

Transcript Hi. Thank you all so much for joining us here today at AMCHP.

My name is Karen Dash, and I'm here to share our workshop Let me tell you about my amazing child, how we use data to support children and youth with special health care needs. Here in North Carolina, we're celebrating our 10th anniversary, our ten years of the Innovative Approaches Initiative.

So we're really excited to talk to you about that.

My colleague Kristin Dodge is currently on medical leave as we record this, but I'm hoping that she'll be back for our questions, our Q&A session.

So thank you.

Let's let's get started

So, as I said, we are so glad that you're here today.

Our families and children are so glad that you're with us today.

Again, this is Karen, but my colleague is Kristin Dodge.

She's the statewide coordinator for Innovative Approaches.

I am an independent consultant. I work with governments and local health departments, public health departments throughout the country doing needs assessment, strategic planning, program evaluation and so on. I've been working with the Innovative Approaches Initiative since 2012, about ten years now.

And I've worked with 19 different counties providing technical assistance needs, assessment, training and so on. It's been my greatest professional satisfaction to work with families of children and youth with special health care needs and with providers to help them get the services that they need. So we'd like to accomplish a lot together in our 45 minutes together. We'll start with a brief overview of innovative approaches and then introduce you to some of the powerful data sources that we use to measure how well our systems of care are functioning for children and youth with special health care needs. You'll see the abbreviate we use CYSHCN and it doesn't roll off the tongue, but that's that's what it refers to. And we will then talk to you about some of the quantitative and qualitative tools that we use to gather data and also to engage families and providers and the overall community. We'll spend a few minutes talking about how you can analyze data to identify priorities and needs, and this will help you to drive systems, change work and your community So the other objectives that we have are to look, I guess I'll say that we have our data and our data is used to drive our systems changes, but can also be used to let the community know what we're doing.

Particularly institutional leaders, funders, policymakers, people whom we'd like to have their Buy-In and support.

And so we'll talk a bit about that.

Lastly, will spend a few minutes talking about kind of the process for how to develop actionable and sustainable community systems, changes from needs, assessments to do data collection at the end As we work through this discussion together. I hope to provide some some of the insights and feedback and learnings that we have gotten from our families over the last and providers over the last ten years So we will work on five objectives, including this brief introduction.

So we have six parts of the presentation.

The little bar that you see at the bottom.

It'll just fill up as we go through our journey.

So you'll have a sense of where we are in this process. So now we'll share a little bit about innovative approaches and the six IA goals that we focus on.

These are six national goals created by the federal government, by the Maternal and Child Health Bureau.

They are based on national performance measures and national outcome measures that are tracked for all 50 states and Washington, D.C. through different surveys.

We'll focus mainly on the National Survey of Children's

Health

So first, here's a little about innovative approaches. This The initiative works to improve service systems for children and youth ages birth birth to 21. And you can see that there are a variety of providers and community members who are part of this process. Part of our system of care.

We work with medical providers, community agencies, and many, many, many people, but most importantly, families of children and youth with special health care needs. I'll just say the initiative is supported by the North Carolina Division of Child and Family Well-Being.

Hold Child Health Section. So the next slide, I'm not going to spend much time on this.

I just wanted you to see how intense and comprehensive a system of care is, at least how we see it here in North Carolina. So we hope to make systems changes that influence some or most or all of the different actors who work together to support children and youth.

So here are a few members of our North Carolina system of care, and likely they have counterparts in every jurisdiction.

And of course, it's not it's not exhaustive.

It also includes hospitals, federal state and local governments, researchers, educators and so on. So when I started working with innovative approaches, I made the mistake of seeing IA as a program.

But actually, it's not it's a systems change initiative. A program change is focused on a discrete group of people, children or families like this young child here who's getting a vaccine but a systems change. It extends beyond a single program.

It can be multiple programs, agencies, different people receiving kind of a whole group of providers that we saw in the previous slide. So the purpose of innovative approaches is threefold. We want to use our data to examine the community system of care to find out what works and what doesn't.

Once we identify what those needs are, we work with the community, with families, with providers to develop sustainable systems changes and promising practices. And then step three is kind of working together to coordinate the implementation of those new systems changes. It's very, very exciting work.

So we are in our third cycle of innovative approaches, the three year cycles where just finishing up 2019 to 2022, the map shows the ten counties that we are serving right now.

In total, 22 counties have been served over our decade or so.

We have 100 counties in North Carolina.

So we're moving the needle, but it's still we're just a small part of this process. Throughout this presentation, as I mentioned, will focus on data from the National Survey of Children's Health. This was conducted by phone every couple of years through about 2012, and then in 2016 the survey was conducted by mail and online. From what I've seen, not a question is asked every time in the same way, but here where we're offering the most recent data, it's available to us. So, so with this slide is showing on the left hand side is in North Carolina the share of children and youth with special health care needs in North Carolina from 2016 to 17 in the first column and then in 2019 to 20.

So you can see it's gone up some.

The same data is available on the right hand side for the United States as a whole.

And you can see that it's also gone up 19.4% of children nationwide have reported having special health care needs. So about one in five we think about why this number has gone up and there are a variety of reasons. One positive one to think about is that screening is better,

that early screening and ongoing screening is identifying children and getting them the services that they need.

Chris, one of the challenges is that you can see that very few families of children, special health care needs feel that they're receiving care and a well-functioning system.

You get on the left in North Carolina. The orange bar shows that in 2019 to 20 less than 16% of families felt they were getting care in a well-functioning system.

It's even worse on the right for the United States and in fact it's gone down. So there's a lot of work that we can do to help with the system of care So the goals of innovative approaches are these are the systems changes that we are looking to do to create a more better functioning system of care So there are six goals there, three here and three others.

These three are talking about partnering among families and providers offering coordinated, ongoing care within a medical home by a medical home, meaning that a child or a young person has a dedicated doctor or nurse or medical team. Thirdly, we want families to have adequate health insurance and financing so that they can pay for services Our other goals are early and continuous screening for special health care needs, making sure that services are organized, that they're available,

that they're accessible so that families can utilize them. And lastly, the families have support in making transitions throughout their childhood years through schooling to college, career independence, jobs and so on. And so now let's get some information about how well our systems are functioning as we try to identify where we are in needing these systems change challenges.

We pull together a lot of data.

So in this section, we'll talk about data sources that are available to you from the federal government and other institutions. In our next section, we'll talk about engaging families and providers to help us understand our challenges.

Our priority is and potential directions for systems changes So I've been trying to show you live me looking up these websites, and that just seemed like too much technology and so here's screenshots you will have in your handouts.

You will have links to these different resources.

There are great ones available. We'll briefly step through a few here and then these links will be available in your participant handouts. So as I mentioned, the goals relate to how well a system functions and the way you find that out is asking people through, for example.

But the National Survey of Children's Health.

This is the maternal and child health main web page regarding their programs and services.

They sponsor and conduct the national survey, which will we'll look at on the next slide.

So so this survey, as I said, used to be conducted by phone every couple of years, and now it's a combination of online and via mail. What's exciting to me is that you can visit you can review the results in an interactive format. So for example, here you can look at the national survey for 2019 to 2020.

I'm looking at data from the state of North Carolina. This data is for the percentage of children with special health care needs to have a medical home. And so you can see here that it's 45.2% which is it's reasonable.

But that too, there's a long way to go and we'd really like to see that increase.

The next slide I not going even try to point out anything on here. The point of this chart is just to illustrate that the survey includes over 300 measures this year and then the layers and sub layers beneath them.

If you can see the top row, you would know that it covers everything from physical oral health and functional status.

To neighborhood safety and support kind of going right across. It's just incredibly rich and comprehensive data set from the data side. This is a sampling of the national performance measures and national outcome measures that I mentioned are kind of the cornerstones of the innovative approaches initiative But then some other really great data to share with you is data that looks at the overall health environment here in North Carolina.

A lot of what we do is based on a county basis.

And so I look for data that's kind of available on a county basis.

And this is just so rich.

This is me, Robert Wood Johnson Foundation's County Health Rankings. So when you look at them, you can see that the the Robert Wood Johnson Foundation funds this project, the University of Wisconsin Medical School conducts this every year for I think it's over three that we have 3006 U.S. counties. Almost every county is included.

And so the counties are ranked based based on health outcomes,

health factors, policies and programs. And there's just it just there's a ton of data that gets rolled up into these rankings. So if you really want to see that data and work with it, you can pull it up in a CSV format, which of course, you could convert to Excel if you're handy with SAS, it's available in fast formats.

Also, So when I go in, you know, I'm looking for the state of North Carolina's rankings.

As I mentioned, we have a hundred counties here.

So here are the our counties in North Carolina ranked.

They're ranked by health outcomes and health factors.

I circled one of our eight counties, Warren County so you can see that they rank 80th in health outcomes and 94th in health factors.

So we, you know, we have an opportunity to look to do a lot of good there.

And then this here is just showing you again where the measures for the Robert Wood Johnson Foundation data are pulled.

And this is just they're great resources here.

These are more data options for you.

I've used the behavioral risk factor surveillance system and doing work on adverse childhood experiences.

It's a helpful data set.

There's just a lot of great, great information here.

And again, this is in your hand out So so one data source that I used for really any of my projects, whether I'm doing a strategic plan or I'm doing some sort of program evaluation, I look at the census, quick facts.

They're there.

I wouldn't say they're fun, but they're easy. You know, you can.

They're very useful and use they're friendly.

You can find a lot of data quickly about a particular county here. You can see that I have put Robeson County on the right hand side, which is another one of our I-A counties.

And then I'm comparing it to the state of North Carolina.

There is a lot of different data in here. I have just noted the share of people under the age of 65 who have a disability within a county. So that's helpful, helpful information for contextualizing how your families

and children are dealing The next couple of sources are North Carolina specific, but it's very likely that many states have similar organizations doing similar analysis and research.

So I just want to give you a sense of what is also available out there in North Carolina.

We have the road map of need which looks at 20 child whole child wellness indicators and kind of rolls them up into categories of health, youth behavior and safety, education and then economic development.

What economic prospects are there for that child within that community? I've highlighted a couple of things here on the left hand side, childhood insecurity, in particular, food insecurity, the data, and on the right, child poverty rates.

So it's really powerful information.

Our State Department of Public Instruction.

So the state school system they they provide graduation rates.

And you can look at them by school, by county, by school system.

And they include data for students with disabilities.

So that's that's very helpful.

And projects where we're looking at students who have individualized educational plans or IEPs. So now we'll talk about our other resources, the incredible insights that our children and youth and families and providers can offer us. So innovative approaches, we utilized several different tools to gather data and information from our families, young people and providers

We look at surveys, whether they're online or paper based. We utilize focus groups, including Photo Voice, which we'll talk about in a few minutes.

We also offer interviews with we call them key informant interviews.

And the result, at least when I when I put these together, is kind of an executive summary report that looks at the themes of need priorities, gaps in the system and so on. And then I summarize the data and develop recommendations for potential systems changes.

And then the I.A. teams take a look at those who will talk more about that. So we had originally and we still do have a we call it the community

survey. It's for parents and caregivers, and it covers the six goals that we saw earlier.

But it's 26 questions long, so it's pretty long and we still use it. But we also came up with a short form version of it, and we also create versions based on particular things we want to look at.

For example, if we just want to understand transitions and we could, you know, we could focus on transitions and a much shorter survey. We put together surveys for providers. And again, they can be online or paper based or text based.

We found that over the years we first started pretty much everything was done on paper because we just weren't using online forms as much and we had one eye coordinator. She was amazing.

She went to families throughout her community and she would hand them a paper survey and she'd just kind of hang out while they filled it out.

And then they put it into an envelope so she would see their answers or anything. But she gathered 160 surveys that way, you know, and it was just amazing if no one would say no to her, I feel like so.

So that has been done in the past.

It's still done today because not everyone has an Internet, computer, internet access or a phone. But we also offer now text based links to surveys and online surveys in terms of the topics.

Again, we can look at one of the IA goals or we can become more focused, it just depends.

Over time, you know, over the last ten years, different counties have added new areas of inquiry. For example, we've looked at the financial challenges that families had in some communities and getting care for their children. Others have been focused on the prevalence of and the consequences of adverse childhood experiences in families with children with special health care needs.

And I'll talk about pre-meeting surveys with our focus groups, but these can be follow ups to previous data collection efforts. Maybe we want to see if we've moved the needle at all or what are new issues in in the world of transitions or in in IEPs.

You know, these things evolve.

So we might go back and review an older area or look for something new. You know, we tend to try to complement our focus group topics so that we if we're doing a focus group as well.



So the 22 sources of information can can reinforce and enlighten each other Here's a few screens of our community survey.

We just start this is an online survey.

Again, we start by asking for your county, your language preference, and then kind of move through the survey. We ask for the child's health conditions and that helps us as we go through the data to understand need. We also ask about the child's age, how the family pays for health services and a whole lot of things.

We also ask about each of the IA goals, we ask detailed questions about each year.

A few examples of goal one where families are partners in shared decision making.

And so, you know, these kind of move along all the way to question 26, you know, by which families are sometimes exhausted.

And it's a really important and rich instrument.

But, you know, you're always balancing how much time you can ask of of folks and how much information you need, the need to know versus the nice to have kind of conundrum in data collection We do our focus groups you know we have we can have a particular group it can be just a parent caregiver group. We've conducted them with with teens a wonderful group of young people and we've also done them with providers.

Sometimes some counties have asked to have them separated. So we might do one day with the educator in what at one time a social service professionals and then health service health care professionals in separate groups.

It just depends.

I think what's really great about focus groups in addition to our ability to gather insights, but they also offer an opportunity for professionals and families to network Families always feel like they learn the most from other families who've been on that journey.

And professionals are excited sometimes to say, Oh, you're the person when I call DSS, you know, you're the person that answers the phone, or who should I be calling it desk?

Just making those connections can be really powerful.

The focus group topics, you know, again, just like with the with the survey topics, they can become more pinpoint, you know, pinpointing a particular issue.

We had a great session on mental health care. I think we had a couple of great sessions on mental healthcare in different counties.

We'll talk about voice in a minute.

I mentioned pre-meeting surveys.

That's something that I just always recommended because I feel like when when there's a focus group, oftentimes people are if it's in person, for example, maybe you just dropped off your child or picked your child up from school or you're thinking about dinner or you're thinking about all the other things that have to happen in your day. And so a pre-meeting survey is very helpful for giving people a place to land if they come into the room or even the Zoom room.

And you could have a link in a chat box there. But it gives people a few minutes to kind of focus more on what we're going to talk about.

It's also a great way because sometimes in focus groups, there's some people who just don't speak as much.

You know, they're a little shy.

And so it's a great way to gather their insights as well.

So there are other ways that we try to gather information.

For example, we I mentioned we might send a survey link out via text.

We might share information about upcoming meetings via text. And then another thing we like to do is photo voice.

We've had wonderful experiences with photo voice. And I think there was a presentation a few years ago about it, what we did in our particular county, this is back in the days of four or five years ago before cell phone cameras were so great. We were getting about a half dozen teens and their parents disposable cameras and today we decided on some themes.

We met five times.

Three of those times we selected themes.

And then the young people went out and made photographs took photographs.

We developed them and talked about them. So these were our themes, stress and happy access to resources, both pros and cons and then a day in my life.

So you can see here are our young people and some of the pictures that they took. And we had a presentation and invited public officials that was held at a local university.

It was a really wonderful event.

Another wonderful forum for gathering community feedback is through community cafes where people come together over a lunch or a snack work together in groups to discuss an issue and then brainstorm.

I've taken part in one in 2016 related to the resilience movie

which some of you may be familiar with about managing toxic stress that results from adverse childhood experiences or aces. It's a really powerful way to informally exchange ideas and brainstorm So I've taught multiple day courses on data collection, but I think that most of what we need to consider in gathering data can be summarized in a relatively brief principles which we have here.

Of course, to begin, it's important to know your target population.

Are we just going to focus this focus group or this survey on teens? Are we going to reach out to school counselors, or are we going to talk to parents and caregivers?

Whose insights do we want?

And, you know, it might be that we have groups together, but but it's you know, you'll approach them differently.

Your language will be different. So it's important to really think about that and then talk about the other four in the next slides in terms of doing your homework.

It's important for us to do some background research so that we aren't wasting participants time asking them questions that we can already find.

You know, we can find facts, for example, you're asking parents about local government initiatives that have supported children and youth with special health care needs.

I feel that's something that we should be doing as researchers ahead of time. People might argue, well, you know, you can find out if parents even know about them or, you know, parents say, well, there there are none out there, but I think it's more valuable if you can provide that information to them. So, for example, instead you might say something like Are you aware that the the local health department offers inclusive summer programing?

And so that way you can still get the same answer. Yes.

No, I did not know that.

But it also provides some information to those families.

So I just think it's important to not ask questions that you can find the answers elsewhere.

You know, we have so many demands on our time.

I have several surveys in my email inbox right now that I would love to answer about organizations I care about, and I'm just pressed for time.

So I kind of need to know what's in it for me or for a college that I care about. So I think it's really important to communicate the benefits of providing insights.

Those those benefits might be helping other families just like theirs.

Or providing services to their family in a more effective way.

So I think it's helpful to let families know upfront why we would like to have their their insights or providers in terms of increasing response rates. I think one thing that's helpful is to, for example, know what's the most effective channel for communication. You're at the beginning We would send surveys home with participating school districts.

You know, they'd get sent home in a child's backpack.

And you know how successful that can be.

But, you know, now they're done more by email or by text. And so we'll ask communities what's the best way to respond to you, rather, what's the best way to to communicate with you? One thing that I learned, and this is going back years ago, but in thinking about the timing of your surveys and communication emails, I read an article once that said that communicating on a Tuesday morning was more effective because and if you think about it, it kind of makes sense because, you know, Monday we get back to work our email boxes are probably full.

We're planning out our week.

So, you know, you don't necessarily have the time to stop and be reflective.

Tuesday, maybe you have a little more time. So you might consider that.

You might also consider sending out kind of I call it a friendly thank you, a reminder.

And you can say something like, thanks to everyone who's had an opportunity to complete our survey. For those of you who haven't had a chance here, please consider completing the survey.

It's kind of like a little peer pressure I guess. But, you know, you can send that out maybe, you know, ten days, two weeks after the original is sent out, depending on your timing.

It's always important to be as concise as possible in terms of focus groups. Over the years, we have found that the most effective way to get people to come to a focus group is to if you can piggyback on an existing meeting, for example.

Different autism society groups are willing to to host, you know, focus groups or special meetings are just different, different organizations.

We have our steering committees in Iowa and our parent advisory councils. And so they've also been able to host some of these meetings as people are already coming and know every month or every other Monday at 7:00, we're going to meet that.

It's not such a big deal to try to get them out again.

And then it's important to speak the population's language. You know, you would address teens differently than you would address adults, for example, you want to use language that's accessible that doesn't include jargon of acronyms.

If you have a large community of people who whose first language is not English, like here in North Carolina, we have some some strong Spanish speaking communities. And so we offer surveys and focus groups in Spanish and just say it simply.

So I think these are the main principles to keep in mind. And now we're just going to spend a few minutes talking about analyzing data. Again, this is kind of a multi-day discussion, but we just wanted to give you a sense of some of the strongest principles that we utilize So, first of all, we're talking about quantitative and qualitative data and just just to level set for everyone you know, quantitative data is data we can measure in the example here, you can see that 64% of families always felt that the providers made it easy for them to ask questions, saying qualitative data is different.

It's quotes from individuals are comments.

These can come from the focus groups

These can come from comment sections within your surveys.

So you can see here's one from a parent about how they've learned little by little to navigate the health care system.

So so the principles are pretty basic that we're going to talk about in terms of themes and trends, identifying them and they're similar for quantitative and qualitative data that you want to look at, how frequently certain responses come up, how are they distributed.

And we'll see an example of that kind of look at the overall range of responses.

And then if there are any outliers.

And so I'll give you a couple of examples of those

So this one here, you can kind of really I feel like I can really go down the rabbit hole.

It's just one quick example.

But, you know, there are a lot of things happening here. So we asked in this year, 40 different families if how much how often the youth's doctor encouraged that young person to take age appropriate responsibility for managing his or her own health care needs.

And you can see that the most frequent response is sometimes in the middle there.

16 family said, yeah, you know, sometimes our doctor talks about that. But you know, if you keep going to the right, you can see that eight families say that never happens.

And then eight weren't even sure.

But we're on the other end of the chart.

Eight families say that always happens.

So to me, this is this is really interesting because, you know, most of the responses are weighted toward these sometimes to never to make the negative end.

I kind of think of it as the scale.

And so that says to me that there's a lot of opportunity within this county to increase the frequency of these conversation.

Shifts This here is a range of data where we're asking about the age of the oldest child with special health care needs. What's interesting about this is that most of the children in this particular county who are represented within this survey tended to be seven years or older kind of heavily weighted toward the teen age and 18 and over years.

And so that you might take that into account, for example, if you're looking at transitions, you might think about transitions for older children, for children in high school, thinking about what happens when they graduate So, you know, that can be helpful data for you.

Last one.

This one kind of really bothered me.

This is from a recent survey that we took just over the winter.

So we asked families how often they receive care coordination that worked well for them.

And you can see that there are a few people kind of sometimes.

Always, usually.

But then seven families didn't know.

And so that's confusing to me.

Yes, we've thought about this and perhaps the families didn't understand, you know, what's going on behind the scenes. So they don't know if their doctors are coordinating care or they just weren't sure what the question was asking.

Or maybe, you know, sometimes it's appropriate to blame things on it. And, you know, I think that it might be that because of COVID, families haven't had as much interaction in-person with their doctors.

So they're just not sure Okay.

And so for qualitative data, we're kind of doing the same thing, looking at frequent mentions of the same same ideas.

We also look, though, for strongly express statements and also outlier statements.

So I just have a few pages of those.

I'll show you quickly here.

So what I consider strongly express statements from families regarding partnering with their care care providers Okay.

And then I'll take you to the next page.

These are just some strong opinions as well regarding comprehensive care within a medical home one from a parent and one from a provider. And then lastly, I'll show you just some information that families gave us regarding adequate health insurance. This is you know, it's not strictly an outlier, you know, but to me, it's kind of an outlier of behavior in terms of what some families have gone through. And I've heard this again and again over the last ten years that families have had to get divorced so that the family could qualify for Medicaid Really briefly, you know, another way to look at data is to utilize word clouds in programs.

This is one from SurveyMonkey This is for another client. But I thought it was a really good illustration of a cloud. So so the program will make a cloud and those the words that are larger are the words that are expressed more frequently So we will quickly move through reporting needs, assessments, results. This is to the community, to funders, to people who can perhaps

increase your budget to institutional leaders. And this here is a community breakfast that was, I think, county

and town leaders in a particular community out near Charlotte. They met together and looked at some photo voice photos and had breakfast and talked about the programs, and then here's a photovoice on the left and on the right. This is a track Trail's Accessibility Review Project, which was recently accepted as an Amtrak cutting edge practice submission. I wish I had more time to tell you about it, but its young people are providing their feedback on how accessible public public trails are. And then our Parks and Rec department is taking that information and making those trails more accessible to all So I know time is running out.

I'm going to move very quickly through this last section. This is kind of the process for going from the needs assessments which is what we've been talking about to developing sustainable initiatives lifecycle of an innovative approaches initiative and, you know, probably probably helpful for most.

It's a kind of a two pronged thing. It's the what should we do steps. These are steps one through four and then how do we do it?

So I'm going to move quickly through this as time as time is running short.

We've already talked about conducting a needs assessment

These are some examples of needs assessments that I've provided

to two different clients on the one in Orange to show some recommendations So the D clients, the, the agencies, you know, they get this information and then what to do with it. So the I a steering committee, for example, will review the reports of the needs assessment results and then they'll identify and they can vote on or reach consensus however they want to. And what they see is the community's two to three highest priority needs and they can be transitions, strengthening communication. And so on at step and have done in tandem with step three in which you look at those priority needs and then develop some potential systems change initiatives related to them. When you're thinking about those those initiatives you might think about, well what gaps exist now why for example, aren't transitions in transitions to high school working? Is it because families don't have knowledge in awareness of what's available?

Is it a communication problem?

Or do we need to change our policies or procedures or practices And then if we come up with these initiatives, we want to think about whether it makes sense, i.e., wants to do everything.

I love working with this initiative because the people in



I want to do everything now, but that's not possible. Is there another group who might be better to partner up with to do that?

Is it something that can happen now?

You know, maybe there are budget cuts or leadership changes or COVID effects, you know, two, for an in-person activity.

So you want to think about that.

You want to think about the people who will be part of this initiative, who are the stakeholders we want to support?

Is it young people or is it high school graduates?

Is it parents of babies?

Who do we want to focus on?

And then what partners or agencies would we want to engage who could help us with this

We want to think about what activities or what activities we'd like to partake of.

For example, if we wanted to plan a transition.

So there maybe we want to figure out what space is available. We'd want to coordinate with maybe like the high school, for example, to coordinate with them.

We'd want to work with partners in the community who might like to be a part of that. Transition's fair.

We'd want to recruit families.

So there's a lot of different aspects of that.

So we want to figure out what those activities were and what the timeline would be for the various activities And then we might ask partners, what's the most effective way to move forward together?

Can you help us reach our target stakeholders? And can you help us even when the grant is over by some piece of this initiative, be something that you folks might be willing to take over

This is a whole other topic which we won't get into, but we want to think about what potential hurdles might we face and how can we plan for them ahead of time, or how can we get support for them if they occur? Lastly, we spent time in our training discussion about how to measure community needs, but we can also measure the impact of our initiatives, which is also one of the favorite parts of my job.

Being able to tell people what in effect, they've had on the community. I wish we had time to go into this in detail, but instead I'm just going to talk about why a tracking results is such an important part of your initiative.

First of all, it helps stakeholders, just stakeholders, to understand what we're doing and how it's affecting the community. It can build interest and momentum and other measures if people see how well this is going.

They might want to take part in a new initiative.

We can inform and educate our community officials and other people in the community. Additionally, we can educate other communities that might want to replicate our initiatives. We can use the data to apply for other grants or even to receive funding for the current grant, additional funding for our grant.

And I think, okay, I think I am out of time.

So thank you so much for joining us today. Data is so helpful and so important and we have so many great tools out there for us. But by far, young people, their families and the providers who serve them remain our most powerful tool.

Thank you.

Again, I look forward to your questions