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Health Resources and Services Administration

Webinar
"Case Studies in Supporting Enrollment Efforts at Local Sites**"**

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Presentations by:

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Operator: Please stand by. Good day and welcome to the ZERO TO THREE Case Studies in Supporting Enrollment Efforts Conference. Today's conference is being recorded. At this time I would like to turn the conference over to Ms. Kathy Reschke. Please go ahead.

Kathy Reschke: Thank you Justin. It's great to be with you today everyone. As Justin said, my name is Kathy Reschke. I'm the e-learning coordinator for the MIECHV Technical Assistance Coordinating Center and I'm going to be your facilitator today. On behalf of the TACC I want to welcome you to today's webinar on strategies for supporting local implementing sites enrollment efforts.

As most of you know, the TACC is funded by HRSA and staffed through ZERO TO THREE and our partners Chapin Hall, AMCHP and WRMA. The TACC provides different levels of support to grantees including these webinars using ZERO TO THREE and partner staff as well as expert consultants.

As you can see from the slides, our objectives for today's webinar all center on syncing through the challenges of meeting enrollment goals and strategies that states can use to overcome those challenges.

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We've got a full agenda for today's webinar. You should have received an email yesterday with the link to download your pre-webinar registrant packet. In that packet you can find detailed biographies of all of today's presenters as well as a PDF of these PowerPoint slides for today and also a couple of the tools that will be mentioned by Rob and Mary Beth. So if you haven't downloaded it yet, be sure and do that so that you can follow along.

To start off today's presentation we're joined by Julie Ross. Julie recently became chief of the eastern program implementation branch of the Division of Home Visiting and Early Childhood Systems at the Maternal and Child Health Bureau at HRSA. Congratulations Julie and thank you for joining us.

Julie Ross: Thank you Kathy. On behalf of Dr. David Willis Director of the Division of Home Visiting and Early Childhood Systems in HRSA's Maternal and Child Health Bureau, our project officers and other HRSA staff welcome to today's webinar for grantees of the Maternal, Infant and Early Childhood Home Visiting program or MIECHV. Senior leadership at HRSA and senior staff within the Department of Health and Human Services use enrollment data provided by MIECHV grantees as a measure of the success of our program.

As our grant program matures, the expectation is that at the state level MIECHV grantees will be able to maintain at least 85% capacity. HRSA views capacity as a function of the maximum number of families that can be enrolled at the current annual funding level. Project officers are actively engaging grantees in conversations about their enrollment numbers and division leadership will work to more uniformly define the meaning of capacity so that we can include it in future funding opportunity announcements and formal communications to grantees.

HRSA hopes to begin conversations with model developers to better define capacity for MIECHV grantees as well. Today you will have the opportunity to hear more about the work of the MIECHV

collaboration - collaborative improvement and innovation network which is a high priority for HRSA leadership.

This kind of collaborative improvement work is seen as a strategy to strengthen the case for continuing support and sustainability of our MIECHV program. We believe that this project can amplify the contributions that states, local implementing agencies, model developers, researchers and other stakeholders are making to the field of home visiting.

Today you will hear about some of the strides grantees have made in implementing the model for improvement to improve enrollment at the state and local levels. We hope to have more forums to discuss this ongoing work and encourage grantees to reach out to your HRSA project officer if you would like to receive more directed TA or be connected with other grantees as you go about improving enrollment numbers in your state and communities. Thank you.

Kathy Reschke: Thanks for those comments Julie. We really appreciate it. Now we'd like to welcome Mary MacKrain. Mary is the project director for the Home Visiting Collaborative Improvement and Innovation Network that Julie mentioned more commonly known as the Home Visiting CoIIN. We've asked Mary to share her work with the Home Visiting CoIIN particularly around enrollment so Mary thank you so much for joining us.

Mary MacKrain: Sure. Thank you everybody and thank you Kathy for giving us the acronym so you guys don't have to hear me say what the Home Visiting CoIIN is more than a few times here. So from this point on I'm going to refer to the project as the Home Visiting CoIIN. So I'm really excited to be here today. I'm excited that I am part of this home visiting collaborative improvement network. It is an exciting project and we're - I work with the Education Development Center who is collaborating with HRSA on behalf of this project.

So I really want to state just from the very beginning that it's the state grantees and the local teams, the home visitors, the families - everybody working together to make this program have all of this initial success and excitement around it.

We have a lot of early adopters - people who are really passionate - so our program is 100% voluntary so the people that are a part of it really wanted to be and we're starting to see some of the earliest steps so far. We've got a long way to go but I'm excited to share some of our information.

So this topic of enrollment is of particular interest to me as my professional beginnings really took place in the homes of many, many families throughout the city of Phoenix. So families - I saw families struggling with the effects of trauma, broken relationships and unfulfilled basic needs who I remember well at the onset of services and home visiting were very unsure of who I was and what I had to offer.

So for many of these families perhaps services hadn't gone well in the past and I know from my own experiences like all of you do probably as well that enrollment takes intentional and sometimes challenging effort often leading us to change our regular way of doing things which can be overwhelming and so forth but we have to do it in order to set the trajectory right for families, for babies and young children as early as we can.

So today I'm going to share just some of our early work of the Home Visiting CoIIN as 35 teams across the country have embarked on small rapid tests for improving enrollment. So on this next slide - I love this photo - this little guy is taking a look at us and saying what are you going to do to enroll me into your program and support my family. And I think about after reading Debra Daro's work like many of you probably have as well - she has developed with her colleagues an

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integrated theory around engaging families which focuses on three points of engagement - that intention to enroll, the enrollment itself and then those decisions families make to stay enrolled.

So in other words - as you see on the screen - I want it, I'll try it, I'll stay. And I think all of us - really that's what we want. We want families to say, you know, I want this. I think I'll try it out and I love it so much, I feel that my outcomes - my needs are being met. I'm going to stay. So how do we get there? That's the challenge, right?

We know that at every point in our home visiting process families are continually weighing the cost benefit of our services which gives us an opportunity to up our benefit during every single encounter with our calls, with our texts, with our visits. Every single encounter is an opportunity and in some ways I think maybe you agree that this is what can make our enrollment process so complicated.

We have all of these critical and multiple elements to consider. For instance, what is the family's first experience when they're referred? Has someone spent time talking together with the family about what they see as the benefit of home visiting? What past experiences have families like the ones you see on the screen dealt with in the past? What are they hoping for?

So, you know, as I think about the research and I've listened to teams talk in our home visiting CoIIN project and listened to faculty talk, we come across these common enrollment issues that I think probably everybody can relate to. We know that when families have to wait a long period between the initial assessment and the first home visit, that's an - well I guess I wouldn't use the word opportunity. It's a time period where we can often lose families if the wait is too long.

So if two weeks or three weeks or four weeks goes by, we can often lose families to other things. They may lose interest and so forth and we may not be able to grab their intent and get them into

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enrollment and get them to stay. We know that research around enrollment and engagement is complicated with many variables and we don't have strong enough evidence base in terms of knowing what exactly works. What should we all be doing? And again it's complicated because we serve - we live in rural and urban areas and we serve different families with different cultural backgrounds and so forth so it becomes complicated but the other piece is messaging too.

Sometimes there is - I wonder is there a common understanding at the state and local level about what enrollment actually is - how it works and subsequently how each person understands and messages this to families. So enrollment doesn't always mean engagement but it is a first step and the relationship is critical.

So you can see I highlighted the word relationship and, you know, I'll relate this to the Home Visiting CoIIN and then I'll get into some of the things that we're trying within our project here but if we think of this team effort of serve and return so if you look at this baby on the screen with their caregiver, we know that infants and young children need adults that love them to pieces and provide that secured nurturing care. And if we work with this with what we know about relationships, we know that they influence every aspect of our work.

Every small step that we take, relationships seem to play a part. It certainly does in enrollment. We know that together we can continue to make small changes to strengthen our outcomes. They may not be large. They may not be fast but we'll make them and with transparency and openness to learn from each other and involvement from everyone, in the home visiting CoIIN we use the motto all teach, all learn and we're in this together so everything we learn, we share and we hope to share that with you all as well.

So I just want to talk for a brief second about this relationship based level of influence that is part of our home visiting CoIIN. So as you see on the screen, the relationships are what really hold

our work together. Some of you may have heard Geri Paul's version of the golden rule - do unto others as you would have others do unto others. It helps us to share a simple reminder that our relationships that we create can carry over into others and what we really do matters.

So the relationships between state leaders and local administrators have an influence on the relationships supervisors have with staff and staff with families and children. So as we've rolled out the Home Visiting CoIIN at the onset we wanted to insure that families, home visitors, leadership were all part of the team with an equal voice. In turn we hope that this stance will support enrollment engagement and retention because again it's all about relationships.

So if we take a look at our structure, again these resources can be shared with you so I'm not going to go into deep detail about the breakthrough series model, just briefly go over it here. So the Home Visiting CoIIN is based on the framework called the breakthrough series model. This is a time limited learning activity - 24 months - that brings together and supports a group of 13 MIECHV grantees that volunteered to be part of the project and 35 teams from local implementing agencies who are seeking improvement in topic areas of their choice that are of concern to home visiting and our right for improvement.

So our three areas for improvement are maternal depression, alleviating maternal depression, breast feeding, increasing the duration of exclusive breast feeding and developmental screening and surveillance. So not only doing developmental screening, doing surveillance but getting kids linked to services and getting receipt of services should they need those.

The ultimate goal is to really identify evidence and experience based practices that can result in breakthrough changes if implemented with fidelity. So this model really helps us to adapt and apply what we know works to multiple sites to accomplish common aims so it's a nice way to start out a project. Everybody's on the same board, you know, working for the same outcomes. And

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the Home Visiting CoIIN also encourages frontline workers, supervisors and administrators to develop innovative practices for improving outcomes where we don't have robust evidence established yet. That's where family engagement and enrollment comes in.

Innovation is the second eye in the Home Visiting CoIIN. It's where the evidence has been and for which the Home Visiting COIIN can provide new insights. So our goal in the Home Visiting CoIIN is we know that we're adopting this model for Home Visiting. The model provides a mechanism for participants to use this cutting edge research and innovation in on the ground practice and we hope to develop leaders of change who use data on a regular basis to improve practices. It becomes a normal part of the way they practice. Okay, I'm going to move onto the next slide here.

So right now where we fall in the breakthrough series model is we have come up with our topics. We've created our background documents to help support our process. We've gotten all of our teams together at a meeting in Washington, DC in May and now we're in what we call an action period. And I don't know any other way to say this but during the action period it's where the rubber meets the road and teams are engaging in active work.

So this model for improvement is made up of a set of questions that drive our improvement and the plan due study act cycles that are part of the breakthrough series model. So each team gets to ask what is our aim or what are we trying to accomplish here for our current work to get to this larger collaborative aim. Then teams begin to generate a change idea that they think will lead to improvement, preferably a high leverage idea and we are disciplined about measurement.

We could just begin to try out these new ideas and make informed judgments about whether things are better but we know that if we want to convince others and ourselves and do right by

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families, we really should identify something to measure that would allow us to be more objective in answering the question how do we know that this change led to an improvement.

So improvement occurs when a change is implemented but not all change results in improvement. We learn just as much from those changes that don't work but do.

So when we think about common practices, probably a lot of you can relate to some point in your trajectory of professional life of dealing with this common practice. So in the real world we often work in groups to design, design, design, get approval from higher up and then implement which often leads to major flaws in spread and scope because we don't practice first.

So if we look at the model for improvement, we test, we adapt. Sometimes we abandon. We try something out with just a couple of families and we think oh, that did not work. We do not want to do that. We need to change this. So we add some adaptations and we test again and we modify until we have proven data that says this is ready for spread and this is ready for adoption.

Often times if we jump from an idea to full implementation, things can often get worse before we can get to some improvement so let's get into what we're doing around family engage - well I'm going to talk about the broader scope of family engagement and then hone in on the activities we're doing around enrollment.

So the Home Visiting CoIIN as a larger collaborative set a SMART Aim. So breakthrough series research suggests that we can all increase our odds of program success through early definition of our project's aim and early agreement on our theory about what changes are necessary to achieve the aim so it's part of that messaging challenge that I brought to you in the very beginning to really consider does everybody understand our message the same. Does everybody know what it is that we are working together for?

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So for family engagement we set our global aim as the what we - or the what we're trying to accomplish as increasing by 25% the average proportion of expected in person contacts between the home visitor and family that are completed. So content application experts said the same based on our current gap in best practice predicated on research. Teams vetted our aim at our first in person learning session in May of 2014 and enrollment you'll see plays a very critical role in meeting this aim.

So you'll see this key driver diagram on the screen. It looks a little dizzy. It could look a little overwhelming but if you just look, you'll see our SMART Aim for engagement. Then in the first column you'll see our Primary Drivers. So this is really our theory of change around engagements. The factors that influence the achievement of the aims are the drivers which you'll see in the columns. While there are many ways to illustrate the theory of change, our project uses a driver diagram that depicts the relationship between the aim, the Primary Driver that contribute to the aim and Secondary Drivers that are necessary to achieve those primary.

So this document helps our collaborative - all of our teams - to have the shared view of our theory of change. It sets the stage. It sets the messaging and so forth. So by the end of the project, all teams will hopefully have addressed each driver and secondary driver while the changes they infuse are flexible. Right now all teams are working towards one primary driver until November of 2015 when we meet in person again.

So you'll see our first Primary Driver that's circled in red is timely enrollment of appropriately referred families. So our strategies - well we can go to the next slide here. Just to measure whether we're meeting our aim in relation to enrollment specifically, we are looking at 75% of our families receive face to face contact in the home within ten working days of referral. So that's one of our process aims to get to our final outcome.

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Our second process aim related to enrollment is that 80% of participants will experience no more than 15 days between home visits between enrollment periods in which weekly home visits are the target.

So you can see we have measures. How will we know that it changes and improvements? All teams are reporting standardized monthly data reports online so we can measure collaborative change but all teams also get individual results via run charts that are populated automatically as they enter their data into the templates. So we're collecting the same measures, the same data across all teams.

Our current focus of the work you can see on this next slide here is you can see a large percentage of our teams are working on timely enrollment of appropriately referred families. So let me give you some ideas of what people are working on.

So Primary Driver one change ideas. Some examples of changes that are being tested - most of the teams working in primary driver one or 82% developed tests of change to reduce the time between referral to the first home visit. So some specific examples include one - several teams set up an internal tracking system for referrals and first contact and they measured this or they looked at this in supervision on a weekly basis.

They tried a spreadsheet with one home visitor at a time to see if the tracking system worked and then they adapted throughout and so forth so starting small and then moving it on up. Building stronger relationships with referral sources such as WIC to help expedite referrals. Another several programs are using text messages to remind families of their enrollment appointment but again starting small - one home visitor with two families and then scaling up as they saw success.

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And another program developed for that messaging piece created new talking points to ensure families really understood the scope of services and they were all talking about it the same.

So here is a snapshot. This is only one small piece of our data. As I mentioned before, we're a pretty new young project when it comes to the breakthrough series model. We began collecting data in May of 2014 and what you see are two data points on two of our run chart samples. So we have many, many other run charts to show but I picked out one related to enrollment.

I want to get really excited that it appears that we're improving but we just don't know yet. I think it would be false to say that when we only have two data points but after we have eight or nine months that have gone by of data, we'll be able to maximize our learning and really see through patterns if we are making an improvement.

The run charts are seen by all participants on monthly calls that we have so we can collectively see variation, special circumstances which allows us to make mid-course corrections should it be needed. We can begin to see the stability or instability of the change at hand. So that transparency is really important.

So what do we know so far? And I think, you know, when we really think about the babies and the toddlers and the young children and families that we support, what are we doing that is really affecting them - really getting families in our door? And I think what we're learning even though it's early, we've learned a lot so far over this past year. We hope to continue sharing what works. We'll post our data on our dashboard on our website for everybody to see. We're willing to share our lessons and our resources but I think one of the most challenging aspects has been to keep our tests small.

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Family enrollment and engagement is a very large goal that we want quickly but again I keep being pulled back from lessons learned from teams to those early relationships and those small steps can often lead to a lasting bond or in our case enrollment and healthy active engagement. So the bottom line - what we want to continue doing is transparency is golden. We share everything and anything so we all see each other's data. We learn from the good. We learn from the mistakes and we keep on helping each other.

We have this all teach, all learn trajectory where we're all experts learning from each other. We say try a test that you can start next Tuesday, not ones that are so large that it takes months of planning. We want to do small tests and scale up. Tap early adopters - those that want to be part of this kind of process - and test first on willing volunteers.

I mean I think there are so many more messages to share but for the sake of time today I hope I was able to get some excitement about this breakthrough series model and just share the message that we are here to give our information to all of you and we can't wait to learn more and we think all of you who are on the line today that are part of the CoIIN are letting us learn with you.

So for information you can go to our website that's on the screen right now - homevisitingCoIIN.edc.org or you can contact me directly should you want any of the materials from today. So with that, thank you and I'm going to turn it back over to Kathy.

Kathy Reschke: Thank you so much Mary. That was a great foundation for today's topic. We really appreciate you sharing that. we're going to be hearing from Mary again later during the discussion of each of today's case studies but before we get to the case studies we want to talk - I want to give you a little bit of a rundown of the format that we'll be using today so it's a little bit different approach than we used for most webinars.

We've chosen a framework that we really intend will support learning among peers who are all faced with the same kind of challenge and hopefully it will allow for deeper discussion of the processes and approaches that can be applied to overcoming the challenges.

So using an interview format, each grantee representative will share their state's enrollment story in four parts starting with a description of their MIECHV program and context related to enrollment followed by an explanation of the challenge that was evident. At that point we'll pause for some analytical thinking about the challenge.

Mary Mackrain will be joined by Cathy Bodkin, Senior TA specialist of the TAC to provide observations and insights based on their work with many states around enrollment issues then our grantee guests will share the rest of their story, the steps that they actually took to enhance LIA enrollment efforts and the results of those actions. And then Mary and Kathy will join us again with a follow-up discussion debriefing the case conclusion.

At this point in each case we will invite all of you listening in to join your peers in the conversation. To do that you'll use the control panel that's located to the right of your screen. At the top you'll see an orange arrow and you can click that arrow to toggle back and forth to hide or show the panel. At the bottom of that panel is an open text field where you can type your questions which will come to me.

As you're listening to each case study if you have a question or a comment or example for the presenter to share, go ahead and type it in. I'll be monitoring the question box throughout this time and we'll share your comments or questions with our presenters during the debriefing section of each case. So with that let's get started on our case studies.

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To present our first case study I'd like to welcome Rob Colombini. Rob is the home visiting manager at Thrive by Five Washington - an organization that you'll learn more about shortly. Rob thanks so much for joining us today to share Washington's experiences addressing the challenges of enrollment.

Rob Colombini: Thanks Kathy.

Kathy Reschke: So let's start with an overview of the MIECHV program in Washington. Describe it for us.

Rob Colombini: Sure. So in the state of Washington we have a joint partnership between the Washington Department of Early Learning which is actually the MIECHV lead and then Thrive by Five Washington. Thrive by Five is responsible for the grants administration and what we call the implementation of for our home visiting services account grantees and that implementation hub is responsible for centralized TA, for quality and implementation of home visiting programs and has really compromised Thrive staff, home visiting staff, grants management staff, fiscal, etcetera and an important part of that hub team is our state model leads - specifically Parents As Teachers and Nurse Family Partnerships and Parents - PCHP.

So in addition to that hub team we also have DEL - our Department of Early Learning - that participates as well. Thrive by Five Washington in collaboration with Department of Early Learning funds approximately ten staff here at Thrive for home visiting, approximately 22 LIAs. We work in 17 counties in the state.

For MIECHV specifically we have two model programs in our Nurse Family Partnership and PAT. In addition to that in the state of Washington we also have additional home visiting models - Early Head Start, PFEL, PCHP, STEEP and CPT are some of the models we work with. We have

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capacity to serve over 1700 children statewide and in addition to that like many other states we also are a MIHOPE state.

Kathy Reschke: So talk about the strengths and assets Rob that you think - that you were able to apply to enrollment effort.

Rob Colombini: Sure. So because this is a partnership between the state department of early learning and Thrive by Five Washington, we felt it was much easier to leverage with joint communication how important it is to keep enrollment at or above for the state at 80%. The state is fortunate to have home visiting state model leads like I said before so we have these great leads that work directly with our programs that are a part of our home visiting hub and a part of Thrive by Five and so they can work directly with programs in cooperation with Thrive, you know, to assess what is working, what is not working and then really help provide a structure for feedback.

Kathy Reschke: But in spite of these strengths and assets you still had LIAs that had some challenges meeting enrollment goals. Is that right?

Rob Colombini: Yes, yes of course. So I mean first we, you know, we always can considerably provide ongoing training and technical assistance to our programs throughout the state but recently we finally had a number put to what enrollment needed to be at and so that kind of shifted in how we provided that assistance.

Second we're really lucky to have a grants management team on board but also a grants management tracking system that really monitors enrollment on a monthly basis. It provides the data that showed, you know, over three consecutive months recently if an LIA was below or exceeding the required percentage that we're looking at and it helped us to analyze the data we could see and so that we could see which LIA needed assistance.

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Kathy Reschke: So as you looked more closely at those individual LIAs that were having issues - challenges - what factors did you identify as that were making enrollment so challenging for them?

Rob Colombini: Well just some things to think about. In Washington State like many other states, our LIAs range from urban to rural. Some communities have multiple home visiting programs which collaborates to serve families while other communities are the only program for long distances. Many of our LIAs have had staff out on leave - maternity leave, medical leave - and often do not have the resources to replace those staff members so additional families may not be enrolled or families might not be seen during that period of time.

So some grantees in other parts of the state may have competed for specific ethnicities or city or town boundaries that they plan to serve families and now are finding that those families may not even be there so those really are some of those factors.

Kathy Reschke: So let's pause for a few minutes to think about the challenges that you've briefly described Rob. I'm going to turn it over to Mary and Kathy. As you listen to Rob's description, what are some of the points that stood out to you about what he described?

Mary MacKrain: Well this is Mary. I'll just start. I think, you know, I was thinking about the likeness to what we're learning about in the Home Visiting CoIIN and I was really intrigued by Rob's explanation about how they really started using these relationships that they already had established between state model leads and local teams to really dig deep to get at all of those unique issues.

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So it's an interesting idea and I think it's what a lot of people already do but you think about this big problem of enrollment and how your strategies and changes and things that you put into place may look very different because of the diversity that Rob really shared with us and I just think that's an important one to keep in mind because our states are diverse, right, and we can learn so much by just opening up the dialogue and building those relationships.

Cathy Bodkin: And this is Cathy Bodkin and just to continue with that, I think that I am struck about the diversity that you mentioned Rob - the number of LIAs, the number of counties - and just how diverse the populations are you're serving but you - I think it's wonderful that you also were considering the staffing and the challenges internal to the program itself and what that meant at the community level and not just a formula or just looking at the population but really looking internal to what the challenges are at each local site.

Kathy Reschke: Well thanks for those comments Mary and Cathy. I think we'd all like to find out exactly what Rob and his team in Washington did to address some of those challenges. So Rob why don't you talk about the steps that you took.

Rob Colombini: Sure and just to comment on that Kathy it's a complete team. It clearly was not just me. It was a complete team that pulled this together but really the state of Washington took a proactive approach to increase MIECHV home visiting LIA enrollment. The Department of Early Learning partnered with Thrive by Five Washington to structure a detailed training and technical assistance plan that would involve planning, implementation and monitoring around enrollment.

So working with again our home visiting state model leads and specifically Parents As Teachers and Nurse Family Partnerships Thrive assessed each LIA under the expected percentage of enrollment and worked with them to raise those numbers. So parts of that process were a joint letter that was created, you know, stating expectations to LIAs. You know, the home visiting

manager which is me joined their state model leads monthly calls so these are existing systems that are in place that our model leads already do. They work with their programs on a monthly basis.

I was lucky enough to be part of those calls and they worked me into that process so that it seemed more seamless and during that time we provided some basis for next steps for LIAs. Some discoveries that LIAs differed widely in their understanding of how to enroll families and we also learned that there are so many barriers to enrollment.

Kathy Reschke: So talk about the issues that you narrowed down to address with those LIAs.

Rob Colombini: So we think the issues were different for each LIA but really some trends across the state were that we had lower enrollment due to staff out on leave - multiple, multiple grantees with staff out on leave. Referral processes needed to be strengthened and we needed to dive deep into what those processes looked like. We had a basic understanding of what goes into recruitment and working with other programs in the community to build a referral basis. So again those pieces really needed to be strengthened.

Kathy Reschke: And talk about the process of solving this challenge and addressing those issues.

Rob Colombini: So again our approach started with joint calls with our grantees. Our model leads already are having these calls with grantees so again it was natural for me to be a part of them and then part of that call with the LIA management staff.

We discussed what was happening in the state with regards to enrollment. We explained the need to be at a higher percentage and then we then presented any grantee under 80% with our implementation improvement plan. The grantee was then asked to complete the plan and submit

it to Thrive for our hub review and comments. So again the grantee worked with their home team to come up with a plan to how to increase enrollment.

Thrive and the state model leads then scheduled site visits or scheduling site visits. During this visit it's just a way for us to plan and discuss, provide suggestions for improvement and then following the visitor request from Thrive's grants management database was sent to VLA so they really could upload that plan and make it part of our system as well as a part of their grants.

A big key to that plan though was asking for signatures from really the highest management point in the agency so we're asking for signatures on that plan from the CEO or the highest management so that really we can demonstrate some urgency of this issue and that seemed to really help us and help the LIAs in understanding the urgency. Then grants management continued monitoring those plans for monthly enrollment numbers after they'd been submitted.

Kathy Reschke: And why did you feel like that improvement plan process was the best option for your LIAs?

Rob Colombini: You know, really for us each LIA has a different need. Essentially each program received individualized training and technical assistance so one program may have one need and the other may have another and we felt that it wasn't just a blanket statement to be coming out and saying do this plan but how could we work together to see what those needs were.

The main solution for the ((inaudible)) issue is this implementation improvement plan. The plan really gives structure for grantees to organize around and Thrive the ability to monitor to fidelity into contracts.

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Kathy Reschke: And so have you been able to see any results yet? I know you're early in the process but talk about where you are in the process and what you've been able to see so far.

Rob Colombini: Sure. LIAs have been working really hard to ensure enrollment is at or above 80% in the state of Washington. There has been a slight increase in enrollment numbers. The timeframe really has been short like you said. LIAs received letters in July. Coaching calls have been completed with all those programs under 80%. Site visits right now should - will be completed by the end of August if not by the first of September. And also during this time some of our grant, you know, our LIAs are participating in the MIHOPE research. So they're kind of juggling a whole bunch of things at this time.

So some of it we'll see dramatic impacts on enrollment and some of it will be a little slower. You know, we're really starting to see effort by LIAs to improve enrollment and then we're also seeing - starting to see slow improvement for enrollment numbers. Again it's been a very quick turnaround. We just really started with a letter going out in July.

Kathy Reschke: So talk about what you expect to see as you have a chance to implement it further.

Rob Colombini: You know, I think I said it earlier but we're really lucky to have a grants management team in-house here at Thrive. They have the ability to analyze the data that's come in from our grant - from our LIAs. With the first set of improvement plans that have already come in and they're already in our GIFTS which is our grants management system - we're excited to see trends across the state. We'll be able to sort the data from the improvement plans.

And in the improvement plans it's broken out by three different areas - outreach, managing referrals and then in retention. LIAs are documenting their barriers and strategies in all three of those areas. So by the time all of them are submitted we'll have documentation on what, you

know, the Department of Early Learning and Thrive can do to support enrollment in all those areas.

You know, for example one of our LIAs has asked for assistance with communication between the LIA and their local DSHS office. So how can we help spark or promote some of that communication?

Some of our next steps specifically are additional and continued site visits. We're also continuing to assess the effectiveness of this process and then we're also looking at our expectations for success or even potential failure. So lastly I think we're working on strategies for addressing that staff leave process which we've noticed across the state's pretty evident.

Kathy Reschke: Well I think probably some people would be disappointed that you don't have an answer to that one.

Rob Colombini: I know, definitely.

Kathy Reschke: We'll have to come back for a part two maybe in six months or so.

Rob Colombini: Sure.

Kathy Reschke: Well thank you Rob for sharing the work that you have been doing, the processes that you've undertaken and now it's time for us to have a little bit more of a debrief and talk about what other states can learn from this case study and for those of you listening in, this is where we would like you to join in the conversation by contributing your questions and comments in the question box. Post your thoughts in the question box and I'll share them as we go.

And Mary and Kathy I am going to turn it over to you. By the way we do have a question that has come up already so we'll pause after you've had a chance to make some initial comments or ask Rob some questions if you like.

Cathy Bodkin: Okay, thank you Kathy. This is Cathy Bodkin. Rob, I'm curious about how you got the buy in from the home visitors themselves but I think it's great that you used the coaching with the LIA leads and developing the plan and I'm just wondering if you could speak to the process of getting the home visitors and what their role was in the implementation - developing the implementation plan.

Rob Colombini: Sure. You know, I think just to clarify too is we are really lucky to have these state model leads that have these incredible relationships with our LIAs. So our LIAs know them really well and so when I think our state model leads are asking questions or have specific areas that they want to work on, they've got this direct connect to them.

So I mean I think each grantee is different. So many grantees want to have their management team to be a part of these conversations and to take the lead but many also bring to the table the home visitors of the nurses that are working with the program. So I think we just need to give credit to those model leads because they've created those relationships and then it just makes it a lot easier for us to want to have further conversations around enrollment.

Cathy Bodkin: Thank you, Rob.

Mary Mackrain: So Rob this is Mary Mackrain. I just want to ask a quick question. One of the things that you mentioned was the wide variety across programs and operationalizing enrollment or talking about enrollment. There was a lot of variability and it may be too soon to tell but from the work that you've done thus far, is it your sense that you're starting to reach a common understanding

of enrollment - what it is, the process across teams. Do you feel people are getting on the same page?

Rob Colombini: You know, I think programs realize the intensity of what enrollment is and they understand the intensity of wanting to be funded. So I think that yes, they're jumping on board to make sure it happens but I also want to step back too and say that really we're looking at this from a systematic standpoint. It's not just that we want to jump in and say yes your enrollment has to be up and I know that has been a focus but it also is what are your true barriers and what can we do as the implementation hub from Thrive and our model leads do to assist you in moving forward.

So yes, I want to say that everybody understands what that is but I also think that it's going to take time for us to help really dive deep to understand truly what our grantees are and how we can help them. So I think some grantees have been in operation for many years and they might have systems in place already too that they can, you know, jump on and move forward on and other grantees may need a little more time and some assistance to dive deep but I think we're moving.

I think it is a little too early to tell but I think we're going to see movement that demonstrates, you know, really how you have to individualize your TA for grantees and again it can't just be this blanket good luck and we'll see you on the other side.

Mary Mackrain: Well it sounds like your intentional individualization is a really good lesson learned even at an early state so that's great. Thanks for sharing.

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Kathy Reschke: This is Kathy and we did have a question come in and I'm wondering - Rob you may have addressed this somewhat already and if you have more to add, please do. But I think Mary and Kathy you might also have a response for this.

The question is, what support can states provide to programs early in implementation that are still trying to figure out their true capacity?

Rob Colombini: Well I'll start just to say I think we are also very lucky. We have (Liv Windstrom) who has been on our team and most recently just got done with what we call our rural projects and for those projects she really went to each community, met with each community and helped with our model lead's foster communication to understand what the true need is in the community and then also kind of think and look at what the potential home visiting models could be in that community.

So what she did was kind of get a sense of what they needed and then what was the best fit and then talk to them about, you know, what lessons learned have been across other agencies. So if you have the capacity to do that, I would strongly urge you to think about how you can get out there prior to even funding a program to better understand what their needs are but then as - and if you do fund a program if that process continues with the staff to build, you know, to foster them along in understanding, you know, what works, what doesn't work and really what is - what does model fidelity demonstrate that can actually be done.

Kathy Reschke: Thanks. Mary I wondered if you had any comments that you...

Mary Mackrain: Yes, I'll make it quick but I know that - this isn't speaking in perhaps to the Home Visiting CoIIN but I know in some of the other work I've done teams have found it really beneficial to engage in the gap analysis or environmental scan at the very onset as Rob also alluded to that

it's just good to know where you're starting, what you have in your community, what the partnerships are, what's the capacity out there in the community already so you're not duplicating services or stepping over each other and so forth.

So I think those are two processes that can be really beneficial to new projects then.

Cathy Bodkin: And this is Cathy and then I think you have to have a good schedule for what you expect your moment to be. If you're expanding an existing program, it's very different than starting a new program. Just how you want to stage those enrollments and maybe there are pockets like Rob explained about working with WIC that you're trying to develop the relationship and so you need to have some realistic goals, not just the formulas from the model but you do also need to have the models on your planning team about what have they seen across the country as programs are being implemented and it's a very different thing to scale up from a small program to a larger program versus initiating a program.

So some realistic goal setting and advice from the models and the state leads really talking together with the site about how this is going to flow so that six months in you know if you're on track and if not, how to change that.

Kathy Reschke: Great discussion. Thanks everyone. We don't have any other questions that have come in still. Why don't we go ahead and move onto case number two. Here to share Virginia's story about facing challenges of enrollment is Mary Beth Cox. Mary Beth wears several hats as I know many of you do, one of which is the home visiting program specialist coordinating CQI activities for MIECHV in Virginia. Mary Beth thank you so much for being with us today.

Mary Beth Cox: Thank you Kathy and hello to everybody listening in.

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Kathy Reschke: So why don't you describe MIECHV in Virginia for us?

Mary Beth Cox: Okay, I'd be happy to. So I work at the Virginia Department of Health. We are the administrator of MIECHV funds for Virginia. Here within our office we have five staff who comprise the MIECHV team. Our MIECHV program funds 18 contract sites to expand home visiting services in 25 communities across the Commonwealth. Sites implement three models - so Healthy Families, Parents As Teachers and Nurse Family Partnership and we have several LIAs who do both actually.

MIECHV funds also support supplemental mental health or nursing staff or approximately half of our LIAs and MIECHV partners with two universities in Virginia to evaluate a promising practices project in three communities and is centralized in state projects in four communities.

I also want to share that we have three CoIIN - three LIAs who are in the national CoIIN and we have really great relationships with our in state model partners, our regional and in state model partners for the three evidence based programs and also a home visiting consortium which really supports and enriches the work of MIECHV here.

Kathy Reschke: Well it sounds like you have quite a lot of assets so the next slide is especially appropriate. Especially talking about the challenges of enrollment, what would you identify as the assets and resources that you had to work with?

Mary Beth Cox: So the first thing I would emphasize is our team here at VDH - our MIECHV team. We have a great team and many of us have been home visitors so we are really familiar first hand kind of like Mary was talking about with, you know, knocking on the door and hoping that they answer and so we've experienced the complex issue of enrolling and engaging families first hand.

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Our team also brings skills, knowledge and experience in continuous quality improvement which is how we've decided to approach our enrollment and we'll be talking about that but my background includes program evaluation in coordinating learning collaborative, coaching and helping local agencies use data to inform practice. So our team has really been key.

And then we intentionally designed our CQI plan around a learning collaborative approach which I think really helps set the stage for a supportive sharing environment, not punitive at all. And finally we engaged the excellent expertise of TACC and the DOHVE Center - specifically Cathy Bodkin who's on the call and Dr. Daro, Mary mentioned earlier with her integrated theory of family enrollment and engagement. They've been so helpful as expert consultants on our project.

Kathy Reschke: So now let's get into the challenge. Describe the challenge that became evident to you around enrollment.

Mary Beth Cox: Okay so about two years ago when - well less than that - when we were planning our first learning collaborative, we brought our state CQI team members together to review data and determine what topic we would be focusing on for our learning collaborative. So our state team included our state model partner leads as well as three local agency representatives - one from each model - so we have a different perspective at the table and we examined implementation data as well as some benchmark data and at that point our MIECHV sites were at approximately 50% of enrollment or we looked at case load capacity and so our team quickly chose enrollments and engagement as the first topic.

So going forward topic chosen - the next series of challenges became quickly apparent. There were differences across some visiting models and even among local agencies implementing the same models sometimes in terms of what factors were contributing to low enrollment or engagement. Again we've kind of alluded to it's a very complex issue. Definitions of enrollment,

staffing to support outreach and enrollment activities and a variety of skills and tools to collect and analyze data related to engagement and enrollment.

So our challenge was at that point how could we help all sites improve enrollment despite or taking into consideration these differences.

Kathy Reschke: Yes, that's the theme that we've heard before about diversity across LIAs, right?

Mary-Beth Cox: Yes, yes.

Kathy Reschke: So let's take a pause here. Oops, hang on. Oh let's not take a pause. Talk about what - once you saw that that was the challenge, what was it that you knew that you wanted to work on that you wanted to achieve?

Mary-Beth Cox: So to help figure that out we conducted a survey of the sites that would be participating which were our first funded sites - the formula sites - because they had been basically up and running for one year. So those eight sites were our first group and we surveyed their knowledge, attitude and practices related to both CQI and applying CQI techniques to improving enrollment and engagement.

So some of our findings were that in general sites did not have a formal process for conducting continuous quality improvement and they had never done a CQI project specifically on enrollments and engagements and notably the home visitor's scores were lower typically than the supervisor's scores. They tended to not be familiar with the data being collected on enrollment and engagement and what it was being used for.

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So the three goals we set were really in line with the model for improvement in what we learned. So the first was we wanted to help sites build and implement formal support for continuous quality improvements and the second was to support sites in using a team based approach to conducting CQI and finally to apply - to help sites apply their CQI knowledge to the topic of enrollment and engagement. Those were our three goals.

Kathy Reschke: Great. So now let's take a pause. Sorry about jumping the gun. Mary and Cathy as you were listening to Mary-Beth describe Virginia and the challenges ahead of them, what were your thoughts?

Mary Mackrain: Well this is Mary. Again I'll just speak - I think I just have this sense of excitement for your group as you go forth because it sounds like Rob as well that you kind of dug - not kind of - you very much dug deep into where are all of the teams that you have this framework of teaming built already which is such a strong way to start and knowing that there needed to be some awareness building and supporting people where they're at. And I also heard this willingness of leads to reach out for assistance.

So perhaps modeling what you hope to see local teams do in that kind of all teach, all learn practice. So it sounds - it sounds exciting and I just can't wait to hear more about what happens.

Mary Mackrain: Catherine?

Cathy Bodkin: this is Cathy. I also am impressed with the way you use teams both to help it all coming together and creating a forum for the teams, not isolated individual site teams but really pulling them all together and sharing, recognizing where different strengths might be and seeing this as a challenge for the group itself and how they could bring their skills together.

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Kathy Reschke: Thanks for sharing those insights Mary and Cathy. So let's find out Mary Beth what you and your team in Virginia did do to find - to address these challenges. What were the first steps that you took?

Mary Beth Cox: Okay so the rest of the story. In April of 2013 we launched our learning collaborative which we had first thought was going to be six months but quickly determined it needed to be 18 months. The formal approach we selected was the model for improvement which Mary has already talked about with the plan view study act cycles and three questions.

So through this learning collaborative approach we worked towards our goals which I listed previously by providing the activities you see on the screen. So we have done - well we have one more to go but we're going to do three face-to-face learning sessions. We do monthly webinars or teleconferences. These are typically around an issue that sites are struggling with or to review data or a tool or technique or for sites to share what they're doing.

We do quarterly or as needed coaching calls. So I've been acting in the role of coach during these calls. Sometimes they're site visits. We do a weekly e-bulletin to keep everybody up to date with upcoming events, resources and finally we have an online communication forum. It's a website where we host all the documents related to the learning collaborative resources. We have a discussion board on there so this is what we're providing.

Kathy Reschke: Okay so if that's the process so talk more about what the key issues were that you were focusing on.

Mary-Beth Cox: Okay. So through all of those processes we worked to help the LIAs and I would say it was really a bidirectional so we all kind of helped each other achieve the things that you see listed on this slide but during the group calls and the individual coaching calls we really went back

to these core ideas first utilizing a team approach. So we encouraged sites to not just keep it at the supervisor level but to bring in definitely the home visitor perspective is really critical, data entry staff - anybody that will have a role in that enrollment process, sometimes even an outsider or a partner at a hospital.

And next we help them develop SMART Aim statements to ensure everybody is familiar with the SMART acronym but we help them walk through when it starts to craft that aim statement and then to plan and test small changes doing the PDFA cycles and trying to keep it simple and using evidence and research to inform the change strategies.

And next helping them use data to drive decision making so how do you collect baseline data. How do you make data transparent? How do you make tracking tools and run charts? And finally we really created a forum where LIAs could share information and strategies about what they were finding that either worked or didn't work in some cases but they shared that with each other.

Kathy Reschke: So talk more about the development of the aim statements with those LIAs.

Mary Beth Cox: Yes, that was a really exciting part actually. It was all exciting but so sites developed their aim statements really starting at the first learning session and many continued to refine them over several months. So at the first learning session a key kind of aha activity that we did was every team got training and then dedicated time to do a process map of their enrollment and engagement process. We called it from stranger to engager so the family going from a stranger to being engaged and it forced them to work as a team and think critically about what the process feels like for families.

So during that exercise most realized that either the period between referral and enrollment was longer than they wanted it to be or that families referred to their program were often not eligible or

not from their target population so these are again echoes of what has been stated before as common challenges. But their aims statements fell kind of into those two buckets. The first would be to reduce the time it took to enroll a family and sites tended to land around this 14 day period - within 14 days - or another group of sites worked to improve the number of referrals or the eligibility of referred families through better outreach efforts. So they really worked on that I want it, I'll try it, kind of period.

Kathy Reschke: So I think everyone loves to hear an example. I'm wondering if you could do - go into a little bit more detail with one of the LIAs that you worked with.

Mary Beth Cox: And I'm really happy to do that. I love working with our LIAs. That's my favorite part. I really admire the work they're doing.

So the site that I'm going to highlight - little show and tell - is the UP Center. So the UP Center is a nonprofit with strong community ties that is located in Norfolk, Virginia. Norfolk is on the eastern part on the - close to the ocean and it's a fairly urban bustling diverse community. The UP Center uses a PAT Parents As Teachers model and MIECHV supports a supervisor, three home visitors and supplemental funds for medical health counseling at the UP Center.

Kathy Reschke: And talk about the challenges that you saw there.

Mary Beth Cox: Okay. So the process map activity that I was telling you about was really a kick starter for them. So after the process map they went back and they looked at some baseline data. They were really concerned about that time between referral and first contact. So they had some team reflection about that lag and they realized that often that first contact was more than 30 days and they didn't - they hadn't realized that and they were not very happy about that and they realized that their enrollment process is not consistent across some visitors. Everybody kind of had a

different idea of what they were supposed to be doing and their data system was not adequate to track referrals through the system so they really wanted to tackle those three things.

Kathy Reschke: So talk about implementing the model for improvement with them.

Mary-Beth Cox: Okay. I'm really oversimplifying the work that they did for the purpose of telling the story but their aim is focusing on that wanting to enroll families within 14 days. That was their aim. So working as a team they devised a new process which they actually wrote down and they put it in somewhere where everybody could see it and they tested this new process and refined it over a series of weeks and months.

To study their progress I helped them create an Excel tool which is like a tracking chart which automatically fed into a run chart to track their progress and they would meet monthly as part of their act. They would meet monthly to check in and review data.

Kathy Reschke: So talk about the result that you've seen.

Mary-Beth Cox: Okay. So what you see up on the screen - it's a little hard to tell but essentially they're run - it's an adaptation of a run chart for them. The red line is their 14 day goal and the blue points are - it's for each family the number of days between what they call the parent's introduction or the referral and the first home visit so it took them a little while but they didn't start collecting data until December because of their data system and the TA needed to be able to create a tracking tool and so forth.

But since they've started tracking the data and refining their process they've been able to consistently over the past several months get their - that time to less than 14 days.

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And I want to share with you a quote which I think it's up on the slide. It was from the project supervisor. I called her to get for help in creating this presentation and I think it really represented a turning point for her. She said it made a big impact among the staff. The tracking tool helped the most because it helped the parent educators do their numbers. They did not realize how long they were hanging onto referrals so they've been really self-empowered by looking at the data every month and proud that they had created the new process together to achieve their goals.

Kathy Reschke: And I just wanted to mention too for those of you listening in - in the packet that you received yesterday in your email I believe one of the resources at the end of the PowerPoint we included just kind of a snapshot or a screenshot of the Excel run chart that Mary Beth is talking about as well as this page that you're seeing here so and I'm sure that Mary Beth would be willing to respond to any questions that you had if you wanted to contact her more about the run chart and the use of data and how they used that. Is that right Mary Beth? I just committed you to something.

Mary Beth Cox: Yes, definitely.

Kathy Reschke: So talk about the results that you've been able to see across all eight LIAs as well as the UP Center.

Mary Beth Cox: Okay so that's a big question, right? So did enrollments improve across the eight sites? And to be frank with you, that's been really challenging to discern. So issues related to enrollment and case load are complex and sometimes they're related and sometimes they're not but based on the limited data we have available across all of our eight sites that we're participating we can really only say that case load capacity has increased. That's a distinction from enrollment rate. That's not enrollment rate. That's case load capacity. But it has gone up from 52% to 63% since the collaborative began and there's a wide variety within that 62%.

There's the number that are, you know, above 80 and the number that's struggling with staff issues and, you know, below 62 but I'm not sure I wouldn't hang my hat on saying this is due to the collaborative. What I really do feel is at the local level the sites are well on their way or have already reached the goals we set out for the collaborative. So all sites have worked really hard to build formal CQI processes like having team CQI meetings, developing aims statements, using PDF based cycles related to enrollment.

They're all using run charts to attract data in real time and all sites have applied CQI techniques towards improving the key aspect of enrollment that they identified themselves. And many have achieved their initial aims statement or decided to abandon it because what they were trying to do was not working or they have adopted new or additional aims statements.

I also want to share that there have been some positive kind of unexpected outcomes but I think on my coaching calls I really detected - for those teams that were maybe struggling with those to begin with that it kind of turned a corner and improved - it's actually improved their teamwork and communication by having these conversations about data and how to improve something together and including home visitors as part of the CQI team asking them to be directly involved and revealing data and devising improvement strategies has really been critical in that communication team building.

And we've had at least one community that I know of that's really embraced the model for improvement in the PDFA cycles and they have introduced them at their community group to use in a project that that community group is doing around enrollment.

Kathy Reschke: So what do you see and what do you hope to see in the weeks and months ahead?

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Mary Beth Cox: So what you see listed on the slide are the things we're going to be doing in the future. So we are wrapping up our current learning collaborative in October and we are planning right now to expand the learning collaborative approach to all of our 18 sites by the spring. Still figuring out what that's going to look like but we do want to incorporate our program model partners more into the CQI process and we have revised the new contracts for the LIA going into next year to include more clear case load target expectations and kind of similar to the approach that Rob presented in his story, we will be assisting LIAs that are not meeting an 85%.

So we set a threshold over a three month period to develop an improvement plan probably incorporating the CQI techniques into that improvement plan and we've already started providing LIAs with monthly case load and visit summary data reports to kind of start feeding into that - this new - these new components.

Kathy Reschke: Well thank you Mary Beth for sharing Virginia's story. Mary and Cathy I'm going to turn it over to you for your thoughts but just a reminder to everyone listening in - if you have a question for Mary-Beth about the work they were doing in Virginia or the work specifically that they did with the UP Center, go ahead and submit those questions or if you just have some general questions about enrollment challenges in general that you want to pose to the group. Go ahead and write those in. Mary and Cathy I'll turn it over to you.

Cathy Bodkin: Okay, thank you Kathy. I think Mary Beth I know you've worked really hard on this and it's been important how much you've helped the teams define their roles and - as you said - involving the home visitors was an important piece of progress. And I wonder if you might be able to share what you learned about the time expectation in the process and perhaps any other insights into your role as the state lead.

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Mary-Beth Cox: Sure. So I think I had - so with respect to my role in this I was really serving as both the coordinator of the learning collaborative and the coach. And just as an FYI I'm only technically 50% on this grant and this was only about a quarter or maybe a half - probably more than that of what I do. So maybe, you know, I'm supposed to be spending two days - maybe a day a week - but it takes - I think it's been adequate that amount of time so far but working with LIAs it's not going to be adequate and it really - it was a bigger list for some sites than I really anticipated.

And so that was kind of a good insight which is why we expanded the timeline from really six to nine months to 18 months because when we first - when we really got into the meet of doing the aims statements, we realized how much of a shift this was going to be for some of the sites who were not accustomed to using data this way, to approaching QI this way. I don't know if I answered your question but...

Cathy Bodkin: I think one of the things that you mentioned is the length of time and the amount of your time and also the idea the teams are all at different places so that - I think those are realistic points to make and to have people think about the sites that they're involved with and what is a realistic change that can happen.

Mary Beth Cox: Right and that's why we really want to bring our program model partners more into the process. So if I could just say, you know, two seconds about that. They've been involved with this CQI learning collaborative by they've, you know, come to the learning sessions. They're invited to the monthly calls and the coaching calls. Scheduling has been challenging but I know that they've supported the messages when they have their interactions and their site visits with sites related to, you know, the program model activities but in the future we really hope to incorporate them more in helping the sites implement the model for improvement and using the data techniques.

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And our program model partners have expressed a real interest in getting additional support and training to help sites do that, you know, because not all feel like they maybe can do, you know, the type of coaching that we've been doing through the collaborative around using data and developing run charts and things like that.

Cathy Bodkin: That's great. Thank you.

Mary Mackrain: So Mary Beth this is Mary. I just have a quick question. I think, you know, you talked about this a little bit already but I just wanted to know if you had any other lessons learned for a lot of us on the line. You mentioned this wide variation in team's knowledge and use of QI practices which can sometimes be daunting I think looking at it from that viewpoint. So any other just particular lessons learned for others who may be diving into this breakthrough series model for improvement that you might recommend thinking about in terms of really supporting all?

Mary Beth Cox: Right. Yes, so I have two kind of things I would say to that and the first is to really make the distinction between quality improvement and quality assurance. That was the biggest aha moment was a lot of sites would say oh yes we do, you know, CQI and to some degree it was quality improvement but more - but most likely what I encountered was it was more quality assurance. So making that distinction and one way we did that was at the first learning session we did an exercise on we would present kind of a scenario and we would say is this QA or is this QI and then the next question would be how can you - how did QA and QI overlap?

How can you use QI techniques to assure quality? And that kind of feeds into my second comment which is - and the biggest I think moment when I felt on coaching calls that the supervisor really bought into the model for improvement PDFA was when we had a discussion about how to align those CQI efforts with other requirements either from their model or from their agency.

So at first they felt like what we were asking them to do was to improve enrollment doing something additional to what they were already doing and it felt like a burden but when we talked about how you could do CQI towards meeting a standard that you're already expected to meet just using data and, you know, tracking your improvements towards meeting that standard so that those two things aligned then it was like a big sigh of relief like oh, you know, we get - that makes so much more sense. So those were really kind of critical moments for us.

Mary Mackrain: So that's a big one though just working to align with local agency's internal beliefs and strategic goals. I think that's a really good one to pull out so thanks for answering my question.

Kathy Reschke: This is Kathy. We do have a couple of questions that have come in. I'm going to ask the more specific one first and this is for you Mary Beth. Was there any pushback with use of the tracking tool document? Was there resistance? Was it initially when you introduced them?

Mary Beth Cox: That's an interesting question and I would say actually no because the tracking tool kind of came in after they had already established their aim. So they figured out what they wanted to achieve and they - and this was - I would say this was across all sites that I helped develop a tracking tool. They had set an aim and they were like okay, how will we know? How will we know if we've achieved the aim or if we're making progress towards the aim? And so actually the introduction of the tracking tool was kind of like oh, this'll be actually really helpful.

So first we would look and see if they already had something available, right, because one of my mottos is you use the data you have. You maximize the data you have. You don't start tracking or creating or collecting something new if you already have it so what do you have available to you first of all. And if you don't have it available to you, how can we collect it in a very simple concise

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way? Who's going to collect it? And I actually have a little tool that I developed for them to help them think through those questions.

But by the time we developed the tracking tool, they wanted it because it would help them track their efforts - all of this hard work they were doing and to see if it was actually resulting in improvement.

Kathy Reschke: Thanks Mary Beth. I think I'll ask this question that has come in and I think anyone could answer this. Rob, Mary Beth, Cathy, Mary - anyone just jump right in here. It has to do with whether or not home visitors are equipped to deliver the same message, build the needed relationships in regard to additional enrollment demands with MIECHV or if you believe - do you think there might be a need for increase in specialized training for home visitors around the skills needed to build enrollment?

Mary Beth Cox: So this is Mary Beth and I'll make - I'm sorry I'm talking so much but I have a quick - so we actually asked them at the beginning of the learning collaborative is that what you need - do you need more training on enrollments and engagement? And we've pretty much most heard at least in Virginia a resounding no.

Like we've gotten so much training, it's coming out of our ears about how to enroll and engage families and create relationships and we have through our home visiting consortium an enrollment and engagement training. I think probably the models offer - each offer something. I think what they were really hungry for was, you know, how do we - how do we know if what we're doing is making an improvement?

We're trying all of these things, you know. We're throwing a lot of darts at a dart board and we do and we don't feel like we're getting anywhere, you know. So I think our - I'm not saying it was, you

know, the silver bullet but using a CQI approach is really key and then, you know, okay we don't need more training. We just need a consorted effort around trying things and seeing if they work.

Mary Mackrain: This is Mary. I would echo what Mary Beth just said as part of thinking about what people are working on in the Home Visiting CoIIN as well. When we look at enrollment I think what people are beginning to dive into is making enrollment part of the everyday regular conversation in supervision that's already provided - making that data also available as part of the regular conversation so they know what they're doing is working and if it's not, they can make a change.

So that ongoing support - I agree. I mean I think of course some training is always good but it seems like people are leaning towards that ongoing reflective and administrative supervision and building it into an ongoing process and ongoing dialogue as well.

Rob Colombini: And this is Rob. Just a quick comment too - when we sat down with grantees and walked through their implementation improvement plan, they really dove deep into those multiple areas of outreach of managing referrals and retention and at that point we would talk about what there was as far as needs for their home visitors and sometimes there was a need for training but sometimes there also was just a need for strengthening the existing systems that were in place so that everybody knew exactly what the process was going to be for maybe even accepting just a plain referral.

So I think diving in and getting a sense of really what's working and what's not and then potentially adding to that process helped us in our role.

Mary Mackrain: Yes Rob I think that's a really good point that sitting down and having those conversations is really one of the values and I know I've sat in on one conversation and the group was surprised to realize that there was still a person in their agency that was receiving something

that none of them knew that was sitting on her desk for a couple of days. You know, they just didn't know she was even part of the process.

So sometimes just sharing the common knowledge and really being able to have the gift of time and luxury to focus on something in depth that everybody's concerned about really does lead to the new solutions.

Kathy Reschke: I think we have time for one more quick question and I think Mary Beth either you or Rob could probably answer this. When did you feel local leadership really turned the corner on enrollment and how did you know that? How did you sense that the local leadership sort of got it?

Rob Colombini: I'm embarrassed to say this but I think most of our programs knew that it was important but once, you know, there was a number set and there was a slight push because we want to continue funding and we want to be really proactive, I think that helped a little bit and so, you know, I want to say it's because of our intense work and our detailed planning which did help I do believe but I also think, you know, it's a reality check. It's a reality check that, you know, there are many programs around that are very focused on the percentage of enrollment and now we are in that game. And so I think for us that's helping.

Mary Beth Cox: Yes and I would echo that but I mean local leaders get it. I mean they understand the importance of enrollments. I've been in home visiting for almost ten years now in some way, shape or form. Enrollment - it's kind of a, you know, it's kind of something everybody talks about and pays attention to.

For us with our learning collaborative what they really got - those aha moments - really came around the aligning and around the process map. So when you could really visualize, you know,

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maybe what their referral process felt like through a family - those were the aha moments for our team.

Kathy Reschke: Well, this has been a great conversation and I hate to cut it short but we're coming to the end of our time so a big, big thank you to each of our presenters - Julie, Mary, Rob, Mary Beth, Cathy. We so appreciate your willingness to share your experience and perspectives with our MIECHV grantees as we all try to think of better ways to reach the families who can benefit from home visiting services.

For those of you who are listening if you have additional questions for any of today's presenters, you can find their email addresses in the registered packet that was sent to you before the webinar. I want to thank as well Tracey Harding and the rest of the TACC team at ZERO TO THREE for making today's webinar happen. Let us know what you thought about today's webinar by taking the time to complete the webinar evaluation that you'll be receiving soon in an email from WRMA.

We truly do rely on your feedback. We do read it. I promise. We need it to guide us in creating better learning experiences for you. And just a couple of additional notes before we end. In the next couple of days you'll be receiving a separate email from the TACC with related links and resources including a link to the audio recording of today's webinar which you are welcome to share with your colleagues.

Just to note due to the frenzy that we all experience that accompanies the end of one contract year and the beginning of the next, we will not be conducting another webinar until November but you can always find resources on the MIECHV TACC website as well as the monthly newsletters. You can find video recordings of all of our previous webinars as well as a bunch of other resources.

So thanks again for joining us today and for all that all of you do every day to support families.

Thank you and take care.

Operator: And that does conclude today's conference. Thank you for your participation today.

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