

Panelists:

Carole Hussey

William Shutt

Please note: The following is a direct transcription and has not been edited.

Carole Hussey: We're going to go ahead and get started. Good morning everyone, I believe had your coffee for this exciting topic. *[Laughter]* which I not to make it too painful. So I'm Carole Hussey and I am from Public Consulting Group we are a business consulting firm for public sector organizations primarily, we're based in Boston. We've done work with most of the states in the country one time or another and one of our practices. Presenting today with Bill Shutt, my colleague from Public Consulting Group; as well as Sharon Hill; and Colin Marcino from Georgia Department of Human Resources.

So we will be talking today about data analytics and business intelligence using that to improve your outcomes in Child Welfare. We're going to give you a number of examples of dashboards and digitalization models that you could use. I'll kind of lead in with some methodology and that sort of thing and then we'll present some of our dashboard models that we've created for our clients. And then George is going to share with you some information about project that they've embarked on the last two years, with their lenses tool that uses dashboards with an Oracle product.

So try not to get terribly technical today but certainly if you have questions, what we're going to do with questions is I'll be presenting, Bill and I and then with your questions at the end of our presentation. And then we'll do questions again at the end of the Georgia presentation. Okay?

All right, so we did basically the introductions already. I'll go through some learning objectives. We'll talk a little bit about the difference between business intelligence and data analytics. Why we need these things and I'll give you an overview of the methodology that we use at PCG that will help you think through the planning and the steps that you need to consider as you're thinking about how to explore some of these models and tools in your organization.

We'll go through some of the activities within each of those phases of that methodology and then we'll get into the examples, some challenges and talk about the tools. So learning objectives, we really want to educate you today about the strategy associated with exploring data analytics and business intelligence. It is definitely not something that you can just jump in and kind of figure out as you go, you need to have a plan and we'll talk to you about that.

We're going to show you some dashboards I talked about data visualization models, share how you would use these models at an operational level as well as four things that

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are more strategic in nature like outcomes, improvements and quality and those sorts of things.

We want to promote this framework for evaluation as something for consideration that you can look at, all the way down to the child level as well as aggregated up across multiple organizations and across multiple programs. You're going to be hearing a lot more and I've heard at the last couple of days about interoperability and, cross programs and we all know we have funding issues between CMS and ACF and those sort of thing. So we need to consider not just the data within our own organization, but across all of these other layers of organizations and service delivery areas.

And then we also want to demonstrate how you can leverage those existing data repositories that you have within all of those various organizations to do that. And that's something that I think everyone struggles with for a myriad of reasons and we'll talk about that. And then how do you use those to make some quick impacts within your organizations.

We've heard a lot of projects over the last couple of days where they talked about 10 years studies and that's a long time and they are very, very valuable, but sometimes you need some quick hits and some things you can look at immediately. CFSR is, certainly is a big area that we want to focus on what can we do with that information to immediately start to influence some change. So we're going to talk about some of those things.

So data analytics and business intelligence what's the difference? So data analysis and data analytics really deals with inventorying your data sets, inspecting them, cleansing them, transforming them. And your goal is certainly analyzing that data, but you can't analyze that until you understand what as you have and ensure the integrity of that data. That is a critical first step.

Business intelligence is really the use of technology and identifying the different data sets as you are aggregating them or looking at them and pulling them together, extracting them from various systems and then the analytical part on that and other. Okay.

So with business intelligence and the tools that you will use and that we're going to see today, you can use that type of information to look at historical events, trends, predictive views of things and that's where the power of the business intelligence comes in for your organization. And then you can feel confident that what you're looking at is truly something that is sound and viable that helps you make better business decisions.

So sort of to reiterate the use of business intelligence without first going through the pain of some of the data analytic activities is really going to affect your end results and therefore your business decisions.

So why do we need it? Clearly, we have a wealth of data within all of our organizations and we've been tracking a lot of this data for years and we some times track all of these wonderful things, but then we don't do anything with it. So it's really important to, have

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this data available, make sure that the data quality is really sound and then be able to use that, so that you can really understand more about the populations that you're serving.

You really need that information to evaluate the efficacy of your programs, capacity of your work force and, quality levels within the type of services that are being delivered. You can also use this data to help you in terms of financial ramifications within your organization. We know that there are certainly, 4E populations, TANF populations there is a lot of Medicaid funding and it's important to know, if you're doing that accurately and if you're getting the best use of those dollars for the population that you are serving. You can do all of that with the data that you have, if you have the right data.

Can use this data also for a process reengineering, number of our clients do work in organizations where they kind of been doing the same thing for many, many years and they, haven't really had an opportunity to step back and see if there is a better way to do it. Certainly technology over the last 5 to 10 years is evolved in such a way that it now makes sense to consider some of these options for child welfare organizations particularly and your field staff, your clients, your outsourcing, you are dealing with private sector and non-profit organizations, you're doing service delivery. And so the use of evaluating process through these tools is another method that you can do to expand that capacity in your organization.

And also operationally speaking, in terms of just performance management there are lot of ways to use this data for more tactical everyday uses like management tools, supervisory, performance management those types of things.

So this is sort of the framework that we use at PCG and it's pretty simple really, I mean it begins with the problem right? Somebody has recognized that something could be better or there is something wrong and they really want to kind of figure out what it is so that you can therefore determine how to fix it. So usually it begins with the problem and we come in and we really start asking a lot of questions and gathering a lot of information.

So we are looking at all of the systems that are involved, all of the stakeholders that are involved, all of the constituents that you serve and just really gathering as much information as we can as it relates to the problem as we understand it. After we identified all of those data sources, and we've gathered all of that information, the next step is then to start to analyze that data.

And as Lee Shore mentioned in our presentation at the Plenary yesterday, you really need to look at not just, the data in a vacuum, but other sources as well. So this is where you look at things like best practice, other research models that are out there, various instruments and tools and combine that with your own data in terms of the analysis that you're doing, so that you have a clear picture of not just your environment, but the external environmental factors as well and even emerging trends and technologies and new philosophies on how to deliver best practice.

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Then we take all of that information and we go back to, what is this problem that we're trying to solve and how does all of this information relate to that. The knowledge gathering and the action steps are really very, very collaborative processes and it is collaborative not just with us and our clients, but so many of the external stakeholders as well. It's not uncommon for us to talk to stakeholders like associations or children or families or other political stakeholders as well.

There are a lot of factors when you're evaluating service or any kind of data program, so that you can fully evaluate, what that problem is and what are the factors that are there. The other thing that might happen at the action phase is that you're going to then potentially open more questions, identify more questions. And so you may – this is not at all a linear process, in many ways you make a vague what was that original question, was that question even right or was that a symptom of another problem.

So then you have to go backward and you're starting to gather more information, so you can go back and forth a lot and which is a good thing, because you really want to make sure you are solving the right problem and not just a symptom of a different problem.

And then the results really from the analysis process is what you need to make your business decisions. So at that point, we say, we've looked at these – this problem, we've looked at the symptoms and we've identified some potential areas that can be changed or improved whether it's through technology or work force changes or program of practice changes, political changes which of course take a lot longer to affect.

So at that point, we would come back to our clients and say, here is what we think, the real issues are and here is some potential solutions to those issues. Then you get into the circle effect and then how cyclical this is, because once you start to make those changes you have to monitor them in an ongoing basis to make sure that you're really identifying if this change that you're making is working or not, did it solve your problem, as something changed along the way.

I talked about the length of projects, sometimes the problem that you had at the beginning of the problem either goes away or changes or gets bigger, because time has transpired. So that's another factor that you have to encounter frequently along the path of any given project to make sure that you're truly staying on top of what is that issue or that new issues that crop up.

So understanding the problem this is where we get into asking those questions and focus questions and, I talked a little bit about some of this and obviously you really want to understand what is the problem, why is that a problem? What are the outcomes that you're trying to influence and some of those things are, the easiest example of that of course is a CFSR. You want to have great CFSR so if you get a bad result back and, you want to focus on that given area that's really, a no brainer we have to work on that.

The other part of that is really knowing the business and that's critical in a number of ways, because it's not just dealing with one person in your organization in terms of the

business, it could be your policy folks, it could be your financial folks, I could be subject matter experts within a given practice or given service delivery area. So making sure that you know all of the business elements, all of the legal ramifications, the ACF rags, there is so many things. So knowing the business there is really no one person in any organization it's going to know the business.

So I mean you're going to have to do a lot of collaborating, have to identify other stakeholders quite early in your project, you have to make sure that their – your very inclusive of all of those people. And that's critical not just in understanding the problem, but also in getting buy-in for whatever the outcome of this effort is going to be. You want people to feel that they have been included and that they are part of the solution and that gives a long way in getting your outcome effectively implemented.

Focusing the question gives you a starting point for the data you want to identify, so you focus the question, you've identified the stakeholders and now you – you have to look at okay, where the data elements that are related to this problem within the stakeholder groups and start to enter inventory all of those data sets and how you're going to then evaluate that data.

And I talked about going back, so we get this data and you have to go back then and ask some deeper questions. So some times the data just gives you more questions and you are going back and taking more perhaps identifying additional data sets and doing more analysis that whole process takes a lot of time, a lot of effort, when it documented along the way. It's really important that during those steps that you have been incredibly thorough in all of those activities.

Some of this data gathering, information gathering you could do through structured surveys, interviews, focus groups, it maybe a matter of truly like digging into databases and getting database schemers and, all of these sort of things, data dictionaries, they will help you in gathering that information and understanding where the problem areas are. You may have data sets that have already indicated to you where the problem is, so you know that.

So when you're gathering the data, I talked a little bit about this, you're going to inventory your data sources, you want to know all of the data locations, some of these may not be technical data locations it might be in a book, it might be on a spreadsheet, it might be in someone's head. And so you want to make sure that you understand that.

Another key element is data ownership and that certainly relates to policy and privacy issues and security and sharing of data. So those are definitely issues that you will encounter when you start to – when you want to analyze data that crosses program areas that will become a critical factor for you.

You will have to identify the owners of those, you have to reach out to those people, you have to establish, memorandums of understanding and other agreements that the legal

folks who are going to get involved in. So identifying what you need first is important and then going to those people and it may not be that you need everything from them.

If I am in a child welfare organization it makes sense to me that I need information from child support or from the Medicaid folks. But I don't need everything, what do I need? What relates to the problem that I'm really evaluating here and go to them and just say, this is what I need and be very specific about why you need it and why you're using it for and establish that relationship in that agreement with them.

In terms of identifying specific data elements and data sets, you're going to be faced with in terms of the technology issues, a wide variety of data architectures, data models and data dictionaries. This can be problematic none of us are so fortunate that we work in an organization where they are all the same. I've never seen that.

For county-based, county administrative states it's even more complicated, because they knew you have, an exponentially number, exponential number of data bases and data sources out there, you're trying to pull all together. In some states like Pennsylvania where we don't have a SACWIS system that's very challenging, but again it's something that you have to make sure when you're planning efforts that you've considered this and you've evaluated it.

And then many of these data sources have the ability to be exported or extracted in a way that's really platform neutral. So you just, you're going to have to work through those issues on a data set by data set basis. The trickier issue, I think in terms of data is not so much the technology platforms, but the data dictionaries.

So you want to know that, a specific data element means the same thing from one system to another. And if it doesn't you have to find, you have to take the time to map those elements. A good example of that could be, an ID in one system for a child. I have seen systems where a family has one ID for the whole family versus each individual within the family and that's difficult to map.

But if you're going to really look at this data, you need to figure that out, because otherwise that data is really not going to be that useful to you. So data dictionaries are important, there is a lot of work going on right now in human services and family services, being championed by the feds with the whole NIEM effort, if any of you've heard that, where they are trying to standardize a lot of these data models and they are even working with the health folks to try to coordinate those efforts.

So that whatever we come up with for human services and family services is aligned with the might of framework and the things that are going on with HL7 and some of those other health related data standards.

So processing activities, analyzing the data, I talked about some of these things, data management maturity. Again do you have good data, as the data been validated or cleansed, if you don't have good data you have to make the effort to clean it up before

you do anything with it. At the NIEM conference last week they talked about the New York City HHS connect project and they talked about when they initially started looking at the data they had 10,000 duplicate records in one system.

And just as one of all the systems that they were trying to connect, so they had to clean them up, they have zero duplicates now, zero. That took a lot of work to map those to, I mean some times its manual record-by-record, but you really need to do that and once you do that clean up that housekeeping you will find that its going to establish a baseline going forward that you hopefully will never get in the boat of having that happen again.

Create crosswalks relationship maps this is a way to do that mapping to eliminate the duplicates to identify one system to another, what those various data elements mean, so that they match up. Statistical analysis, this is something I've also encountered quite a bit over my career, data in the hands of someone who does not know what that data means is really a big problem waiting to happen, right.

So you want to make sure that you have the right people evaluating the data, so once you get all these data pulled together you can't have some, just to free form or well maybe its this, or maybe its that. Having people who are truly understand statistical analysis, specifically in the child welfare arena and the programs that relate to that is critical. Because you're going to be making decisions about this data that will effect practice and if you want that to be done in a way that you will see the successful outcomes that you're striving for, the people that are doing that need to know about the business of child welfare and practice and statistics within that.

And then of course tools, being an IT person tools are nearing due to my part, but one other key things I want to point out today is the tool really doesn't matter. There are many, many, many tools on the market we'll talk about those in a little bit and you're going to see a bunch of examples of that today. But the tool is irrelevant, there are great things out there and often times especially within state government organizations the tools are sort of dictated for you, because they are based on the platform and architecture that you already have established in your organization and that's okay, whether it's an Oracle tool or whatever.

But, you need to make sure that those tools are powerful enough to allow you to incorporate calculations and formulas to allow you to drill down into the case level and aggregate all the way up to the state level. That's really what you're looking for in a tool when you're really evaluating this data.

Okay. So I'm going to present or pass over to Bill now, he is going to come up and give you some examples of some of the data dashboards that we've developed for our clients.

William Shutt: All right everybody can clearly relax that was the content portion of our *[Laughter]* presentation, considering Carole left me about 4 minutes left off.

Carole Hussey: *[Laughter]* Sorry.

William Shutt: Okay assuming now that you defined your focus gathered your data, cleansed your data, analyzed your data now is the fun part, utilizing tools to create user friendly and meaningful dashboard or visualizations of what you're data can do. Dashboards can run the gamut from extremely simple using single data sources to amazingly complex linking together various data sources and putting them on your screen in a visual way.

The following slides there are some examples of some tools that we've worked with through the last few years, dashboarding type tools. Also this is just a preview of what our Georgia partners appear are going to show you with the practice that's really revolutionize what they've done in Georgia using technology.

The first visualization is a Weave product, its web-based analysis and visualization environment was developed by the University of Massachusetts by that open indicators consortium. The slides are about to see next come from an early Childhood Information Systems Project. The actual data that's associated with this project really is what's important the last two days, I've been to some – at some wonderful seminars there were about people presenting their research and that's what the focus of the presentation is on.

These slides that are coming up are really I want to you to just visualize not necessarily what the data is showing in the slides, but what it can mean for your data and how you're information can be visualized in a way such as this.

This first slide shows our Maternal & Child Health risk versus their license capacity in early childhood, obviously this is Massachusetts. The size of the circles is a visualization of the population for a given candidate within Massachusetts. Again, we're going to go through fairly quickly in these slides.

These are level four schools versus the zero to five year old population for specific counties and what they've been able to see through some of these visualization examples or the level of capacity that they have versus the population in given areas and where they need to improve.

The next is putting in their total subsidies versus their community resources. And you can see with Weave you can continually add layers and layers and layers of information on to existing slides that show more and more information and help the decision makers make more and more effective decisions based on the different data sets they are putting together.

I think we have one or two more Weave slides, this shows the rate of absence in subsidized care. So moving on just thinking about Weave for a second and the capabilities that it possesses, I want you to make some visualizations about multiple variables that are partnered to Child Welfare.

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You can visualize a county-by-county map of your state and match abuse allegations against risk factors such as poverty or unemployment. You can map faster home removals versus faster home capacity and it could help you be proactive in terms of your recruitment efforts or your contracting efforts for providers of that service, could help you target community outreach in areas that you see have experienced needs maybe through unemployment or teen pregnancy poverty, there is a lot of questions you can ask, you could look at child abused by geographical area, match it up with other risk factors to show potential questions.

Using a product like this might spare the need for some of those 3, 5, 10 years studies you're getting that information quickly though in a visualized way using the Weave product. Another tool that we're going to show in the next few slides comes from a relationship we have with the company Intellex.

I'm not going to really go into details about Intellex, look their website up on the internet and you could see some of the definite things that they've done and some of the bolder steps that they have taken in terms of data analytics. Intellex opened up multiple opportunities for data analytics that could be benefit – benefit to child welfare practitioners and decision makers and these examples we have a product that linked together Medicaid information with human service utilization data that produce some very useful findings.

Again we're going to go quickly through these slides, because again it's not the actual data that I'm trying to highlight rather than the capabilities of this type of product. In this slide, we see an example of how Medicaid data was used to identify children in need of more intensive case management or resource coordination that identified high prescribers of psychoactive drugs to foster children before those drugs were approved by the FDA for use with children. Many implications or something like that. This showed how frequently our children in foster care are being prescribed medication. And with the intellects and this type of application, you could drill down right down to the case level as you look at how this Medicaid and human resource or human services data was mapped together.

The next slide talks about psychotropic medications right, and actually drills down to the type of medication that's prescribed for the different children that were looked at in this study. This study actually showed a six-year old, one who was drilled down to the bottom, that was on five different antipsychotics in a five month period of time.

So I mean back to the plenary session where we talked about maltreatment, child maltreatment, and is psychopharmacology always the right way to go given what the background of some of the children are? Now, we certainly do this presentation to add to that. But when you put together that type of data sets, you might be able to get to questions like that.

This showed they were able to look at different prescribers and they found that 10% of the highest prescribers prescribed 76% of the psychotropic drugs. Again, the Medicaid

showed that there was a high use of non-approved drugs for the foster care population at non-approved dosages. So, there were definitely some implications for case management and implication for training of our case management and child welfare practitioners to be aware of this type of situation. Also, the data also talked about a follow-up visit after psychotropic medication was prescribed. Before I came to PCD, I spent 22 years in direct practice with kids and families. And it's scary to think about so many drugs are prescribed and the follow-up appointments after them, which I know are so important, aren't happening. At least according to the Medicaid data that we were seeing, they weren't happening. It also showed some pretty dismal results for dentals. And for those of us that have been in the field, we know how hard it is sometimes to find good dental care for kids that are in care.

Again, this analysis showed that the most frequent diagnosis code used in this data set that we had for psychotropic medications was other psychosis, which begs the question is that the best we can do? I mean if other is the best category to come up with for a child to be diagnosed psychotropic medication, maybe we need to be thinking a little bit harder about it. So this provides a lot of impetus to think. And it doesn't answer as many questions as it brings up. But it's great information for decision makers to have right there from the top administration down to the practice level.

The last slide that I had, this is actually a data dashboard put together for a random moment time study project. So getting away from Medicaid data, this isn't InPlex anymore. This is something that we did, everybody, most states have some type of random moment system. This is an example of a dashboard that could be used to monitor that type of program. In Pennsylvania, one of my jobs is to work with our random moment time study project which is really exciting when I explain that to my job what I do for a living. And he's just "Look, can't you just be a doctor?" But it answers both practice and process questions, you can look at error forms, missing forms, response rates by the different counties, response rate by date comparison between counties. So it's just – as you can see, these are all tools that could help the practitioners right up to administrators manage their data and see data sets that are linked together in very practical and useful ways. And we are going to see that very powerfully in George's presentation.

But before that, I think Carole has some closing comments on ours.

Carole: They'll probably kick me out of IT if I didn't talk a little bit about tools. So, again, one of the things that we really want to stress today was that you don't have to wait to do a big multiyear project for multi-millions of dollars. There are things you can do today. There are tools that are available to all of us today that we can start to look at data and have a little power about how we're doing our work. How are we delivering our services? So, even for the private providers, I mean I would really encourage you to just look at what do you already have and what can you do with that? Excel, yes Excel, it comes pretty much on every computer now, right? So, you can use Excel to do a lot of really wonderful things with the data. You can manipulate it and twist it and turn it and do pivot tables and charts and all kinds of really great things. So it's pretty easy to use,

definitely some downsides to it. You can't do a whole lot of slicing and dicing in an automated way. And you also have some size limits with that. So, certainly some downsides, but definitely some things you can do. A lot of systems now have data export functions where you can pull data out and then play with it a little bit, and I would encourage you to do that.

Access, it's fairly easy to use, definitely would require some training for most folks. But again, it's a desktop tool. So you could use that at a more of a tactical level, getting data out of your SACWIS systems or other data sets that you could use to really start to sort and filter and do a lot of displays and forms and those kind of things within that. Again, there are size limitations in Access. So you might bump into that when you start looking at the state level and you are really looking at a lot of records.

Microsoft does have a suite of tools that really are geared to work together and to help you present things in a visual way. Some of these things come free with Microsoft Server. So if you have a SQL Server database or Windows Servers in your environment, you will be able to use these tools probably for free.

SharePoint SQL Server, MicroSoft AnalytiX is a little bit new, lot of people are starting to get into that; PowerPivot which is really powerful for generating these kinds of visualization tool models, and then Report Builder. We use Report Builder quite a bit for our clients. And these things may require a little more technical support, but certainly they are prevalent in most network architectures and environment. So I would encourage you to look at what do you have available there.

Oracle Business Intelligence Suite, the Enterprise Addition Plus, OBIEE, that is what the Georgia dashboard is built on. So you will see that in a few minutes and it's pretty powerful tool. Oracle is much more expensive, but it is a database server environment that is prevalent in state government. So you may already have that.

And then IBM's Statistical Package for Social Science, this is a product that I'd used, in a past life, I used to work for the Statewide Adoption Network in Pennsylvania. We used that a lot there. I know a lot of private providers use it as well, very, very valuable tool and it is specifically geared to human services. And so you will enjoy that.

Audience: Is there any reason you didn't add IBM's Cognos?

Carole: I did not. I just forget it usually. But Cognos is also very prevalent and highly regarded tool. Again, you will need some support with that. But a lot of state government organizations that already have Cognos and have other data warehouse sources typically have folks in-house who can help you with that. Once these cubes are built and you can access those data elements and your data warehouse, that's something that you can easily train your folks to do. So you need a little help getting it set up. But once it's set up, it's very, very powerful. Yeah, thanks for mentioning that. All right. Any questions for Bill or me before we hand over to our Georgia partners? Okay. Thank you.

Sharon Hill: Good morning. I'm Sharon Hill and I am from Georgia. I was actually hoping there was at least one more question or two, an opportunity to get my bearings. Thank you. I think that Carole and Bill has done a great job of leading into our presentation because Carol has laid the foundation for us, and also who would have given you the bad drop to what we do including our, often we use most of the tools that you mentioned. So again, I am Sharon Hill, I am the Director of, what we call, Federal Regulations and Data, ooh, which includes her SACWIS unit. I have a data integrity section, data analysis and reporting as well as quality assurance.

So, today, what Colin and I are going to talk about, really three big ideas. First one of them, just give you an idea of what Georgia looks like in terms of performance before and after our SACWIS system was implemented. Let me talk about three strategies that we've instituted to improve performance in Georgia and some lessons learned and next steps for us. Colin is also going to make every attempt to do a live demonstration of our system. We've put in some slides from it, but you all know how the attempts at live things go, so don't stone us if it didn't work well.

But Georgia's performance pre and post SACWIS. The SACWIS system was fully implemented in Georgia in June of 2008. So, as of June, we have 159 counties in Georgia. All of our staff began using SACWIS. So we've been up about three years. We have made this concerted effort to review data with our staff since around 2005-2006 in Georgia. However, we were quite limited in our ability to really do the kind of data analytics that Carole and Bill just talked about with the previous legacy system that we had. So before June 2008, their SACWIS shows you kind of some of the performance issues we were dealing with. First of all, we had a large number of, what we call, overdue child protective services investigations. In Georgia, we have 45 calendar days to complete an investigation once we have received the report of abuse and neglect.

I remember in June 2007, we had over 2000 such cases that were over the 45-day time limit. And what we found as we looked backed that each month we ran close to 1,000 investigations being overdue. Second point is that we had frequently not met response times. So, in Georgia, we had either the response time was immediate to 24 hours or five days depending on the situation. So, 24 hours after a report was received, we were to make a face-to-face contact with the child and that family. So we were really low in meeting that outcome. We had a high foster care reentry rate. 2004-2005, we were running right at 9% of our children reentering foster care each year. Low caseworker visits with children, and then the last one, low pattern of caseworker visits with parents, that really hit us hard on the CFSR, some of our counties I think we were in the single digits on that one.

But after SACWIS, and our ability to utility Business Analytics and the OB2 that Colin is going to present, you will see that we made remarkable improvements in these areas that we focused on. For instance, after SACWIS, as of today, we are at about 97% of our investigations being completed timely. Our response time, got to put it on now, our response time moved up to 96% from about 60% prior to SACWIS, decreased foster care

reentry rate from 9% down to 3%, improved caseworker visits to children. We'd been running 95% over a year and a half, this really was major effort because of the „Every Child, Every Month“ and also increased caseworker visits to parents, which we are still working to improve them. We are at 73% of our – the parents of children who are in foster care and the parents of – in the family preservation program. And probably like many other states, one of our biggest issues with caseworker visits, is usually with the fathers. So what we are calculating here is how many visits we are visiting both mother and father even if they are not together?

So some of the strategies that we use to improve our performance, to move from where we were to where we are now, first of all, we created this forum, kind of a practice improvement forum, in which we developed hypotheses and strategies that were aimed at improving performance. We refer to those as the G-Force meetings and I am unfortunate to have at least one individual in here and I am going to call on later, from Utah, attended one of our G-Force meetings. And after – I am going to give you some examples of what we did there, and then I will come back to talk about it more.

Second thing is that we have leveraged our technology investments. We invested in an OB2, we refer to as LENSES. And we had these weekly cadence meetings in order to hold staff accountable. And cadence meetings was something that we took from FranklinCovey's book, four disciplines of execution was a training program that we went through. And so all of these things were really tied together, and you will see how we did that in a moment.

First of all, let's talk about our G-Force meetings, our first meetings. These practice forums, in which we use data to develop hypotheses and strategies to improve outcomes for children. So, at these meetings, these were monthly meetings, we've met the fourth Thursday of every month, and we started back around 2006 or so with about 30 staff and they were managers. And in Georgia, we are divided into 17 regions. And again, we have 159 counties. So, each county, most counties have a county director. Some of the counties are so small that the one individual may be covering two or three counties. So we don't have actually 159 county directors. So but we started out with all of the regional directors and some of the county management staff and others. It was about 30, we met in a room in our office. By a year ago, particularly after SACWIS in June 2000 and that was early 2009, we had an average of 400 to 450 individuals attending this meeting. So, we moved into a larger ballroom, worked to partner with Casey Family Services to do this. And our staff really embraced these meetings after a while.

So, at the G-Force meetings, I would present a particular performance issue, staff would look at the data, I would explain it. And they would talk about why we were seeing what we saw. They then developed various hypotheses and then strategies that would be used in order to improve performance in that area. They were responsible for going back, implementing those strategies. And the next meetings, I would continue to show where we were as a result of those strategies. That allowed us an opportunity to make changes. If things were not working, the strategies were not working, then we may submit course corrections. So, this practice forum or G-Force was this kind of a learning lab, live

learning lab that we were looking at the data, developing hypotheses, they are developing strategies to go out and test it and coming back.

So, I think it will be helpful, now I am going to give you a couple of examples of issues that we looked at during our G-Force meetings. Substantiated maltreatment in care in Georgia. So you can see from this chart, we have consistently not met the federal standard. In this measure, we've been above it. And figures in 2007-2008, the national standard moved from 0.57 to 0.32. So, since we weren't meeting it, they raised the bar even higher. So, and part of this has to do with in Georgia, we have a very broad definition of what constitutes maltreatment and care. So, but so you can see, this started going down. We started focusing on this 2008. And so, a show of firsts for our staff. And as we moved through with the G-Force meetings, show the data to staff, explain what it means, and ask them questions about first of all, we want to talk about the values centered about this, and why this is important, because again, we don't staff to think that we are just throwing numbers at them or that there is just – we're just trying to reach this magic number, and it has no inherent value whatsoever. So we ask them questions like, when you think about substantiated maltreatment and care, what does that say to you or what feelings does this evoke and what value statements do you have, should we have around children being maltreated in foster care?

So, one of the statements that we came up with based on what staff were telling us was, a value statement that no child who has already been maltreated should ever be maltreated again. And so, when staff started to develop those value statements, actually they came up with those kinds of statements. And you see how they started to look at something like this, very differently because it said that if we truly believe that no child who has already been maltreated should ever be maltreated again, that means this should be as close to zero as possible, right?

And so, that because of the value piece that we tie to this, it took on a whole new meaning for our staff that now it's not just about the numbers, but it's about what it represents, that a child is being maltreated. So I would throw out a question saying, what kinds of saying do you think, what is your hypothesis for why we're having this? So they developed hypotheses and, which also entail asking for more data to look at it. So, by the next meeting, okay, I wouldn't bet. And I did an analysis of, I think it was about 214 children who have had a substantiated maltreatment report over a two-year period of time. So, we analyzed the data, related to those 214 children to determine what were some of the characteristics of children who had substantiated maltreatment and care?

So, the fuzz was that half of them were between the ages of 14 and 17, that red and blue slice apart. So, even though only about a third of children in care were in this age group, they made up over half of the substantiated maltreatment and care reports. Second thing that we learned was that these kids had also had multiple placement changes since they have been in care. Most of them were separated from their siblings. And what we found interesting was that even though we had entered care with a sibling that many of the siblings, the younger siblings who had already exited care, either to adoptions, gone, reunifications, we saw this particularly in those situations where there were different

fathers involved, that a father may have taken his child and the sibling was left there. So many of these children were not in the home with their sibling or their sibling had actually already left foster care.

And over half of these children had had at least two episodes or more of foster care that they had come into care, been reunified at most instances or had gone to live with a relative, and now they were back in care. So, as we start to make the data meaningful and we delve into this issue, we look at this and we talked about, “Which of these things can we influence? Where can we really start to take a bite out of this?” And so, we’ve looked at multiple placement changes because we knew that with placements that we are making, the decisions largely to move kids from one place to the other, we also talked about when children come into care, most of the time, we don’t have a real good way to determine where they should be on that first placement. And so, from there, subsequent placements were being made.

So we wanted to look at multiple placements. This led us to the next piece. So, again in the G-Force meetings, we started to build on a particular topic, started with maltreatment and care, looked at those characteristics, pulled out one, let’s go back and analyze that. So, what we decided to do was go back and look at children who had 8 or more moves. And before we got to this piece, our statistician did an analysis to find out kind of at what point does it appear that if they’ve hit this particular number of placements that the placements are going to continue and continue. So, he tells, as you know, at least by that if they are stabilized by the six or seven placement, it looks like they’re going to continuously move.

And so, we had our children were gone from an average of two placements all the way up to, we had a few children who had, like 30 different placement settings doing the term that they were in care. So, I first started out looking at this cohort of kids, 448 kids who had 8 or more moves. And there, we kind of dwindled it down, after some of those that left care and some other things that happened.

So, what this chart shows is, some of the characteristics of 276 children who had had at least 8 moves. And again, we first saw that at the top circle there, that the average age was 14. So, again, they tended to be older kids, second thing was that average of 55 months in care. So they had been in care for a longer period of time because in Georgia, overall, the average length of time in care is about 23 months at this time.

They had an average of about 12 moves. And 43% of the kids had had at least one other episode of foster care. And out of these kids with 8 or more moves, almost 8% of them had already had a substantiated maltreatment and care. Most of them were in, what we call, CCI, or congregate care facilities. And only 36% of them had siblings who were still in care. That was 98 kids, and only 23 out of those 98 were placed with at least one sibling.

So, again, our goal during the G-Force meetings was to make this data as meaningful as possible and also something that Carole pointed out, was to really bring it to them in this

kind of a creative fashion so that they could understand the population we were dealing with.

So and another thing we did, as we looked at the movements of children, we needed to find another kind of a creative way of showing a particular case study because we didn't want this to be just about looking at this number and that number. We wanted to then delve into some children who had had a high number of placements and to talk about them. So, we asked – we pooled some cases that appeared to be interesting, contacted the case managers and supervisors, and said, “We want to talk about this kid at the next meeting.” And, “Can you prepare a report?” And I kind of did this handy graph to kind of show the movement patterns. Let me point out now to with G-Force meetings, there were times when staff may have been a bit timid. But what I as a facilitator, my role was to really stress to them a model that this was not about putting staff on the spot or “I got you” or something like that. But this was alerting opportunity.

And so, staff were, for the most part, quite willing to show their cases. So, this is an example of a young lady that was 16, a child 16 years of age who had had at least 19 placements moves by this time. So, this chart was to kind of show us what was our journey? What was our pathway? And here, this kid entered, a congregate care facility was the first place she came into. And she was about 13 at the time that she entered foster care. So, she comes in as a 13-year old and she is placed in a congregate care facility. She is only there for 13 days. She leaves that facility or we move her from that facility to another facility. She is there in that facility for 60 days. Then, she ends up in a youth detention center. She was there for 32 days. And then, she goes into RC Resource center, this is kind of an emergency placement. She left there and so she was there probably overnight.

Then she went to a foster home, CPA is a private provider foster home, only there for 21 days before she goes on and run away. Then she comes back and she is at the emergency shelter again, and then she goes into – she is in the hospital for a day, back in detention, hospital for seven days in bed. And so, here as we present this what we have the case manager and supervisor talking about is what's going on at these intervals, and particularly trying to determine where we may have intervened differently. What could we have done differently? Was there at any point that we could have stopped some of the movements?

She did not really, she was on her seventh move before she in a behavior health setting. I am not sure where she is at, at this point, but she was in a psychiatric residential treatment facility for a long period of time. And so, we've looked at a number of these kind of cases over a three or four month period. And we found that this was a real meaningful way for staff to talk about what was happening at these different moves and what could have been done differently or where we may have stopped the movement patterns?

So that was one example. This is the second example of an issue that we tackled. Foster care reentries. So this chart shows the entry and exit patterns of children in care, with the

blue bar being children entering, the number of children entering care each month, and the red bar being the number of children leaving care, and then the line shows the total number of children in care during that particular month. So as we looked at this, we could see that August, September, October, November, December, the red bars are taller. So, we have more children leaving care during those months. But look at what happened in January. January, February, March, we have more children coming into care. So we had this real V-shape that statistically speaking, that's known as a plunging neck line. That they are going up, that they are dropping down and coming up. So during the meeting, we talked about this and we saw that this was the pattern a couple of years before. And we asked staff what they felt was going on and it was kind of, that's just the way it is, right?

That just happens during the holiday season. There is nothing we can do about it. But they suggested then that for – to determine what was going on in January, February, March, they threw out the possibility that some of these kids that are entering care may actually be reentries from the August through December push that – managers in particular talked about, this was coming into the holiday season. And just the kind of sentimental things that on the one hand, parents may be being more cooperative during this period of time because they want their children home for the holidays, the bigger families coming back. And then even from case managers, talked about the need to have children home for the holidays.

And so, but we looked at this and then talked about look, so, what do we do to children when we end up just sitting them home for the holidays and then going to have, they are coming back into care in the next three months.

So we did some deeper analysis and that second bullet shows that about 39% of the kids who came into care January, February, March had actually left care between October and December. And so, at that meeting, after knowing that, we just said these children had just returned home. And now they are back, what strategies do we need to develop related to this since we have recognized that this is an issue. And so, they talked about things from doing a better job of assessing the readiness of families for reunification, providing more wrap-around services and another issue that they brought up that when a child has been returned home, they also felt that if there was another report of abuse or neglect that there were problems, they resorted devoted to bringing that child back into care that if the child had already been in care, they were less likely to do family preservation kind of work. So, they wanted to be safer or to be on the safe side and cheer the children once they brought them back into care.

So we established various strategies related to that, which included each month doing a meeting with others to look at the readiness of the child and the family. Ensuring that the services was there, when we got a call about a child that was – there were problems in the families, reaching out to others before bringing that child into care. So we did quite a bit of work on this and what we saw we actually, over the past couple of years, kind of changes this tad that we kind of erased this whole plunging neck line. And we saw more

of a stable pattern throughout the year and so we've actually – we continued there through last year that we did not see that big "oops" in the data.

So, that's kind of what our G-Force process was like. It's this whole forum where we are presenting data and analyzing data and all of that. And so, I think one of the keys to it is to provide data in such a way that it becomes really meaningful. We had to be as creative as possible to really engage staff because I think during my first series of meetings, I had been a professor before I came to this particular job. And so, as a professor, I was not necessarily trying to do pretty charts. They were black and white gray or you may add a little poker dots here and there to show the differences. And I remember after a meeting once or – actually, it wasn't after the meeting, it was during break time, an individual came up to me and he said, "Oh! Why don't you just drive a resting nail through my forehead?" You know just, you know, because that's going to be much less painful than sitting there watching this chart after chart. So, my director at that time, she had looked at some charts, and I was telling her about what he said because I was quite offended. I told I didn't have a resting nail, but I did have some 2.5-inch heels that might serve the same purpose. And she said, "You know, you really do need to make the slides a little bit sexier, so that you can engage people more."

So from that – that really created a kind of a new interest in the data from people when they started to be able to really connect with the presentation of the information. So at this time, Colin is going to come and talk about our second strategy known as LENSES.

Colleen Mousinho: Good morning. I'm Colleen Mousinho and I am the Director for SHINES which is our SACWIS system. And I'm wearing heels today and I am trying to fancy and grown up – and they are coming off before I go to the airport.

Dr. Hill talked about Strategy 1 a lot or G-Force meetings which were pretty powerful, which kind of leaves us to Strategy 2, which is leveraging our technical investments, making – long titled, Making Business Intelligence Available [*LENSES*]. I don't know if you caught that, it's named LENSES because we shine a light, we shine, give you a lens to review, okay, it's corny, but you know, we like it. One of the things with the G Meeting was that Dr. Hill's team spend a lot of time putting the packets of information together and would present it to our regional directors who are attending the meeting maybe a week before the meeting so that they could have a chance to review the information. And then when they got to this great meeting hall with their peers, 400 people, their subordinates, and the information that's flashed up there on the screen, it kind of raised the specter of competition, the Regional One director did not the Regional 17 director to have prettier bars or sexier graphs than they did, or outperform them. So it kind of raised the specter of competition. So the impetus was there for us to provide the information sooner.

We needed to get the information to them so that on a daily basis, they can track where they are so that when they get to the G Meetings, they can have the right answer, they can know why they are not outperforming Region 17 or they can make sure that they are performing Region 17 when the meeting occurred. So we needed to provide the

information to them much quicker. When we went up on SACWIS in 2008, I don't know if you've ever been through an implementation of something that large, it's a big culture change. Carole and Bill talked about conversion. Conversion, I don't know what to say about conversion except we are just glad that we survived. And it's a huge effort. So, we had to make sure that the data was clean. There was a lot of manual work, a lot of work, a lot of work. So all of that needed to happen. So we needed our staff to accept the system, to clean the data. So we weren't ready at that point to actually provide this level of intelligence. As Carole said, the tools – state government we had the tool, it was there. We liked it. So, we were ready to use it.

Another driver for us was CFSR. And we spent a lot of times in our meetings hearing our leadership say, "8.25 million, 8.25 million." If we didn't pass our PIP, that's the penalty that we were forced to pay. And state governments, that's huge money. That's a huge amount of money that we can't afford to pay. So, that was one of the major drivers for providing LENSES at the moment that we did.

And by the way, we passed the PIP. Can we get a round of applause for that? Okay, so one of the first things we did was we kind of looked at who the audience was for the reporting piece. It really we're providing pretty similar or the same information, but depending on the audience, they may see all of it, need all of it, some of it, pieces of it. So, we had to look at each individual entity within the organization as well as our external providers to see what type of information that they need.

You will notice a dotted line between the case managers and their providers. At this point, they do not have direct access to our LENSES tool. But indirectly, they benefit from the information being provided to their leadership.

Case managers were more interested in their accuracy of their work, for example. I know when I was a case manager, I found out about accuracy one a month, when I had my meeting with my supervisor. With LENSES, we are putting the information in the hand of their supervisors, so daily, their supervisors could give them some feedback about accuracy. For case managers, we provided reports for them. They are SQL reports. They are more transactional type reports, what's on my case load? How many cases do I have? Did I make my visit? Or who I visited this month? That kind of stuff.

For providers, providers have access to SHINES through a portal. And they provide documentation on their visits, so we can give them information about the visits, whether it was made. Who made it in their organization? Whether it was made by the provider, the name of the provider, whether it was made by the facts worker? Those kinds of things.

The state reporting team, again they provided all of the data for the G Meetings, state reporting, federal reporting. So the SACWIS system provided, through LENSES, a lot of that data. Even the reports that we do provide to the field, they can take that information, massage it, create their own charts and graphs off of that information. So, LENSES

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provided a lot of information in a click-easy format for them and helped improve, I think the timeliness and the accuracy of reporting for the state reporting team.

Leadership of course, I wanted to know where we are as a state. Leadership in the team, wanted to know where they are, from a regional basis, and from county to county. If you are county director, I want to know where I am today, have all my visits been made? How am I doing with the CFSR elements? And that information is available to them at LENSES immediately. No need to wait for Dr. Hill's team to send them the information in a packet, a week later, a month later, two months later.

Supervisors, when they are having that monthly meeting or if they need it more frequently, they will have information about whether that visit was made this month. Does the case manager still have five more families to visits? Did they visit mothers, did they visit fathers? That's the level of information that we have within the LENSES system. And I will show you that. I cannot go down to the case level because of privacy issues. But I will go as far as I can.

Sharon Hill: Five minutes...

Colleen Mousinho: Five minutes?

Sharon Hill: Yeah, so me the slides, yeah.

Colleen Mousinho: Okay. All right. We're prepared for LENSES, oops, sorry, going the wrong way.

Sharon Hill: Yeah, the other way.

Colleen Mousinho: Just the key with this is just to make sure that anything you implement or do that you involve your users and get their feedback. And we implemented LENSES doing a pilot. We started with smaller reports, and then we got even more sophisticated with LENSES. So, here is an example of one of the LENSES reports that we created as – and you can see as of August 16, August 17, 65% of the children have received a visit from their case manager.

One of the things we were looking at specifically is case worker visits to fathers. And as you can see, 38% of the fathers with children in case had received a visit from the case manager. And you can see there is – that's the state view. You can click on one of the bars for the region view. And it drills you down to the county within – the counties within that region. You can go even further in some of the reports from the county. You can go down to the supervisors within the counties. You can go down from the supervisor level into the case worker level, and then from the case worker level, you can get to the specific cases. You can click on a hyperlink within each case, and it takes you directly into the SHINE system to the specific case.

So, we drill, drill, drill. And that's the level of specificity that our field staff wanted. And you will see the percentages there and then the yellow dots or the cases or the visits that have not occurred or still remaining to occur. So you can see pretty quickly at a glance what's going on, on the state level or regional or county level.

So, this is one of the pre-SACWIS reports. It's not as sexy as we may come now, so we just want to see the difference, the comparison between what we did before, no offence, Dr. Hill, and how we're doing it now. This is another LENSES report that we just created, gives them an opportunity to know upfront how many overdue investigations or investigations coming up that need to be completed so that they don't run into waiting and then the investigation becomes overdue.

So, the biggest thing about LENSES is helping the field be proactive with the work. I think we're more proactive than reactive.

Audience: I think one of the things that I was exposed to when I visited Georgia was the ability of a regional director to access their data charts on their BlackBerry's.

Colleen Mousinho: Exactly. So, we send, and I will go back up, we send a – and if you want to see, I have alerts on my BlackBerry if you want to come and see it after. So, we send, it looks like this, and this goes at every morning at 7, there are about six different alerts that go out to leadership in the field and at state office. So if you don't have access to your computer, you will know at a glance exactly what's going on with your county or with your region. So, by the time you hit your office, you are ready to take action. You will see they are on the phone, driving and saying, "Hey, County Director Smith, I just got the alert, we're behind on visits. What are you guys going to do about it?" And they love having those alerts because they are not always able to sit at their desk everyday, all day to log into the system to see where their counties or their regions are. So they are asking for more and more alerts. And we love giving it to them. Okay.

So this was supposed to be LENSES demonstration, do we have time?

Sharon Hill: We need to go ahead and try – we'll try – go ahead and talk about, then some of the – so quickly, we also want to open up to questions. And maybe that's what we will do now while she tries to sign on in the time that we have. Anything, if you have a question, you are supposed to come to this microphone so that it can be recorded. Are there any questions about what we've presented thus far? Okay.

Audience: Hi, maybe I missed out Dr. Hill, but could you tell us who exactly are at the G-Force meetings? Is it line staff and above or is it supervisors or what populations actually...

Sharon Hill: Well, you know, it's a representation from each level of staff. When we started initially, probably in the first couple of years, it was primarily managers at the meeting. And then over the last couple of years, we open it up to case managers. And I would tell you our meetings became much richer, the discussions were much richer.

When the people who were on the front lines doing the work came into the room and offered that. So we do – we have from case managers up, and we have, also a good cross-section of people, they were external individuals there too, our external stakeholders, be it someone from the Office of Child Advocates or other private provider agencies and others are attending the meetings. So we have a good grouping of mix of people at the meeting. Any other questions?

I just want to mention some of the benefits of using the LENSES. LENSES enable visibility into some of the key measures. So, as I'd mentioned before, overdue investigations have been a big problem for us. And early on, we talked with staff about a value behind completing investigations timely because I strongly feel that one of the lessons I've learned that before you start showing the data to people, you really need to help them to understand what the data is saying because just to say that "Oh, we should be ashamed. We have other 2,000 overdue investigations." But so, still that's pretty much just a number. But then when we delved into it and we were able to lead staff into talking about why this is meaningful. What are we saying? So, SEF came up with it and it's like, "Well, yeah, it's almost a disrespect that we start with families and we're dragging our feet or we are not getting the work done in a timely manner." So they started to approach it very differently.

Colleen Mousinho: Well, we are looking for the AV guide. So...

Sharon Hill: Oh okay.

Colleen Mousinho: Keep talking.

Sharon Hill: Okay. Right. And so, with that – so that it took on a renewed emphasis when we said that these over 2000 investigations, this is meaningful. How would you feel if somebody knocked on your door when they had said, I've started an investigation and to whether or not you've abused or neglected your child? And you are waiting and waiting and you get no definitive information about that. So, that really brought a new kind of sense of urgency to staff to complete the investigations. So this link with LENSES was that we discussed overdue investigations at our G-Force meetings and we talked about and asked from SEF what were some of the things that was going on that prevented us from completing the investigations timely?

So, as Colleen said, instead of having to wait for the next month to find out how many investigations you have overdue, LENSES gave us the ability to – or the managers to know each day how many investigations are left to be completed, how many do I need to complete? Because with the data, what they had told us before is that all of the data that we presented to them was kind of retrospective that we were always looking in the rearview mirror. They come to a meeting and I tell them what they didn't do well. What they needed to have was much more prospective information. They needed to be able to be more proactive. So I think for them, we were able to really drive down overdue investigations because at any moment, at the regional director level or even at our division director level or on their BlackBerry's, they were receiving something say,

“Okay, Region 1 has 15 investigations that must be completed by tomorrow and before they go overdue. So, at anytime, they knew what was coming up. And then they can drill down into LENSES, and here is LENSES. And what it looks like, “Wow! Wow! Thank you.”

Colleen Mousinho: Thank you all.

Sharon Hill: Okay, this is it. And okay, Colleen, okay.

Colleen Mousinho: So, I already started and I wanted to – you can get into LENSES for our users from our SHINES application, it’s a link at the top and I just click on LENSES. It has a separate password right now. We’re going to be integrated our LENSES application with another OB tool, so we will have one sign-on. But this is a dashboard, a Permanency dashboard. And I am not going to click around a lot because it’s a little slow here. But as you can see, it’s very colorful. So you could tell the grants, whether you are doing well or now. Everybody knows universally green means, go, I am doing well. Yellow means, I am approaching a threshold where I am about to no do so well. So I need to pay attention to that area. So you will see that for the yellow, you will see the target is 90%. I’m on 89.4%. I am about to go over the – or down the two. So I need to pay attention to that.

And as you can see, on the red, I’ve exceeded that target of 10%. I am at 24.81%. One of the things that we recently added was the question mark. When you click on the question mark, it gives you an explanation of their particular dashboard choice. So, if you have any questions, you can just quickly click on that. It will tell you what you’re looking at, how it was calculated and what it means.

At the top, you will see the filters and this is the statewide view from our Region 2. And I want to see what’s going on in the Region 2 specifically. Also, like Region 2. When you select Region 2, the drop-down for county changes to only those counties in the Region 2. And you can select which county you want to view. You select go and it changes. And it gives you the information for a particular county.

So, you can have – it goes from a statewide view to a more narrower focus by region or county if that’s what you desire. Let me show you the „Every Child Every Month“. This is the case visitation. And we created this. You guys familiar with the case visitation requirements from the federal government. So we created this to track our progress on that. So you have the statewide view again, you can see Region 7 is doing really well at 96.89%, they’ve only got seven more visits to make for the month. So they are doing really well.

Sharon Hill: And Colleen, and I wanted to say, so Region 7, the director could click on that – her box and could find out exactly who the children are that see who those seven children are that still need to be visited. And so that you can contact the supervisor and say, “You know, Colleen, Johnson has not had a visit. Do you have a schedule, when is it going to be made?” So, you see the proactivity that this allows for.

Colleen Mousinho: So, I clicked on the Region 7. These are the counties in Region 7, everybody is doing well except Screven. So, I am going to go check and see what's happening...

Sharon Hill: Richmond has too, yeah...

Colleen Mousinho: Oops.

Sharon Hill: So she accidentally showed you what the...*[Laughter]*. Yeah that was the name of the child that still needed to be visited.

Colleen Mousinho: That would have been, and if it was there, that would have been the name of the child if you saw that, but she didn't. I have two minutes. The other thing we're talking is, in our state, we are required to have, a child is required to have a representation within 60 days. So, we track those children that have no representation, children that are going over 60 days that still have no representation. And this is taking a minute to generate, but you get the general idea, I was told I have a minute.

Sharon Hill: You got two.

Colleen Mousinho: So, our reports with the – the first one I showed you was the dashboard. So we went – those are the earlier ones that we came up with. So we went from that to the drilldown capability. And like I said, when you get to the last level of the case, name of the child, you can go directly into the application. If you haven't made the contact or you've made the contact and you haven't documented it, that's your opportunity to just go in and make, document the contact. Or as a supervisor, I can go and see why they haven't made it or that they have made, that they have made two out of three contacts. They still have one more to go.

Some of the reports have the name of the child, the date they were placed, the permanency goal. So we try to provide as much information as we can so supervisors can have some quick information and make some decisions about how best to manage their cases and their units. So...

Audience: I have a question about case manager utilization. So, how cumbersome is it to enter the data so that it comes up like this and then what's the mode of – I just have a question about the cumbersomeness for case manager at the line level. Is it difficult to enter this data and continue to keep this updated? It's only as good as the entry amount?

Colleen Mousinho: Yeah. It's – I mean to be honest, it's a challenge. If you talk to some case managers, they will say, "It's a lot more work." When you implement a system, initially, productivity goes down. And then it starts to come up as people become accustomed. We are at the point where it's starting to come up. And one of the things that we did, we had a requirement that you had 30 days to enter information, understanding that we need the data to be as rich as possible. We axe that information be

entered into the system within 72 hours. So, most people are adhering to that. We haven't added anything special so that we could create the reports. We just let them, it just followed the natural flow of their business.

Sharon Hill: Right. Let me just...

Colleen Mousinho: So, I think that makes it a bit easier.

Sharon Hill: Yeah, it does, right, because they are entering information that they should be entering anyway. So there is not any additional information being requested. We are using what's there. But for LENSES as well as our G-Force meeting, this really incurred staff to get their information in the system in a timely fashion because they didn't want to get or have their managers come to this big meeting. And I had – I heard this a lot where we started. I would show a slide, this, "Well, that's not correct because we hadn't gotten the data in, in time, and I talked to my staff today. So just because we were focused on this really pushed them to get their information in, on a timely fashion.

So, I think for all of the things that we are focused on, they are really – they make it a priority to make sure that this information is in the system. I also have a data integrity specialist unit. And so, each of the 17 regions has an individual who is responsible for responding to questions. She is looking at their data regularly and going to staff and saying there is a problem here. So, that person is kind of the link with the timeliness and the accuracy of the information.

Colleen Mousinho: We also created to have the opportunity to show you something called a Case Watch Page in the system. And it kind of identifies for them for every case what their errors are especially around AFCARS which is a critical federal report so they can see on a one page what the error, the data errors are in the case and they can go back and make that correction for. So...

Audience: I have two questions. The first question is, does most of this data come from SACWIS, anyway does it come from any other source?

Colleen Mousinho: No.

Sharon Hill: No.

Colleen Mousinho: Only SACWIS.

Audience: Just SACWIS. So that's why they're putting their data in anyway. And then the second question I have is, we work in Illinois, we have a similar process. How do you get – when you have your group of G-Force attendees talking about a particular problem area and they are identifying ways that they might want to improve performance. How do you get from the idea to implementation? Do you work on that piece as well? Or what kind of systems do you have in place to help promote change at that point?

Sharon Hill: Right, and that's – the third strategy that we didn't talk about was these weekly cadence meetings. And so, when we are at the G-Force meetings, for instance, we talked about the foster care reentries, they – the managers and staff developed strategies for improving that. Same thing with timely investigations. How will you improve your investigations. So the cadence meetings were weekly meetings. These were phone conferences with managers and other staff. And so, it was very direct meeting, that we said to Region 1. Last week, you said, these were the three things that you were going to do in order to decrease the likelihood that investigations would be going overdue.

Did you do those three things? So now, the manager is talking about them, implementation of those three ideas, what did it net you? Are you going to continue with that? Okay. What will you be doing next week? So, it was a high accountability thing because they knew that it was not just us walking away saying, this is what we're going to do and we weren't going to follow up. At those weekly meetings, the question was, and it was called the cadence because they were the standard questions. Did you do what you said you were going to do? If you did not, tell us what happened. What did it net you? What will you do next week? So, they knew that this is what they were going to be talking about. And I think as they started to see success in their strategies, they've started to really be – make it a priority to do so. And many of the regional directors would talk to each other. And those that were really performing well, they took ideals from them and implemented it.

Colleen Mousinho: And if you have a system, a SACWIS system, make sure that you're in a conversation and that when you talk about this is the practice and how you do the work, also talk about how you document it in the system because you need to make sure that those two are integrated in their minds forever. And that's how you increase usage of the system and change management around the system.

Sharon Hill: I think we're probably running out of time. So if...

Colleen Mousinho: Yeah please feel free to...

Sharon Hill: I was going to say, if people want to – if you guys want to just stick around for a few minutes, sounds like this generated a lot of conversation. Thank you very much.

Colleen Mousinho: Thank you all.

William Shutt: Thank you.