting.

Lance Till: All right, great, Peter, thank you so much for kind of sharing all those examples as to how you combine some of your information and how that's really driven from both the local level up to the state level policy stakeholders.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

As you discussed, the sharing of this information particularly as you noted here around some of the reasons for why home visitors might be leaving their position, it sounds like a lot of this has been done through various study briefs.

And I was just wondering if you could talk very briefly just a little bit about those and how you've worked with the OECD to kind of partner and identify what were those important topics to touch on or how they would actually be then shared with your state-level policy group.

Peter Mulhall: I guess the issue of the study briefs really came out of just paying attention to some degree and listening to what were some of the key issues. We certainly were aware from the literature about potentially the impact of attrition on program effectiveness.

We knew the stability of home visitors was an important issue so some of it we were kind of aware of but particularly as we got into it and as these LIAs worked from just basically their day-to-day work, we began to understand how the cascading effects these had to address these issues.

For example, another example that we attempted to address was in terms of the home visitor relationship with the caregiver with the idea that some of the folks were not meeting regularly or weekly with the family and the onboarding process was a little bit cumbersome.

There was a referral process that went to the place and so one of the things and this was actually brought to the CQI leadership group and to the OECD staff who then decided well let's try a strategy where we get everybody to conduct weekly home visits for the first eight weeks that they're in the program.

The goal of this was, of course, to try and establish a relationship. We know this is sometimes a fragile time as far as getting people, caregivers, involved in the home visiting program. Some people aren't sure and so the idea was to see if this strategy potentially could improve the number of caregivers who remain in the program.

Anyway that was this example and you can see some of the other ones on the next slide with different policy priorities, and this went up to the CQI and of course some of these issues were also the OECD had us presenting to the Home Visiting Task Force and the Early Learning Council.

And again because Illinois had these other programs, these were issues that people were familiar with for the most part and I think the idea is particularly the folks who were a part of the state funding group really began to see potentially ways that they could problem solve around some of these issues.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

The idea is in looking broadly across and these are issues that I call the Big P, the big policy issues like can the Early Learning Council and the other groups consider how do we get a Medicaid certificate for the home visitors so that they can potentially get a credential?

How do we potentially get an undergraduate program developed for infant mental health? Again these are these big issues and then the more of the little P, the administrative types of policies such as addressing caseloads, the eight weeks, greater sense of reflective supervision, different training issues.

Illinois has gone very much ahead in many ways or gone forward with the adverse childhood experiences and we're working a lot in that area right now. The potential of these different systems funded through different mechanisms are now working together to participate in these trainings, to attend a lot of these meetings and to support that.

I think the thing from our perspective is having the data that we have from the benchmarks and from the outcome members or from these brief surveys and studies we do to feedback into that information.

When we ask the questions, whether it's coming from us as the external evaluation and benchmark group, whether it's coming from the Office of Early Childhood Development or someone asked the question last month.

It was a question about well, what does this score really mean and so the idea of having to then again think about what does this really mean relative to the information that we have so people can eventually make some judgments, provide some guidance or even some policy changes on those.

Lance Till: All right, great, Peter so it sounds like you really come up with a lot of great policy priorities here. Could you talk maybe just a little bit about how that's translated into some of the work that you've done with the local implementing agencies and the work that OECD has done with the local implementing agencies?

Peter Mulhall: Yes, well like I said for the most part, the couple of big issues so far we're trying to address the salaries that were provided. Again, Illinois is a fairly large state and diverse and pay scales are different between Cook County and down state so I think that is an issue that we continue to realize for home visiting as a potential challenge.

It's hard to dictate to a private nonprofit organization. You have to pay this much or whatever, so that requires a lot of discussion. Potentially providing some types of incentives or encouragement to realize that turnover costs of your company, your agency and the services you have is quite expensive.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

I think those are the adjustments of this eight weeks. Potentially we're looking forward to seeing if there's a way that we can use the management information data to actually evaluate potentially the impact that at least we can look at and see what the relationships are of those who had the weekly visits for the first eight weeks to determine whether or not, how strong that policy maybe has worked.

And then of course some of these other things we continue to work on such as getting the funders together and at least this works from Leslie Shorts from the governor's office has been really instrumental in trying to look at these core indicators across the different programs.

So again the benchmarks are coming to all the MIECHV-funded but these other groups have been in place for a long time and they've been doing their thing and so the idea is trying to find core common measures that can be used.

Lance Till: Great, well Peter thank you so much for sharing those examples with us and it sounds like really there's been a lot of work going along with your state-level stakeholders, your local-level stakeholders really to just kind of use this information in every way possible.

So with that said, what would you say as a result of this process would be some of the lessons learned that you think would be helpful for sharing with other grantees?

Peter Mulhall: Well, I think one of the issues clearly is that there are stakeholders from, in our case, the governor's office all the way down to the local communities.

And of course I think the goal is to get the services - high-quality services - delivered to the families that are highest risk or need them the most so I think trying to make sure who the stakeholders are.

A big challenge is in the community. Again we have in our six communities - the target communities - we have three to four LIAs in each and so the part of the challenge is really around how do you get these organizations to work together? Some have different models which have slightly different philosophies.

Some are MIECHV-funded, some are not MIECHV-funded but I think some of the real hard work is at the community level so how do we get these groups and organizations to work collaboratively. To think about this in our case, we're using more of a central intake model and to figure out how we make referrals for the caregivers who need help relative to issues around domestic violence, substance abuse and other special services for children.

I think that is an area that requires an engagement process that is open and transparent as a way the home visitors they can see the data. Again, as I said a little bit earlier, it's not a point to be embarrassed about or we're not trying to make a thumbs-up and thumbs-down comparisons.

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

It's really an opportunity to say, here is where we are at this point and here is where we want to go and we want to continue to improve in the services that we provide and to do that you have to have the home visitors onboard.

You have to have your other community agencies, hospitals, public health departments and things of that nature and of course our goal is to try and then with our governance structures, to have them address the issue at the level that could be most effective and efficient at doing that.

So, it's hard for a frustrated employee to say, "Oh, this is a great job, I really like it but I can't live on that." It's a little bit easier if a funder says, "Ggeez, you know, your salaries are the lowest in the state and we need to think about a way to bring them up a little bit."

So the stakeholders to some degree are dependent on 'what are the big issues?' We think of them as a bottom-up and top-down approach that we use because those are both decisions that have to be made at a policy level and again Big P and Little P level, but ultimately with the ultimate impact of delivering high-quality home visiting services in the community.

Lance Till: All right, great, well Peter I just want to thank you again so much for taking the time to share some examples from the State of Illinois today. It sounds like, of course getting all those people brought into this whole process to effect policy changes is a huge, huge piece to that as well as the transparency involved. But again thank you so much and with that I think that I will turn things over to Katrina.

Katrina Coburn: Great, thank you Peter and thank you Lance. I'm afraid we've gone over just a bit on time and we do want to allow a half hour for our breakout room so if you are a participant and you've sent a question and I do see we have quite a few questions now during Peter's section, please hold onto that thought until you get to the breakout room and I will give you those instructions in just a moment on how to get into those breakout rooms.

But before we do that, I want to remind you first of some of the resources that are available to you. The follow-up packet will include links to the audio recording of today's webinar as well as the slides which you are welcome to share with your MIECHV colleagues.

You'll also see that next month we will be discussing Recruitment and Retention of Home Visiting Staff in the March 24th webinar and I believe that Lance also wanted to mention some upcoming resources that the DOHVE team has developed.

Lance Till: Yes, thank you, Katrina. I wanted to mention that the current issue of the MIECHV newsletter contains the article How to Develop a Plan to Communicate Program Findings which you will find a number of tips that have been generated by grantees during the Region IV and V grantee meeting last fall around how to develop the agenda to share your findings with stakeholders.

The MIECHV TACC is funded under contract #HSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.

**U.S. Department of Health and Human Services
Health Resources and Services Administration**

And then in addition to that the DOHVE team has created a communication toolkit that will provide some excellent resources and examples for sharing information with stakeholders including talking points, graphs, fact sheets and presentations.

And we anticipate that this will be available for grantees in the near future and it will be shared with grantees through regional forums such as open-mic calls or individually during TA so thank you, Katrina.

Katrina Coburn: Thanks, Lance and then one more thing before we move on to the calls, just a quick reminder to please let us know what you thought about today's webinar by taking the time to complete the webinar evaluation that you will be receiving very soon after this webinar via e-mail. So, finally it's now time for us to move to the final part of today's webinar.

We wanted to give you, the participants, the opportunity to really dive deeper into this topic with today's speakers. We are opening up conference rooms following this webinar. Please follow the directions in the correct box. You can choose where you want to go.

Each room will be facilitated by a TA liaison from DOHVE and these rooms will remain open until 4:30 so that you can ask more questions and hear a little bit more about each state's experience. Thank you everyone for your participation in this part of the discussion and we'll see each of you in a breakout room in a few moments. Thanks, everybody.

Operator: Once again that concludes today's conference and we thank you for your participation.

END

The MIECHV TACC is funded under contract #HHSH250201100023C,
US Department of Health and Human Services, Health Resources and Services Administration.

The State Maternal, Infant, and Early Childhood Home Visiting Program is administered by HRSA,
in collaboration with the Administration for Children and Families.