U.S. Department of Health and Human Services
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Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Technical Assistance Coordinating Center's

Webinar
"Case Studies in Supporting Quality Data Collection
at Local Implementing Agencies"

July 22, 2014
3:00pm Eastern

Presentations by:

Georgia: Anita Brown & Tracey Hickey
Oregon: Benjamin Hazelton & Kristen Lacijan
Michigan: Nancy Peeler, Robin VanDerMoere, & Cynthia Zagar
With analysis provided by:
Lance Till, DOHVE, and Christy Stanton, TACC TA Specialist

Kathy Reschke: Thank you Mark. It's great to be with you today everyone. My name is Kathy Reschke as Mark said. 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 to Improve Data Quality. As most of you know 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 MIECHV grantees including these webinars using ZERO TO THREE and partner staff along with many expert consultants and in coordination with other TA providers. In fact today's webinar was planned in collaboration with our friends at DOHVE.

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As you can see from this slide, our objectives for today's webinar are all centered on thinking through challenges and solutions related to grantee's work with LIAs to gather complete data that can in turn be used to inform decisions at all levels of MIECHV.

We have got a very full agenda for today's webinar. I hope you received and opened our email. I think you got it yesterday that had a link to download your pre-webinar registrant packet. If you haven't had a chance to look at it that's where you can find detailed biographies of each of today's guests as well as a PDF of the PowerPoint slides.

So to start off today's presentation we're joined by Laurie Wolfgang, the HRSA Project Officer for Region VI. Laurie thanks so much for getting us off to a start.

Laurie Wolfgang: Thank you Kathy. Hello everyone and welcome to all of our MIECHV grantees, model developers and other stakeholders. My name is Laurie Wolfgang and I'm a Regional Project Officer in the Division of Home Visiting and Early Childhood Systems in HRSA's Maternal Child Health Bureau.

So after four years of MIECHV it may seem a bit untimely to be talking about data. We've got benchmark plans complete, data collection and CQI plans finalized. Two years of DGIS reporting under our belts and most states have either developed or implemented highly complex data systems.

But as we're nearing the end of year three reporting period and grantees begin preparation for their DGIS submissions in the fall, it's important to tell our stories accurately both individually and as grantees and as a nation.

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Home Visiting Programs focus on developing trusting supportive relationships between home visitors and expectant and new families. Our capacity to quantify and measure the outcomes of these relationships requires a sophisticated approach to data collection, reporting and analysis unlike any other program.

Dozens of studies over the past four years have shown that Home Visiting Programs work and that they're highly effective in improving child and family wellbeing. And it's that evidence base that's resulted in the support we benefit from now. And it will be the ongoing quantifiable data that will tell our story and provide advocates and lawmakers with the evidence to continue support of MIECHV through reauthorization.

This October grantees will be working closely with our local sites to consolidate their yearend Data Report to HRSA. The data collected and reported will cover demographic information and process and outcome measures in 6 benchmark areas for a total of 35 constructs.

This consolidated annual report of each individual grantee's output, processes and outcomes is over 100 pages long. That represents a tremendous yet critical burden on the grantees, local implementing teams and most often forgotten the home visitors. Its home visitors and their local teams that know how well these programs work and they get to see it every day.

So it's exciting to know that the work taking place on those frontlines in the homes of real families can be quantified and examined for changes over time that both the individual family level and in aggregate can form change, generate best practices and ultimately support the evidence base for this rapidly growing initiative.

Today we're going to hear from three grantees as they share their experiences related to the challenges and solutions when working with local sites to obtain high quality data.

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Thanks everybody for joining us today.

Kathy Reschke: Thank you Laurie. What a great foundation to get us started with.

Next we're going to be joined by Lance Till who's a DOHVE TA liaison for Regions IV and V. As I mentioned earlier DOHVE played a key role in planning today's webinar for obvious reasons and we're delighted to have Lance join us today to provide us again with a little bit more context to why this webinar and why now.

Lance.

Lance Till: All right, thank you Kathy. So as Laurie mentioned reason why this webinar is so timely is that grantees will be working towards the submission of their year three data this October which includes both their baseline and comparison data for the first three years of MIECHV implementation.

Now reflecting on some of the key elements to ensuring data quality collection, it really is important to consider the role of both the grantee and their local implementing agencies.

Some of the key elements of data quality include training and support. And training and ongoing support are really necessary for any of your LIAs. And this relates to the model being implemented, data collection tool, your data systems or data collection processes and continuous quality improvement.

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So the provision of training and ongoing TA can really help to ensure that everybody has a solid foundation, understanding of the data flow. Their roles and responsibilities in the data process, what will be collected, why it is collected and how that data can be used.

Speaking of the data flow the flow of data really should be understood by all parties involved. And the data flow should also be an efficient process.

So for example it is really critical to understand what data needs to be collected, at what point in time that data needs to be collected, by whom and then how that data is entered into your data system or for states that maybe don't have a data system how it then gets relayed to another party for the data collection and analysis piece.

So once the data are entered it's also necessary to understand the process for retrieving the data and expectations around using that data for continuous improvement.

As part of this roles and responsibilities of individuals really do need to be communicated clearly and articulated so that everybody who is playing a role in the data quality process understands, you know their piece of the puzzle.

As we think about the data quality it's also imperative to ensure that states that have a data system that the data system is able to meet their needs both at the state level and LIA level. If a data system does not exist the same really is true for the state's data collection process. Essentially the data system or data collection process should be set up in a way that is both user-friendly and allows opportunities for the state and the LIAs to retrieve their information.

And then to truly attain data quality staff should see the value in their data. And this level of buy-in is also necessary at all levels. I think we can see a theme here in, you know, who all is involved in

the process and how they can be involved at the state and local implementing agency level as well as at various levels of management and staffing who are involved in that process.

By ensuring proper training and technical assistance, having individuals really understand the data flow and their roles and responsibilities and providing a data collection system that is user friendly and provides access to the data grantees really can be well on their way to creating value that is critical to obtaining quality data.

So today's webinar will include examples of challenges and approaches that these three grantees and their local implementing agencies took to work toward ensuring the capture of quality data that really helped them to build their state's culture of quality.

So as you listen today to their experiences it may help to think about how and what they've encountered and actions they took really relate back to some of these elements of data quality.

Kathy Reschke: Next three case studies. And we really want to dig into these three case studies. Lance is going to be joining us later for a discussion of those - of each of those case studies so we look forward to more comments from Lance.

And speaking of case studies before we present the first case, I'd like to give a quick overview of the format we're going to be using today since it's a bit of a departure from our previous webinars.

Really our intent today with using a case study format was to allow everyone to benefit from the problem solving process that each of these grantee data teams went through as they faced three different data challenges.

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I'd say it's a fair bet that everyone on a grantee team that's listening in today has also experienced some data challenges of one kind or another so it really seemed appropriate to have more of a peer learning setting and have an opportunity for you all to talk as colleagues and learn from one another.

So we've asked each team of presenters to share their data story in four parts. They'll start with a description of their MIECHV Program and the data context, some about their data system, followed by an explanation of the challenge that emerged for their grantee.

And at that point we're going to pause for some analytical thinking about that challenge and some possible directions that could be taken to overcome it. And as I said Lance is going to join us then to provide some insights from his perspective.

And he'll be joined by TACC TA Specialist Christy Stanton. Christy is also the co-facilitator for the Community of Practice on Data. So she's also going to give some thoughts and comments based on her experience with several grantees and their data challenges.

Then after Lance and Christy share some insights on the challenge presented, the state team will share the rest of their story, the steps they actually did take and the results of those actions.

Then this is going to be followed by another opportunity for discussion. Christy and Lance will again lead a debriefing of the case and how it concluded and the next steps they're going to be taking.

It's at this point that for each case that we'll invite you who are listening in to join in the conversation. We'll ask you then at that point for questions, comments, insights of your own that

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you have and we'll also open it up to the other states that are on the call as presenters to provide their insights.

So at that point if you want to be able to participate and contribute your own thoughts and questions, in order to do that you'll use the question box. So this is familiar to many of you but for those of you who may not have used this function before you'll see the control panel on the right of your screen and at the bottom of that panel you will see a question box. And that's where you'll type in your questions.

I'm going to be monitoring that box and I will share those comments or questions verbally to our presenters during the debriefing section of each case. So if you're listening in to each case study if you have a question for the presenters please wait and share it during that debriefing time so that we can be sure that it gets answered.

So with that let's get started. Our first case for consideration is Georgia. Sharing Georgia's data story is Dr. Anita Brown, Associate Director at the Center for Family Research and the MIECHV PI in Georgia and Tracey Hickey, the Technical Assistance Lead for Georgia's Home Visiting Information System which you're going to hear more about shortly.

So Anita why don't you get us started off by telling us a bit about the MIECHV Program in your state?

Anita Brown: Sure, thanks Kathy. Glad to be here. So some things to know about Georgia's MIECHV Program, first of all, it's called Great Start Georgia. This was decided and named it a couple of years ago with a very collaborative process with all our state partners.

And it was important for us to do that in order to make sure we stayed focused on the larger picture of what we wanted to happen with MIECHV that we were not just focusing on home visiting but the whole system of care that we had to develop in Georgia.

We implement in seven counties. There are 159 and we implement in 7 of them via 7 LIAs. And we implement 4 programs which you see there on your screen.

And we started our implementation and data collection in January of 2012 so we've been collecting data and implementing about two and a half years at this point.

And another important piece is that Georgia was awarded a development grant, first round, back in October of 2011. And with those dollars do we really try to enhance our centralized intake system in partnership with the Department of Public Health. And we also tried to build an engagement infrastructure.

So I point that out mostly because we did not really - we didn't expand direct services but we really focused on home visiting infrastructure with those dollars.

And I think that's….

Kathy Reschke… thanks for sharing that little bit of background about MIECHV in Georgia.

So what would you say, looking at your system what are the assets and strengths that you had to work with?

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Anita Brown: Okay, well I think the important to know is that the MIECHV Grantee Lead in Georgia has been the Governor's Office for Children and Families just until a few weeks ago and now it's Department of Health and Human Services.

But regardless, the subcontracts for much of the Great Start Georgia implementation came to the Center for Family Research at the University of Georgia.

And so pretty immediately because we're a Research Center there was a real focus on the data needs of the MIECHV work. And we had data managers and staff people there to immediately see what was needed and start thinking about that. So along with implementation of sort of data and data orientation right away just partly because of that, you know, that's who we are at the center.

The other big piece was that we decided after quite a deliberating process to develop a customized data system that all of the Home Visiting Programs in Georgia we hoped would eventually use and certainly initially all the MIECHV funded programs would be using.

And we did - we thought of this as a way to really coordinate all the home visiting in Georgia. It was a goal and we did - we felt that if we - if all the programs we're entering into the same system they would be - you know, it would be a way to help them become more integrated and overlapping.

Another piece that the Center - at the Center for Family Research we had been evaluating home visiting in Georgia for about a decade. We've been evaluating the Health and Family of Georgia Program. And had built a data system to collect that data and it then provided, you know, evaluation reports yearly for like I say about ten years.

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So we've had a good bit of experience with, you know, what it took to, you know, get good data and try to write meaningful reports from it. Of course MIECHV, you know, is exponentially more complicated and one program. And but we did have some protocols already that we knew we could bring to the front.

And the other thing that we have here in Georgia is what we call our Data Divas. And really as I mentioned when we got the development award in Georgia that allowed us to hire a few more data focus staff to support that work and then those individuals became integrated into the MIECHV work more generally.

So I bring that up to say that we've always had a little team that's thinking about the benchmark data in Georgia. People some of whom are focusing on the data system itself, some on, you know, the actual data and analysis and integration and all of that.

But it's never been a one person show. It's morphed over time. We now have a Dude. We had (Dave Sevus) for a while. Now we have the Dude.

But it's - but at least have that group pulled together for about two of the years that we've been in partnership.

Kathy Reschke: I love it. I love the Data Divas and Data Dudes.

So speaking of divas and dudes, just in looking over, you know, the whole system who are the main characters particularly in the data story talking about the data pipeline and the data flow that Lance mentioned? Who are the main participants in Georgia for that?

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Anita Brown: Yes. Well I will say we love our divas and dude but they are really not the main characters. They're important. But the main characters are really the home visitors themselves because they are really collecting all of the data in Georgia during their home visits via the assessment that they're conducting or, you know, asking, you know, last emergency room visit. I mean they're really collecting the data and then they take it back and enter it into our data system.

And of course their Program Managers who support that work are really the key on the ground players in terms of Georgia's data. There's only going to be as good as what's happening out there in the field of course.

Now at the state level we do have, you know, we have the team of the divas and the dudes. And our GEOHVIS TA lead you're going to be hearing from in just a moment, Tracey Hickey is, you know, is responsible for providing all of the TA and training on our data system, how to get the data in and get the data out. We have a MIECHV Benchmark Coordinator who we'd like to think wakes up every morning thinking about Georgia's benchmarks. And she's constantly pulling data from our system looking at it, funneling that back to Tracey who then asks, you know, who takes it back to the LIAs and so there's that piece.

We have an IT Director at the center who also operates as our liaison for Social Solutions, Incorporated. You're going to be hearing a lot more about our data system. It is a, you know, customized efforts to outcome system that is out of Social Solutions. So that person serves as - our IT Director serves as that liaison to Social Solutions.

And then we have our CQI lead who takes the data back to the sites and helps them use it in ways that meaningful for them to make the improvements.

So that's really the - those are the characters.

Kathy Reschke: Well it sounds like a wonderful system. So what could possibly go wrong? What could possibly be a challenge?

Anita Brown: Right.

Tracey Hickey: Well I'm - this is Tracey Hickey. And I'm going to talk about that piece or challenge. And I want to say hi to everyone. It's great to be with you today as well.

Our biggest challenge in Georgia was the data system launch proved to be complicated and not quite as user friendly as we had hoped. To begin with the data system was created under a very tight timeline in order to be launched at program implementation in January, 2012.

And in turn that learning curve for navigation and training for state leads and the LIAs was very steep. And even after the launch and installing end period the data was difficult to retrieve since reporting needed was not immediately available upon launch and the creation of reports needed required a great deal of time.

And even when reports were created end users found it - them hard to pull and interpret.

So we knew this challenge needed to be further addressed and we were unable to reduce the amount of technical support on the system to the LIAs as planned and this reduced report plan had to be adopted because the LIAs found a process to enter data as well as understand what the reports were pulling overly time consuming and confusing in the midst of other implementation challenges.

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In addition LIAs were having difficulty pulling and organizing this data that was entered into the system and in turn it was difficult for them to monitor their end benchmark progress over time.

As a result of this problem we really did see some wear and tear on staff morale. Staff were already experiencing lots of change entering lots of data and getting nothing back out of the system so the system was viewed as a burden or barrier to providing services to families since time was being spent learning it and becoming more efficient in data entry. There became a tension between teams, a feeling of Data Team versus Program Team instead of viewing the data as valuable resource that would enhance programming service delivery. Staff also felt the new data elements were taking priority over established program process and documentation.

And finally sites were relying on multiple data systems still feeling that the new data system could not meet more of their local needs and as a result due to a lack of immediate reporting many LIAs had to continue to rely on existing data systems in order to continue to report at both their local community and their national model level.

Kathy Reschke: So there was some challenge in fact quite a bit of challenge. So those two of you out there who say if only we had this great data system everything would be great and it turns out that's not necessary - it's a little complicated. Isn't it?

So I'm curious. We're going to pause now for some analysis now that Tracey and Anita have laid out the challenges that they were experiencing even with a great data system.

I am wondering if any of you have experienced similar challenges whether it's the wear and tear on staff or if it's LIAs not being able to pull their own data, being overwhelmed by having multiple data systems, any of that.

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So I'm going to put a poll up. And I would like those of you who are part of a grantee state team to respond to this.

Have you experienced a similar challenge to the one that was described by Georgia?

And we'll take just a few minutes to let you respond to that. Does it sound very familiar? Are there pieces of it that sound familiar or you haven't experienced that kind of challenge?

So while we're giving that just a couple of minutes I'm going to ask Lance and Christy about what your thoughts were as you were listening to Georgia describe their challenge.

All right, I am going to close the poll now so that everyone can see the result; all right, Lance and Christy.

Christy Stanton: Yes. Thanks Kathy. This is Christy and thanks Anita and Tracey. That was so interesting and I just found myself nodding while you were describing the challenge because, you know, isn't that so often our challenge? If our focus is one thing and one thing intensively, in this case it might be data, recognizing that LIAs are made up of people, individuals who may not be as immersed or as skilled or as interested even in the data as some of the rest of us and just how that creates a sense perhaps of disconnection or lack of buy-in into the process.

Lance Till: Yes. And I would agree Christy. You know again thank you Anita and Tracey for sharing.

You know through my work with DOHVE and through my own personal work, you know, I've definitely seen that the creation of data system or customization can truly be a frustrating process. And you have this idea that everything will be perfect and come out the way that you would like it to and there obvious will always be bumps in the road.

But I think one of the strengths that the Georgia really had going into this challenge was that you all have a dedicated Data Team, the Data Divas and Dude, you know, who had your delineated roles and responsibilities kind of regarding the benchmarks, your work with GEOHVIS and, you know, that has really helped you all I think in terms of being able to address this.

But I think, you know, any time that some of you kind of encounters a situation like this one of the first steps I always think is really, you know, key is to bring your stakeholders together and really think about, you know, what it is that we need and how can we get everybody, you know, kind of moving in the right and same direction so there is that common understanding. And that can also really help when thinking about, you know, what data you're able to get back and what format will really work best for everybody.

So, yes, no, I am definitely interested in hearing what approach you all took.

Christy Stanton: Me too.

Kathy Reschke: Well all right. Let's turn it back to the Georgia team and tell us what - how did you start addressing this issue?

Tracey Hickey: Well as a result of some of these identified problems with our complicated data system we did seek out and gained more support from the software developer which for us is Social Solutions in order to build more of the custom nice reports that were really needed by the LIAs. We recognized also that a more rigid protocol needed to be developed for prioritizing the system request for both the data and program needs.

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And then we also addressed the fact that while webinars had been ongoing it became clear that the LIAs needed face-to-face review of the benchmarks, where these data points were collected in the data system, how the data was pulled and filtered and how they could pull the data themselves to monitor their own progress.

LIAs were definitely all over the map and at different levels of processing and absorbing this information.

And then finally we addressed that even more written documentation of benchmarks, the benchmark related program implementation issues, protocols for data entry and general benchmark data progress was needed.

Kathy Reschke: So how did you begin the process of solving this challenge and working towards a more friendly - user friendly data system?

Tracey Hickey: Well in an effort to make the system more user friendly and we want to emphasize not perfect, we want to be clear that it's still far from that but in addressing this it has improved for everyone at this point. The Data Team first met with the software developers, again Social Solutions, in order to discuss our programmatic needs for data and determine how to build more of those customized reports.

And additional support was provided by Social Solutions to assist our System Administrators with faster creation of the reports.

I do want to note here though that even with a full time experienced database programmer on our staff, on our team, who had even created a successful custom data system or reporting from

scratch the learning curve on this out-of-the-box software reporting element really still did conflict with the immediate need for improvements in reporting to the LIAs.

Second, the Data Team had many meetings with the state program leads to understand the needs at all levels. Not just the benchmark. And therefore define all needed data elements and agree on timelines based on system capability and resources.

The state programmers here really had to better define what they wanted to get out of the reports and grey areas had to be defined in order to get consistent quality data and reporting.

And then finally we also decided to establish the monthly face-to-face meetings between our Data Team and Program Team to continue to discuss the system, new data needs, updates on progress of reporting and any other topics on a more regular basis. If these meetings had not been scheduled this likely would have not been prioritized and communication between these teams and the LIAs would have been much more difficult to maintain.

Kathy Reschke: So it sounds like you - this is a great example of what Lance was saying about pulling all of the team members together to address the challenge.

I'm wondering if there were any solutions that you did consider but decided against.

Tracey Hickey: Yes. In the first six months following the rollout of our data system, pros and cons of switching to another data collection system were discussed. And all things considered the group did make a decision to stay with our current data system.

And this was decided because end users really started to get much more familiar with the system and the learning curves had already been really steep. There would be considerable confusion

and frustration in switching to another system. And switching to another system really meant building a custom data system and to truly accommodate everyone's needs, a timeline for completion of a custom data system would've just been too long.

And also because we had built a data system previously for Healthy Families Georgia, we really knew that part of the solution was simply persistence and patience with the LIAs being sort of building your efficiency with the system over time.

Kathy Reschke: So now we know what you didn't do. Talk about the strategy that you did come up with as you talked with each of those different groups of people.

Tracey Hickey: Okay. Well after deciding to stay with our current system we decided to put an emphasis on increasing end user efficacy with entering and pulling data from the data system using custom reporting.

We did deploy a multi-prong approach that included the development of much more detailed benchmark glossary, a ramp up in development of customized reports that site level users could generate from the data system and the integration of me as the GEOHVIS TA Training Lead into the site level CQI meetings already scheduled for spring of 2014.

Kathy Reschke: Can you talk more about each of those three tactics that you chose to use?

Tracey Hickey: Sure. Sure. First MIECHV Benchmark Coordinator and I and that's Rachael Glisson and I drafted the more detailed benchmark glossing keeping all details included to really one digestible page per benchmark. The glossary not only includes the benchmark definition and outcome data to date but it also includes things for the home visitors to keep in mind on visits in collecting these data points and the rotation of exactly where this information is entered in the data system.

The glossary was reviewed and revised by the overall State Training and TA Team which includes the program leads to ensure there were no grey areas that needed to be further defined for the LIAs. We then emailed those out to all the LIAs to review prior to our CQI State Visits. And then we went out for the visit the glossary was briefly reviewed and referred to often during the face-to-face training.

We also as I mentioned earlier met with Social Solutions to express concerns and discuss how to meet all of the needs of the LIAs. And this resulted in a list of needs and follow-up plan.

And the extensive support and training from Social Solutions to our Administrative Staff resulted in the creation of 30 new reports over a relatively short period of time. And during this process testing of these reports were led by me. But we also enlisted the help of site level staff to get their feedback.

And finally we also wanted to provide more onsite face-to-face benchmark TA. Again technology and webinars are great and having that direct interaction with the LIAs is so important to ensure questions were truly being asked and answered.

So I joined three rounds of CQI visits. And during these visits we did review the benchmark data and progress to date. We showed the LIAs local level data for all the benchmarks. We reminded LIAs where and when benchmark data was collected and provided tips on quality data collection.

Kathy Reschke: And now of course we want to hear how it's been going.

Tracey Hickey: Well we did have a very positive response to the benchmark glossary. LIAs refer to it as, you know, their one stop shop for all their benchmark needs since all the information is concisely

provided in just one document that in the past they had gotten a lot of different documents and we've kind of pulled all of that different information together for them.

And the LIAs also appreciate that the benchmark glossary is also a living document which is updated regularly in response to questions or policy changes so this keeps everyone as up-to-date as possible.

For our data reports, the response was a little bit more mixed. A lesson learned is that while our timeline did not allow for it the report rollout probably needed to be slower to allow each LIA to spend time with each report and not be so overwhelmed.

The good news was that through the process of meeting so extensively with Social Solutions rep our ETO Administrators did become much more adept at creating the report and the learning curve was lessened for future reports.

However, making these reports available to everyone I think this is true across anyone that develops reports. Once they're deployed that they really need to be followed by an extensive process of continued review by end users to look for any additional tweaks needed. And then ongoing training since new reporting obviously takes time to digest and understand.

And then there really needs to be consistent encouragement at all levels to be generating and printing these reports, interpreting them and then really working them into a useful part of their program management and supervision.

And then finally for our onsite TA, benchmark TA, we also had very positive response to mixing this into the CQI visit. Staff were very engaged in this opportunity to ask questions and hear about

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the data today and ask lingering questions about where these outcomes come from in the data system and to ensure better quality data entry.

The type of questions we received really revealed two things that early training was only partially helpful at the site level because they were so overwhelmed with program implementation that they were really only able to assimilate very basic data system information at that time. And that second, it's really easy to get distracted during webinars. So they should be used for targeted purposes and kept free.

Kathy Reschke: All right, thank you. Thank you very much for describing the outcomes. That's always the - part of the story that everyone is most interested in once they find out all the things that you did so thanks.

So to kind of wrap up your case I wondered if you could talk a little bit about what, you know, where you are in the process and what you still have to work on or have in the future.

Tracey Hickey: Well our overarching goal is really for sites to in time view the data system as an invaluable resource for guiding program implementation and support continued funding. We didn't see with the previous data system we implemented in the state. And they really began to use this on day-to-day program process and to support their funding. So we'd really like to see that as a larger part of this effort.

And then as we continue to move forward we are going to continue with the individualized face-to-face training sessions to really support the use of interpretation of data for program management and outcome reporting since each LIA can be at very different site visits with that.

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Kathy Reschke: Well thank you. Thank you so much both Anita and Tracey for telling your data story, telling the story of your challenges and how you approached those and where you are now.

I'm going to turn it back to Lance and Christy but also I wanted before I do that remind everyone that if you have questions or comments about this case, how it relates to you in your situation or other clarifying questions, just some insights of your own that popped up to you as you were listening, please go ahead and type those in the question box.

And I will say that we did have one question come in if I could go ahead and ask that to start with. Someone asked although benchmarks are different for each state, this person wondered if Georgia could share their benchmark glossary as a tool that other states could at least start with as a reference when working with their LIAs.

That's putting you guys on the spot a little bit.

Tracey Hickey: I would refer to Anita on that.

Anita Brown: Yes.

Tracey Hickey: As a member of our Management Team.

Kathy Reschke: Great.

Anita Brown: We're happy to share the document. I feel like I have submitted it. I get a little confused on the who, but I mean to someone in the TACC or somewhere.

But I will send it, yes, to wherever it can be most - made most accessible.

Kathy Reschke: Great.

Anita Brown: You know it is a living document so, you know, once I send it, you know, we'll be changing it here on our end.

But the basic format is really what most people are interested in, how we organize the information, certainly happy for people to see that.

Kathy Reschke: Right, thanks. Lance and Christy I'll turn it over to you.

Christy Stanton: Yes. A couple things came to mind, again super interesting Anita and Tracey. One was you were talking about the timing of your three pronged strategy approach, that kind of plan full approach that you all developed.

And you talked about for example wishing you had more time to roll out or to explain the customized data reports to the LIAs. I mean what - how much time are we talking about in terms of developing this approach and then implementing some of the strategies?

Tracey Hickey: Well for - I have to separate. For the benchmark glossary and for the onsite benchmark - oh, I'm getting some feedback. Is anybody else? All right, I just want to make sure all the end - everybody listening isn't. Okay, I think it might have just been me.

For the benchmark glossary and for the onsite benchmark TA that's really been in the last year or actually probably in the last more six to eight months or so that we began to develop that benchmark glossary, review it and then get it out to sites in anticipation of being out there for our CQI visits this spring and wanting to review it there.

So that was in the last six to eight months. In regard to the data reports we did have some early customized reports that were deployed to the site to look at some of the benchmark data but the 30 reports that I refer to are really more programmatic reports that came out of a need of some - one of the programs in particular that had a time sensitive timeline that they needed to go through the accreditation process.

So they really needed all of those reports created and available so sites could start pulling their data and monitoring their data during the time period that they would be reviewed for that process.

So that began last January that we met. It was January and February that we met with Social Solutions and the reports were developed between the end of February and July 1st. And they were all deployed by July 1st to sites.

So thirty reports were completely developed from spec sheet, you know, flushing out what was needed, spec sheets developed, actual programming of the reports, testing and then deployment so a very aggressive timeline. So if we would have had more time for that that would have been great.

Christy Stanton: I see. Thank you.

Anita Brown: And I think another piece is that there's - what we tell people all the time is that the data is in there. It can come out. I mean it's there for you.

But when it's often when the reports are created they don't print out. They're not beautiful. You know eye friendly, exactly what you would want to put, you know, in a notebook or in a frame for

sure. You know so they're just, they're spreadsheets and they still require, you know some analysis and even, you know aggregation beyond.

And that was a step that, you know, I think always takes people a little time to get used to that, you know, it's not going to - even though we've created to report, when you print it, you know, there is - it's just not as friendly as we'd like. The data is there but it's still going to require, you know, sometime and checking and a little more effort than we'd like.

Lance Till: Yes. Anita in regard to that, I know some data systems have the ability to create more sophisticated reports that, you know, are pretty and enjoyable to kind of look at. Was that something that your data vendor offered or if not, you know, given the fact that data are being able to be pulled out by a spreadsheet, was that something that sites were aware of in advance to kind of, you know, prep them for that?

Anita Brown: And Tracey may want to weigh-in on this too. I mean I - we in the customized system that we've talked about for Healthy Families Georgia that we used the ten years prior to MIECHV, you know, we - that was a real feature that we had just come to assume and rely on.

And so I don't know that we asked all the right questions around, you know what these reports would like once they were generated. I think we - I know I probably made assumptions that if a report's generated it's something that, you know, I can just take one quick look at and the data is immediately meaningful.

So no, I think it was a surprise to all of us what was involved.

Tracey, you want to weigh-in?

Tracey Hickey: Yes. I would absolutely agree. I don't think we accepted the same level of customization with the reports that we were able to do in our previous system because it's just that is not a customized data system. But we were surprised by the lack of flexibility in the reporting framework that we were working in and the ability to make it look prettier.

But that's just something sites do have to get beyond because I think the bigger challenge for site is look at the reports and understand what they're looking at. And why that data is being pulled and who it's being pulled for. Is it for a local level? Is it for the state level funder? Is it for the benchmark or was this report created?

As I mentioned we did create some reports for their accreditation process and what their level of understanding. What is going to be reviewed for that?

So there's a lot of different things reporting takes into consideration and sometimes sites have to be in the right framework to understand what their looking at.

Kathy Reschke: Well I hate to bring this to a close but, right, because it sounds like we could go on and talk more about sort of the details of - that you had to work through for a while.

And I do want to acknowledge that we do have a handful of questions that we're not able to get to. But I do want to let the question askers know that we're going to keep those questions and have the presenters respond to those either in a newsletter article as a follow-up or perhaps as part of the - of an upcoming conversation in the COP data.

I'm - didn't ask Christy for permission for that but I think she would agree that that would be okay to do.

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Christy Stanton: Of course.

Kathy Reschke: All right so thank you Anita and Tracey, really appreciate you sharing your story with us.

So it's onto our second case study. And here to tell us about Oregon's data challenges and solutions is Benjamin Hazelton, the Director of Home Visiting Policy and Systems at the Oregon Health Authority and MIECHV State Lead, and Kristen , Oregon's MIECHV CQI Coordinator. Welcome both of you.

Benjamin why don't you get us started by describing MIECHV in Oregon?

Benjamin Hazelton: Okay, thank you. So in Oregon we are funded through all three of the grants as well, the formula and both of the competitive grants. And we're using these funds to expand evidence-based home visiting in 13 of our communities or counties. Like Georgia we're county-based, using 22 local implementing agencies.

The three models that we're funding in Oregon are Early Head Start, Healthy Families America and Nurse-Family Partnership.

These communities are really located in all corners of the state and they are a mix of urban, rural and frontier counties that we see represented in our state so we're really having the opportunity to test out things in all different avenues and components.

The other key component of our work is the system development and capacity building in each of these communities and in the state as a whole. In some instances that work is being led by one of the local implementing agencies in a community where we're funding home visiting. In other cases it's been assigned to an Early Learning Hub that is an emerging entity in each of these

communities that is really designed for the coordination of early childhood services and assure the children are ready to learn, families are stable and attached and that the services for children and families are coordinated.

And in supporting this effort we at a state level have compiled a team to provide support that includes my manager, myself, we have with me today is Kristen our CQI Coordinator. We have model consultants in each of the three models that we are funding. A Parent Leadership Specialist, a Workforce Development Coordinator, Data and Evaluation Lead and we get support from our Data Evaluation and Informatics Units here and we're in one section in the Health Authority, the Maternal and Child Health Section.

And we began implementing services and collecting data in June of 2012 using our MIECHV Bridge.

Kathy Reschke: So talk a little bit more about the bridge.

Benjamin Hazelton: Well when we launched in 2012 we had a vision. I think it sounds somewhat similar to what they had in Georgia of a more interoperable data system that we could use not only for our benchmarks but also that it could become more the home visiting system of record and could be utilized by not just the three models that we're funding through MIECHV but others could join so that we could have more of a unified home visiting data system.

We knew that would take some time. And so we created in our office what we have called the MIECHV Bridge. It was built and meant to be temporary. It's very utilitarian in nature and it requires a lot of paper.

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So the process is one in which our Data Manager creates a unique - a schedule unique to any individual child or family that says when each of the forms is due that's provided to the home visitor. And they're supposed to use that schedule to send the forms back.

We are having the forms sent via secured fax because many of our local implementing agencies do not have the capacity to send email in an encrypted form and we don't have a way to do that from our end for that.

And so as you imagine and we have to take that paper that comes in on the fax and enter it into our data system. It's entered into an Excel system and then we use FileMaker to make it make more sense and then gets pulled from access.

So again it's very - it's paper intensive. It's labor intensive. And we did use our expansion grant to expand services and reach all 13 of our communities that have been identified at risk in the home visiting - at the needs assessment. And as such I would say that this bridge that was built for a smaller amount of traffic is probably like most bridges in our nation, at risk of collapse.

Kathy Reschke: Good. Benjamin I think you've already talked about I think the State Team a little bit earlier. So let's move on and talk to us about the system's assets and strengths because that also - you'll also talk about the people involved.

Benjamin Hazelton: Right. So again I would echo what the folks in Georgia said in terms of it's really the local implementing agencies that are doing the bulk of the work here. Clearly we want to provide whatever TA and support that we can.

But they are the ones that are completing the forms and getting them in on time or not, etcetera.

So in this process we discovered that we had some really strong partners in our local implementing agencies. They have worked very hard to support getting their stuff in on time. They've created calendars. They've created spreadsheets. They've shared ideas with one another about how they're tracking things and getting things in on time.

And more importantly I think that they have also provided timely and thoughtful suggestions regarding the forms. Again they're the ones that are using these forms to report the data. And so they have been instrumental in helping to identify where we in our hurry to put together the bridge system, where we may have missed something that we wanted to collect and/or a better way of collecting it or a compromise of if we could collect it this way it is - it feels less duplicative but you still get the information that you need.

From the state side we have had folks work really hard to make improvements in the database so that we can get information out in a more timely way including standardizing some of the benchmark analysis so that we have decreased the amount of time for analysis by oh I would say at least 30 but probably more like 60 days in terms of turnaround of getting that analysis back out to the local implementing agencies.

So overall I think that the - like you have on the light bulb there, the ingenuity and the creativity and the - and really the stick-to-itiveness of folks who say we - this is what we have and we can make it work has really pulled us through.

Kathy Reschke: Yes. So in spite of the fact that you have some really strong creative and genius people there is a - oh sorry. I forgot that piece. There was an unexpected asset.

Benjamin Hazelton: Yes. Thank you. So outside of the paper intensive processes that where others have indicated a problem in extracting data from other systems because it wasn't designed or built to

pull that sort of information, we actually had all the information at our fingertips. So while it was maybe slower we had all of it.

Kathy Reschke: Right. All right, so let's get back to talking about the challenge. And what you did besides just relying on the creativity and ingenuity of staff.

Benjamin Hazelton: So we had unfortunately several delays in issuing our RFP for our - what we were looking for is an interoperable data system that was more of an off the shelf that could be customized. And in pulling together the RFP there were several delays, the last of which got tied up in our healthcare exchange.

So we have finally done that. But in the meantime we recognized that even with these improvements in analysis time and the delays in the RFP and then our pressure on our - well pressures, maybe not. Our encouragement to our local implementing agencies to engage in more robust continuous quality improvement activities all sort of collided into a problem. Without timely information about their performance the local implementing agencies were feeling a little bit hamstrung about how they were supposed to measure progress or even figure out which one they were - which particular benchmark or other improvement process they would take on.

So that really created an overall - a bit of a collision and I know that as we were really trying to improve our continuous quality improvement activities in the state we started to get some pushback from the folks in the local implementing agencies even though they've been very cooperative in all the data collection they just felt like I don't even know where to begin. And they were very reluctant to take on projects.

Kathy Reschke: So we're going to take a pause for some analysis and also to find out is this something that anyone else has experienced using a data collection system that was intended to be

temporary and was not or having a data system that's very paper intensive and labor intensive. We'll let that poll go for a little bit here.

And I'll remember to show the results this time. I'm sorry for the last time. I don't think I showed it on the screen. But about 60% of folks said that it was a very familiar scenario for them and about 30-some percent, almost 40% said yes, it was somewhat similar.

So I'll let this go for just a couple more seconds. All right, I'm going to close it out so make sure you get your vote in if you haven't yet.

And there, are the results. And so with that Christy and Lance what stood out to you?

Lance Till: You know one of the things that really stood out to me is really the fact that, you know, Oregon does have a paper intensive process. And one of their main concerns is being able to provide access to data reports for CQI.

But I don't think that's too uncommon. You know I've noticed that in working with grantees who, you know, perhaps don't have a data system in place, but even those grantees who do, you know, they may have reports in place but they may not be everything they need for a CQI.

So, you know, I think that's something that is not too uncommon. But while Oregon may not have a data system in place I thought one of the things that, you know, was really been great about what they've done is, you know, bringing people there and taking a look at their business practices in terms of, you know, the forms and everything that was necessary to create efficiencies in their data collection process.

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And I think that can be really, you know, helpful and then taking that next step to address, you know, the challenge that Oregon is encountering.

Christy Stanton: Right. And I would just observe about your process as a State Team that, you know, there was a sense of urgency and moving beyond the bridge to a newer system.

But you - in spite of that your team still allowed the assets that might be available to you within LIAs to unfold themselves to be discovered so there was this balance between wanting to move forward with something but at the same time letting a process evolve so that you could make full use of the resources available to you so I admire that sort of inclusive approach you took.

Kathy Reschke: Well let's find out what happened next, what's the rest of the story with Oregon.

So how did you approach solving your challenge?

Kristen Lacijan: Hi. This is Kristen. I guess I'd tell the really fun part of the story, the solutions and outcomes.

So I and I should just add for additional context, I just started in my role as the CQI Coordinator in February. So but - so yes, so that just gives an additional piece of the picture so most of what I'm talking about has just occurred in the last few months.

So the first thing that we did in looking at and that was one of the first things that became really clear to me when I started and I don't think it was news to anyone else on the team as well that that was one of the barriers to CQI like Benjamin mentioned was that people didn't - weren't getting timely enough data.

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So the first thing we did was brought together all of the state staff that were involved with the data. Like Benjamin mentioned. We have a Data Manager. We have Informaticists. We have Research Analysts. And they're really all using the data in different formats.

And so we just brought - we came together as a group to look at all the different angles of the way that the data come together. So we have Excel tracking sheets that are used by our Data Managers. We have SPS files that are extracted and used by our Research Analysts for the benchmarks. We have FileMaker and access database where things are pulled from and that's what our Informaticists are using.

So we try to think about ways that we could produce some ad hoc reports for the sites.

And our main goal was that every community would have a month - hopefully a monthly report related directly to their CQI project because we felt like that was really critical for them to be able to move forward with their CQI.

So we considered several options. One of the first things we looked at was really making our benchmark analysis more frequent. That's what's done in SPS. It's done once a quarter.

And we have I think - we've really maxed out the efficiency of that system. As you all probably know it's complicated to produce the benchmarks and there's a lot of timeframes and calculations involved for each one.

So that wasn't really going to be a good option to produce that report more frequently than once a quarter. But that was one of the things we considered at first. That was one of our initial ideas.

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And then we just thought about other - but then we realized that wasn't going to work. So that's when we started to think about other ways that we could produce reports.

Kathy Reschke: And so what did you wind up choosing?

Kristen Lacijan: Well what we ended up choosing was sort of a hybrid case-by-case solution because it became clear the more we started talking about as we went through the list of possible reports that we would like, different people in this group that as we were brainstorming sort of spoke up and said, oh I think that could come from the tracking sheet or oh that could be done through access.

So we realized that a case-by-case solution would be good. We have - you know we had a small enough number of sites especially before our newer sites started implementing that we were able to really be able to decide each report individually. We also have a lot of like it says in the rationale, we have a lot of diversity among our LIAs so not - it wouldn't be a good solution for all of them. Some of them are really small and so especially before they expanded it wasn't the end wasn't that big. It was just easier to pull a standalone report. In other cases it's something our Informaticists can easily put a filter on as access database and get that reported that way.

So yes, and just to give a couple examples that are more concrete of what I'm talking about for CQI reports, so we developed an access report that tells us the percent of enrollments by moms who are less than 16 weeks gestation so by clients that enrolled before 16 weeks.

We also developed an access report for - to look at the outcomes of referrals. And we go back to the Excel spreadsheet for looking at the number of missing forms for a site that's trying to increase their data quality and decrease their missing forms.

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And we used our Nurse-Family Partnership database, our ETO database to look at the completion of the - of our maternal depression screen.

And I've also used paper forms a couple times to do some individual investigations for some sites that have a really low numbers to look into some of their benchmarks and to look into some really specific questions that they had when they didn't understand some data on their benchmark report.

Kathy Reschke: So how has this case-by-case solution been working?

Kristen Lacijan: I think it's been working really well. There's one outstanding report that is still being figured out by our Informaticists.

But we've had a good workaround for that one. But other than that we're reporting monthly to all of our CQI sites which - to all of our sites which feels really good. And I feel like the - and I feel like there's been some other side benefits to - I mean one, it's helped them to boost their CQI projects because they're looking at the data and they're able to see what's happening.

I think that thinking outside - once we thought outside of the parameters of just SPS, that's mainly my background as a prior Research Analyst, so once we sort of thought outside those parameters I think that really helped getting the sites their data.

I think an additional benefit has been that there's really been an increased level of trust and buy-in by the local implementing agencies. I think now that they're seeing these data for CQI I've noticed they're starting to be more interested in their quarterly reports because once they're starting to work on one project, then when they - then they go back and look at their data for the

other screenings or other things in the benchmark reports. They had some questions. They've been - it just feels like there's been a lot of increased communication between the sites and us.

And I think just having that personalized data has really helped in that. In one case we had a site who brought to us that they thought they weren't sure how we generated. It was our emergency room benchmark data. And they didn't feel like the data was correct. And it turned out there was an error in analysis on our part.

And so that was a really great example of CQI at a state level because we were able to correct that error which affected other agencies as well and then we were able to send them out some, you know, the correct data.

But I think it was a good example of how we've all been on this learning curve and the fact that we took the time to investigate and get back to them. I think even though we had I mean error, I feel like overall it increased their trust that, you know, that we are really committed to having high quality data.

Kathy Reschke: And so what are the next steps for you?

Kristen Lacijan: Well we hope that, I mean like Benjamin said, we have our ultimate goals and I think and plan I should say -- our ultimate plan is that we will have this home visiting data system that will be - that will empower sites to pull their own data and generate their own reports.

So I think as that - I'm hoping that, you know, the benefit of - I mean the - maybe the silver lining of having our bridge system for so long will be that we have, you know, we've maximized these efficiencies and have also I think, you know, as we get people used to having these monthly CQI

reports maybe when we have our new system they'll be empowered to be interested in them to want to generate their own reports.

And then thirdly, we just - so yes. And then finishing up I guess and going back to number one, just finishing up in the couple of straggler reports that we don't have done yet and then also keeping pace with CQI reporting as new sties get underway. We do have 5 new sites so we are going from 8 to 13.

I think the good news is that we've - this project, the reports that we've made are some of the more common CQI projects that I think some sites will probably - there will be some overlapping reports we already have created if I had to guess that we'll be able to, you know, repurpose for other sites.

Kathy Reschke: All right, well thank you. So now it's time for a little bit of debrief. We don't have a ton of time. I'm not sure how time got away from us. But it did.

If you do have questions that I'm noticing the questions that some of you have already asked, we're keeping track of those. And we will have those written down and be able to ask those of Benjamin and Kristen not on this webinar but either in a newsletter article or as I said before in the COP data.

So go ahead and type those questions in if you have them. Lance and Christy I wondered if you had some brief remarks as you were listening to the rest of the story.

Lance Till: Sure. And thanks again Kristen and Benjamin. So one of the things I thought was really interesting as you were describing your challenge and then the stuff that you took was that, you

know, you have been able to really make the state available on a monthly basis which I think is so tremendously important to really creating that buy-in that you've been able to achieve.

Knowing that you created these reports and you've mentioned about the repurposing of the reports, have you been able to refine them to the point that you think that when you do get ready to create your new data system that this will really serve as a guide for you all and what reports you may need in that prioritization process as you look at creating the new data system?

Kristen Lacijan: That's a really good question. I mean and I hope so. I think that's the idea is that and I have noticed just in my, you know, three, four, five months now as CQI Coordinator that people are, you know, there seem to be some common themes in CQI projects that people are choosing.

And so I'm hopeful that yes, that we could be using the same sorts of reports and it'll give us an idea as we, you know, as we move forward with our data system and really start having conversations with our vendor about the kinds of things that we would want to see.

And I think you're right. I think it does help us in that sense.

Christy Stanton: Yes. And Kathy I'm just noting some of the questions that come in on the question box. And, you know, several people are really interested in hearing back from Oregon. And I know we don't have time to do it now and we'll do it later.

But, you know, what it is you're reporting monthly to LIAs. That's a frequent topic on the Community of Practice on Data is what exactly do reports look like that go to LIAs and what things are shared as people continue to refine those state-to-state. So that'll be interesting information from you.

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Kristen Lacijan): Yes. I mean I think we'd be happy...

Benjamin Hazelton: Absolutely.

Kristen Lacijan: ...you know to share however we can with people and let them know and to share reports with folks just so they can see what we're doing in more detail.

Christy Stanton: Terrific. Thank you.

Kathy Reschke: Yes, thank you both Benjamin and Kristen for sharing your story, really appreciate that.

And now we're going to our third case and to present that we have - we're joined by MIECHV Program Director Nancy Peeler, Quality Improvement Specialist Robin VanDerMoere, and MIECHV Program Coordinator Cynthia Zagar. So thanks so much for joining us to share your experience in Michigan.

Nancy why don't you get us started by telling us about MIECHV in Michigan?

Nancy Peeler: Sure. Hi everybody. We're glad to be with you today. We're working in 11 communities which are county-based the same as the other two states. And the counties that we're working with are mostly concentrated in the southern part of our state and includes cities like Detroit, that in the past had strong manufacturing bases but have really had a lot of deterioration to that base over the past few decades.

We're working with 21 LIAs in our MIECHV activities. And there are five from Early Head Start, seven with Healthy Families America and nine with Nurse-Family Partnership.

And like the other two states you've heard we have had formula grants since 2010 as well as a competitive development grant and a competitive expansion grant.

And the grant funding we have been using for expansion of direct services with those three models but also for building infrastructure that underlies a strong home visiting system in the state because we have a lot of other home visiting going on so knitting those pieces together is pretty critical.

Kathy Reschke: Yes. Can you talk more about the data system because you do have these five different models operating in Michigan?

Nancy Peeler: We do. We actually have more than five but these five are the most common in Michigan. So and we've talked about three of them. The Home-based Early Head Start, the Healthy Families and Nurse-Family Partnership we're working with in MIECHV. Parent as Teachers is also widespread in Michigan. We also have a Michigan developed model, the Maternal Infant Health Program that's implemented in all 83 of our counties with about 160 providers so it's a pretty strong program.

We also have a state law regarding evidence-based home visiting so moving forward as we think about data and we think about data systems we really have to think about common data collection elements across the providers and across the models.

So this work that we're doing with MIECHV as we talk about this today, this is going to be an important foundation for us as we get ready to collect data for that legislative reporting.

Kathy Reschke: So can you describe the structure of MIECHV, the data system in particular in Michigan?

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Nancy Peeler: Sure. The structure, this is showing the state level structure. And our grants are administered by the Michigan Department of Community Health. And we work closely with our Home Visiting Work Group. And these are other agencies or organizations with a stake in the home visiting. And also in our Early Childhood System Building Work like our Department of Education, our Department of Human Services, our Children's Trust Fund and our Early Childhood - our Early ECIC, the Early Childhood Investment Corporation, sorry.

And then equally important you see on there is the Michigan Public Health Institute and they lead our data collection, our reporting and our quality improvement efforts. And so they are really the - a critical part along with the LIAs for what is functioning as our data system here in Michigan.

Kathy Reschke: Great. Thanks. And I think (Robin) is going to take over now, right, and talk about how the data flow happens in Michigan.

Robin VanDerMoere: That's correct. Thanks Kathy. So currently the MIECHV funded LIAs in Michigan utilize a data system that combines a manual paper-based system so the LIAs complete forms with families. As well as pulling data from existing data systems. So we pull data from NFP's ETO system. We also pull data from the State Department of Vital Records as well as Child Protective Services in the state.

We at MPHI, the data is submitted to MPHI. We enter it. Clean it and analyze it. And then we produce quarterly benchmark data reports for each LIA as well as the Home Visiting Work Group at the state level so they can monitor progress across LIAs as well.

Kathy Reschke: And what would you say are the strengths and assets of your system?

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(Robin Vandemore): So while we don't have a comprehensive statewide data system yet, the system that we've been able to put in place as a result of MIECHV's funding really provides important strengths and assets as well as resources.

So the first one is we really have a consistent set of measures to review across MIECHV funded LIAs as well as models that are providing information on what's going well and what can be improved.

It's been a huge asset and resource to the Home Visiting Work Group as well as the LIAs because it really serves those benchmark reports as a driver for continuous quality improvement.

Additionally extensive collaboration between the state agencies and other partners has really been flourished through this effort. And it's helped move the state closer to developing a statewide system as well as it's going to support the link with other Early Childhood System building efforts within the state.

Kathy Reschke: So what challenge did you see emerging in Michigan with that system?

Robin VanDerMoere: So as we started looking at the quarterly data reports on a regular basis we noticed that there was a particular challenge that surfaced among the LIAs. That challenge being that depression screening, domestic violence screening and substance abuse and use screening were not being completed consistently across the LIAs.

So in order to address this inconsistent completion that was kind of the first challenge that arose and the first challenge that we addressed. But as we looked at the data closer we really noticed that there were low identification rates among the screeners given the benchmarks in the field for

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rates with these particular populations as well as there were fewer than expected referrals being provided.

So if a female caregiver was identified with, you know, a need in one of these areas they weren't necessarily receiving a referral.

Kathy Reschke: Okay. Well thank you Robin. Time for a bit of analysis and I'll once again ask the question. Is this a challenge? The challenge of getting screening data, is this a challenge that you're familiar with?

So I'll leave that open. But I wondered Christy and Lance if you would go ahead and start talking about some of the things that stood out to you in their description of their challenge.

Lance Till: Sure. And, you know, Kathy one of the things that I've noticed is that it really is not too uncommon to see, you know, very similar situations as to what Michigan is seeing around screening rates for maternal depression, developmental screening, domestic violence.

So one of the things that I thought was really great is that Michigan has really taken a look at making sure those measures are common across their models and that along with their ability to work with MPHI to collect and analyze their data has really been able to able to help them identify when issues are popping up on a much more frequent basis.

So one of the things I think is an important next step that again I'll be interested to hear what Michigan did, is of course to really get a better understanding as to why screenings and referrals aren't occurring to the extent that they would expect because there could be a number of issues whether it be, you know, an issue with the data points that was identified, an issue with training

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whether it's a level of comfort and how you communicate with families or if it's an issue around, you know, administering screens or how to score them.

So, you know, there are a lot of great directions this could take and interested to hear.

Christy Stanton: Yes. Oh I agree with that Lance. And I was thinking about your earlier introduction about state grantees embracing a role with data and part of that role is, you know, ongoing training and technical assistance, making sure the data flow is understood by all and involving people.

So even if you look at it from a big picture something about why aren't screening tools being used consistently or the results being shared consistently, you know, is a discussion that the state can actually lead with LIAs or involve them in.

Kathy Reschke: Good thoughts. Well let's find out what Michigan actually did then.

Nancy Peeler: So (since) the department received early and regular data it enabled us to identify LIAs that seemed to need more support in getting clean and timely data and that more accurately reflected the numbers that we would have expected.

This allowed state and MPHI staff to provide very specific technical assistance by using a collaborative approach in order to address site needs. During the joint visits that we were able to make with the LIAs the state and MPHI Team went over the submitted paperwork asking very specific questions about missing information as well as clarified questions and concerns that the LIAs had.

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At the state level the Home Visiting Work Group is responsible for continuous quality improvement and they determined that these challenges would be best addressed through a CQI project.

The group reviewed the first round of benchmark data. And in addition to what we learned from the site visits we thought the project could provide us with a deeper look at the problem.

Kathy Reschke: And so I think Robin you're going to talk a little bit about how that solution was developed and the process.

Robin VanDerMoere: Absolutely. So members of the State Home Visiting Work Group came together to work through a Planned New Study Act Cycle in order to begin to address the screening challenges being experienced.

So they developed an AIM Statement for the project. They worked through examining the current processes that were in place. They reviewed baseline data as well as collected some additional baseline data by really having some in-depth conversations with the LIAs. And they conducted root cause analysis.

Ultimately based on the root cause analysis that the team conducted the team really learned of the guidelines that were provided for the screenings were not fully understood by the LIAs. And that the LIA staff didn't necessarily have the proper training to really effectively implement the screenings with the female caregivers enrolled in their program.

Kathy Reschke: Important information. So what did you do with that? What solutions did you come up with?

Nancy Peeler: So the outcome of the root cause analysis led us to come to agreement on three potential solutions including adding more explicit language to the LIA's contracts and discussing screening requirements in detail during a contract review call.

We updated screening instructions on data collection forms and guidance documents to provide greater specificity about what was required and expected.

And finally we worked to develop a system to assure that LIA staff and supervisors receive trainings on screenings.

From there improvement theories were developed in order to guide the implementation of these solutions so that the effectiveness of the solutions could be studied.

Kathy Reschke: And what have you found about the effectiveness of those solutions? How's it been going?

Robin VanDerMoere: So overall the approach to addressing the challenge worked really well. The LIAs gained an understanding of the screening requirements by really clarifying the contracts in terms of language as well as clarifying the data collection forms and the guidance documents that go along with those data collection forms.

More training was provided to really improve the screening data and be supportive of improving the screening data so at a State Early Childhood Conference we provided some training as well as the Statewide Home Visiting Conference and we continue to provide very specific onsite technical assistance to LIAs that were experiencing particular challenges with screenings.

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Ultimately the completion rates increased for all three screening tools, depression, domestic violence and substance abuse/and use even though we were really focused with this project on depression screening. But the benchmark data, you know, looks a lot better in these areas now based on the work that the - that we've all engaged in.

Kathy Reschke: Great. And so where do you see your project going from here?

Nancy Peeler: Well certainly we're going to continue to monitor the data as it becomes available on a quarterly basis to see what happened with this first CQI project and how it's moving.

And at the state level we've actually started a second CQI project. And this one is more focused on the benchmark data related to domestic violence.

And based on the analysis that we've done so far we've gone through all the root cause analysis and such. And we really think that some of the pieces we're recognizing as we did this root cause analysis will also impact all of those areas in which the sites are being asked to do screening. So we're looking forward to continuing to work on that project.

And then I think a third thing that we've done is we've borrowed an idea from our neighbors in Wisconsin. And this year we started having three times a year meetings of all of our MIECHV sites where they come together. We have a chance to give them, you know, make announcements, talk about barriers they're facing.

But we're also using an approach that we tested under our competitive development grant where we tested using a learning collaborative to facilitate quality improvement. So at these meetings the LIAs are engaged in that quality improvement around benchmark data. The LIAs have helped to select the topics and are engaged jointly in the analysis and then they go back to their site and

they implement a change project that is specific to their site and their particular circumstances and model.

And we are looking at that as a way to keep moving forward. Several of them are working on improving referrals so it's a piece of that big picture again. They'll be ramping up these projects and sharing their results with each other at our next joint meeting in September.

And then as we've looked at this approach and learn from it we think we would like to continue it.

And we are anticipating that in the future we will be choosing new benchmark indicators to work on so that we kind of keep moving forward to the benchmarks as we identify needs.

Kathy Reschke: Sounds like the process has really been working well for you. So Christy and Lance we have a couple of minutes to focus in on what you thought and some final comments about Michigan's experience.

Lance Till: Well great. Well thank you Nancy, Cynthia and Robin. You know one of the just first things that struck me in general across all three of these is just really, you know, the importance and necessity of having a strong team in place to kind of assist with these processes.

And with Michigan, you know, I thought it was great to see that in identifying the issue upfront they've been able to tie it into their CQI processes. And as we've all seen, it has led to, you know, really defining those roles and responsibilities a little bit more clearly through the contract. It led to some additional training as well as clarification around the data collection process.

And what I really liked was to see that the way that you all are building on this. Kind of going from the screening completion rates to the referrals and thinking about how it has that broader impact.

So through that process Nancy, Cynthia or Robin, how do you feel as though tying this into, you know, really seeing those outcomes for families has helped in building and creating that buy-in amongst your Home Visiting Teams?

Nancy Peeler: Well I think it's created buy-in at the state level because all of our partners, it's not a static meeting that they're coming to. They're actively engaged and looking at the data, gathering additional data from the LIAs and really thinking about the approaches we can take and really thinking about the connections to other work that's going on in each of our agencies that we can capitalize on. So it's really kind of that system approach.

And I think working with the LIAs and the learning collaborative for example we're able to be at that meeting as well. They are all sharing information with each other, learning from each other about the approaches they're taking and then because we're there with them we are learning about the approaches that they are taking which then can in turn feed back into what we do and the approaches we take at the state level to try to support all of them.

Kathy Reschke: Well Lance and Christy I'm going to have to cut you guys short because we're at the end of our time. I just want to say thanks to all three of our teams of presenters that joined us today as well as Laurie and Lance and Christy. Thanks so much for your help with this.

We've got an upcoming webinar in August that's going to be using the same case study approach. Also, remember the resources that you have available to you on data including COP Data on Data. And in the mailing that you got there's more information about that.

And you can contact Christy if you're interested in joining.

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And finally of course when you get the feedback form in the mail please respond. We do use that information.

A final thanks to everyone at the TACC for the support and thanks to all of you who have joined us today. We really appreciate you being here and taking the time out.

Thanks again and have a great day.

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