

Systems Integration Academy Quarterly Aim Log Submission Summary: July 2016 – October 2016

Shared Resource Aim							
	Shared Resource Description	Data Collection Method/ Source	01/16	04/16 (N/D)	07/16 (N/D)	10/16 (N/D)	Recent Comments/Notes
AK	Help Me Grow Alaska	HMG Alaska database and follow-up surveys	No data	No data	No data	No data	Program will launch in late 2016/early 2017 - no new data will be available until then. Planning and implementation leadership currently in transition from the state Title V office to the All Alaska Pediatric Partnership.
CO	Help Me Grow Hybrid	Families & providers phone survey	No data	No data	No data	No data	We are currently developing a solicitation to identify and fund a contractor who will implement Colorado's Shared Resource to be posted in the first quarter of 2017.
CT	Child Development Infoline (CDI)	CDI Care Coordinators follow-up	74% (137/184)	64% (80/125)	65% (49/75)	66% (76/114)	The measurement reports the percentage of children in the CDI client tracking system whose family/caregiver is seeking a referral to services and who respond to a follow-up call and report they obtained the needed referral.
IA	Iowa Child Health Connections	Online pop-up survey to collect user's emails. Two week F/U survey to assess whether accessed specialist or resource.	0%	0	0%	0%	Unfortunately, as this process is one where individuals opt-in to data collection efforts, only five (n=5) individuals have provided follow-up information to date and only one within the past reporting period. Of the four, all responded that the site was "useful" but only one provided an email. The one individual that provided follow-up information email had not reached the two-week follow-up threshold. The previous 11, the Iowa team did not have a survey created but all but one said the site was "useful." While it has been difficult collecting emails from users, the Iowa team is collecting Google Analytic information on the site including the number of users and sessions by month, tracking bounce rate, and tracking locations of users across Iowa.
IN	Two-pronged effort with INAPP and FV using social media platforms and Care Share messaging system *	Data pulled from electronic reporting systems	**See note	27.6% (7823/28,383)	131,547 twitter and 123 via Care Share listserve	84,078 twitter and 149 via Care Share listerve	*IN is pursuing a unique Aim for their Shared Resource in relation to other state endeavors. The numbers provided do represent the net increase in tweet impressions for this quarter from all three of our messaging systems. SR is: 1. INAAP and FV use social media platforms (twitter) to share resources and information to physicians. 2. Information aligned and shared back to collaborating partners (hubs/patients/care coordinators) Questions, challenges, and barriers are answered through this Care Share messaging system. **01/16 data: Requests for CareShare Resources: 16.67; FV Tweet Impressions: 15.9K; CareShare for Kids Tweet Impressions: 9394; INAAP Tweet Impressions: 87
KS	Kansas Resource Guide (KRG) , and online and phone-based resource directory for all Kansans to find resources*	F/U phone call/email survey of random sample of families of CYSHCN and medical home providers who contacted the SR. Utilizing tracking form for data collection and evaluation.	No data	56.7% (34/50)	66.7% (16/24)	90% (172/191)	* While Kansas is moving to a Help Me Grow program, the Kansas Resource Guide (KRG) will continue to be utilized until HMG is fully implemented and the KRG can be folded into the new system. KRG data will continue to be reported throughout the grant process. Following Bureau level support for the implementation of a HMG program in Kansas, a contract is in process with HMG National and a contract with Wichita State University to assist with development and implementation phases of a HMG program in Kansas. A possible referral system has been identified and stakeholder engagement has begun.

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MA	In development	Either/or 1) online "pop-up" user survey; 2) F/U phone or mail (TBD)	No data	No data	No data	No data	<p>We are finalizing the contract with our selected vendor. Data (information on resources) are being prepared for migration into the database. Prototypes of the new site will be developed over the next 2 months, for user feedback. The plan is for a soft launch by 9/15, followed by user testing and modification, and a full launch by 11/15.</p> <p>F/U survey would be of families who contact Community Resource Line and/or Family TIES Parent Coordinator as result of using online shared resource.</p>
MN	Children and Youth with Special Health Needs Navigator	CYSHN Navigator contractor (MN DHS Disability Linkage Line) tracks number of referrals made to parent peer support organization from online chat or phone functionalities. Numerator gathered by current parent peer support organization.*	No data	No data	No data	100% (4/4)	<p>* State chose to focus on parent-to-parent support given state is able to follow-up on this particular resource to assess if parents were able to navigate the system and receive that service.</p> <p>The numerator is the number of families who consented to a referral to parent peer support from the CYSHN Navigator with whom contact is made (by the organization) within 24 hours (via phone, voicemail, or email). A second numerator value will be collected to document the number of families with whom actual phone contact is made within 10 days.</p> <p>Although we planned to collect data in July for both our numerator and denominator, incorporation of the phone and chat functionality into the CYSHN Navigator was delayed due to technical difficulties (now addressed) and staffing shortages. In cooperation with DLL, we have addressed concerns over staffing shortages and set the phone and chat functionality in a test phase. This process took more time than anticipated; however, the result will enable all families to access needed services, including those who access the site but who prefer to speak directly with staff.</p>
MS	Children's Medical Program Resource Web Portal	Electronic Surveys and recorded hits on web portal	No data	No data	No data	No data	State is currently developing follow-up questions to collect data on whether individual obtained the service, support or resource following contacting the SR.
NJ	Special Child Health Service Case Management Units (SCHS CMU)	Case Management Referral System (CMRS) data following SCHS CMU routine f/u with families.	0	0% (0/0)	0%	0%	<p>With approval, "Needed specialist support or service" has further been refined to transition to adulthood service needs (adult-level primary care physician, employment, vocational training, health insurance, and other transition to adulthood-specific services) to further align our current work and reporting for the Maternal Child Health Block Grant (MCHBG) National Performance Measure 12: "The percentage of adolescents (12-17) with (and without) special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence." Because our SCHS CMU serve CYSHCN through age 21, we are expanding our age criteria from MCHBG's 12-17 years to 12-21 years.</p> <p>We anticipate delivering specific documentation guidance to CMUs related to this measure in December 2016. Initial baseline estimate will be reported in January 2017 Quarterly Aim Log.</p>

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OR	Oregon's 211 information center with enhancements*	Data to be collected via initial phone contact and 2 week F/U phone contact	53%**	69%**	0% (0/0)	0% (0/0)	<p>*Oregon shifted its shared resource as a result of its QI efforts. The shared resource is now Oregon's 211 information center with CYSHCN-specific enhancements. The enhancements include training the 211 workforce in the population of CYSHCN and their family needs and available resources including OR F2F HIC. OCCYSHN and 211 information center signed a contract in August. The contract includes 211 information center modifying their data collection to incorporate items that will enable OCCYSHN to report on the grant aim.</p> <p>Our time this quarter was focused on finalizing OCCYSHN's scope of work and data collection items with 211 information center. We will begin receiving data files from 211 information at the end of this month (October 2016).</p> <p><i>**Initial measurements reported analysis of multiple items when using F2F HIC website as SR to generate numerator and denominator to determine whether respondent found information on SR site. New data collected will reflect whether caller received assistance as a result of the referrals they were provided.</i></p>
RI	RIPIN Call Center	RIPIN call center representative asks consumer if question answered.	96%	93%* (261/281)	96%* (521/542)	96%* (446/462)	<p>Data collected for: "Did RIPIN answer your questions?"</p> <p>Also collecting extensive information about people who access RI's Shared Resource, including reason for encounter, type of encounter, total number of calls (duplicated and unduplicated) and whether people who accessed the shared resource were assisted. Our parent partner agency and contracted shared resource contracted vendor (RI Parent Information Network) who houses our shared resource is getting a new customer service system / database early next year and will allow to access more comprehensive information about who is accessing the shared resource.</p>
UT	Medical Home Portal	F2F HIC and Integrated Services (ISP) tracks calls and notes referrals made to the Portal. At 10-14 days follow-up with families, staff asks families if links to Portal yielded in receiving support, specialist, or service.	0	0%	0%	pending	<p>The Portal is a web-based information site for parents and providers of CYSHCN. Contains information on diagnoses, screenings, resources, and referrals. The Portal includes a link for live help from Integrated Services (ISP) Team (CSHCN) via toll-free phone call or e-mail. Most referrals to F2F HIC or ISP, which did not originate from the Portal are subsequently referred to the Portal either for generic info, or specific topics. ISP and F2F HIC contacts families within 10-14 days and follows up generally; part of that follow-up is to ask whether the Portal yielded a support, specialist or service.</p> <p>ISP can track whether original of referral for help came from Portal via e-mail link or toll-free number.</p>
VT	Help Me Grow Vermont	Data from HMG Call Center database.	29% (13/45)	39% (17/44)	29% (17/58)	21.9% (14/64)	<p>Child Development Specialist enters data following calls and follow-up. Numbers reflect percent of clients (children) the HMG call center has connected to a resource.</p>

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WA	WithinReach is a non-profit organization that provides resources to families online and over the phone. They are also health care navigators and house Help Me Grow WA.	HMG information on if HMG callers needing EI services were connected to EI services	0%	66.7% (4/6)	70.2%* (33/47)	52.8% (28/53)	
WI	Wisconsin MCH First Step on-line information resources will be expanded to provide county-level resources for pediatric behavioral health.	Online pop-up user survey and follow-up connection via email or phone (based on user preference)	0%	0%	0%	50% (1/2)	The online shared resource located at http://www.referweb.net/mchh/ rolled out new behavioral health resources and features including the pop-up user survey on July 11, 2016. There were 537 unique visitors to Wisconsin Public Health Hotlines website with 187 searches on behavioral health categories (does include staff and partners that were working to determine existing resources and test the site capabilities during the quarter. 10 individuals completed the pop-up survey, but only 1 respondent agreed to a follow up. That follow-up has not yet occurred. In addition, there were 128 calls to the hotline from parents or providers. 46% of callers completed a follow-up during the quarter, but only 2 of those callers indicated that they had been looking for behavioral/mental health resources. Of those 2 respondents, 1 indicated that they found at least some of what they were seeking. Technical difficulties in navigating the site, submitting survey responses and reporting on follow-up connections occurred throughout the 3rd quarter. We are working on resolving those issues in October.