[Jacqui Crowley]: Hi, everyone. Thanks so much for joining us. My name is Jacqui Crowley. I am a researcher at Mathematica. And I use she/her pronouns.

I am presenting today as part of the Evaluation Technical Assistance Team from Mathematica, also known as Eval TA Team.

Today we will be sharing guidance for developing a Monitoring and Improvement Plan, or a MIP, as well hearing from fellow grantees about their experiences preparing and implementing a MIP. Since we have many people on the call today, we are not going to do formal introductions but please say hi in the chat with your name and organization. Please, also, as Derek mentioned, use the chat to ask any questions that come up, and we will respond towards the end of the call today.

So, before I get started, I’ll hand it over to Jaclyn to say a few words. Jaclyn?

[Jaclyn Ruiz]: Thank you, Jacqui. Let me put my video on.

Hi, everyone. I am Jaclyn Ruiz. I use she/her pronouns. I am the lead overseeing the teen pregnancy prevention grant program here at OPA. And another Jackie, also, to add to this mix because why not? And I just want to welcome everybody and thank Mathematica for putting this webinar together. And thank you to the grantees who have graciously volunteered to share their expertise because we know that you all love hearing from each other.

Just a few reminders for the webinar today. Please take advantage of having all these wonderful people available to you to answer any questions that you might have and trouble shoot you as you are thinking through your monitoring and improvement plan. If you have not yet the guidance yet, please, please, please read the guidance. And we want you to know now that when you ask a question of your project officer, the first place they will point you to is to the guidance. But after that, please make sure to take advantage of Jacqui, Katie, the grantees that are here sharing their stories, to just ask them questions and get any support that you might need from your MIP plan leader. The go-to folks that can help you through that.

And I think that’s all the kind of points I wanted to make, Jacqui, so I will toss it back to you.

[Jacqui Crowley]: Perfect. Thank you so much. All right. I hope we can go to the next slide.

So, here is our agenda for today. I will first provide an overview of the guidance for developing a MIP. And then we will hear from the three grantees about their experiences preparing and implementing a monitoring and improvement plan. Following the grantee presentations, we will have time for questions.

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Before I get started, I want to quickly mention, as Jaclyn said, the full guidance from OPA on preparing a MIP is available on Connect, which I will quickly walk through now how to access. So, you can find it by logging in to Connect and then clicking on Guidance located on left side of the screen. Once you are in the Available Guidance tab, you will see that up at the top, you can scroll down under the Project Management section there is a document titled Monitor and Improve. So, as Jaclyn mentioned, we encourage all grantees to review the guidance document in full even if you have developed a monitoring and improvement plan for OPA before.

So, I will reference the monitor and improvement document throughout the presentation today as it contains more detailed guidance and examples to help you develop your MIP.

So, what is a monitoring and improvement plan? OPA defines the MIP as a plan that outlines how grantees will monitor progress on meeting approved project goals and objectives throughout the project. This plan will help ensure that you and your evaluation team have a thoughtful strategy for collecting and using data in a way that will most benefit your program and community.

The MIP should be a living document, meaning it should be continuously reviewed and updated as needed to meet the project’s goals and objectives throughout the project.

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Grantees are expected to have a MIP that ensures programs and services offered are equitable, accessible, of the highest quality, and the best fit for the communities and populations served. Grantees are also expected to describe how they will conduct continuous quality improvement, or CQI, collect and report performance measures and other data, and then how they will use these data to inform professional development and capacity building of staff and partners, as well as make other data-informed decisions.

Finally, grantees are expected to take a holistic approach to service delivery in their projects beyond focusing on just the implementation of evidence-based programs, or EBPs.

The MIP has five components. One, monitoring and improvement team overview. Two, monitoring and improvement goals. Three, data sources and collection methods. Four, analysis and CQI plan. And five, dissemination. Next I will walk us through guidance for each component.

For this first component, grantees should describe members of the MIP team and how frequently they will meet. MIP teams should meet at least quarterly throughout the grant period. This section also asks grantees to describe how the team will work together to determine the data to collect, methods and process of collection, and the translation of data to improve the project. An example of a monitoring and improvement team could be your project director, a staff member focused on monitoring and improvement or CQI, and someone from your evaluation team if applicable.

Please. Thank you.

To comply with the NOFO, the MIP must include the following goals: One, programs and services offered are equitable, accessible, of the highest quality, and the best fit for the communities and populations served. Two, youth, parents and caregivers, and the community are meaningfully engaged throughout the project. Three, the project approach is increasing awareness of, access to, and utilization of adolescent-friendly supportive services. Four, components of the project, including programming, are implemented in an equitable, safe, supportive, and inclusive environment. And finally, EBPs are implemented to scale with quality and fidelity.

Grantees can modify or tailor the goals as needed, so, for example, by combing goals. Grantees can also add additional goals to this list.

For each goal, grantees are asked to develop relevant benchmarks to monitor progress towards the goal. Benchmarks are measures that help you determine if you are on track to meet your goals. I will share a few examples of benchmarks for a couple of the goals, but more examples can be found in the Monitor and Improve document on Connect.

So an example of a benchmark for the first goal on ensuring the project is equitable, accessible, and high quality could be to update the project’s needs assessment on an annual basis to identify gaps in community services.

Another benchmark for this goal could be that the project team will meet with all implementation partners quarterly to discuss whether the project is meeting the needs of the target populations and communities it is serving.

An example of a benchmark for the fourth goal on ensuring the components of the project are implemented in an equitable, safe, supportive, and inclusive environment could be to train all program staff in trauma-informed and inclusive approaches to sexual reproductive health programming by the end of year one.

Another benchmark for this goal could be at least 75% of youth participants report that they felt safe and included during programming in the post-test survey.

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The next component of the MIP asks grantees to describe the data you will collect to document progress relative to the goals and benchmarks we just discussed and the methods planned to collect these data. Grantees are required to collect performance measure data on a semi-annual basis as well as fidelity monitoring data. Fidelity monitoring data includes attendance and demographic data from participants for all sessions completed, facilitator self-assessments or fidelity monitoring logs for each session implemented, and information on planned and unplanned adaptation. So, please keep in mind that all planned adaptation should be discussed with your project officer and major adaptations require OPA approval before implementation.

In addition to the data I just mentioned, grantees are expected to observe five percent of all EBP sessions and 100% of all EBP facilitators for fidelity and quality each year.

Finally, grantees can collect other data to document progress relative to the project’s goals and benchmarks. Some examples could include participant satisfaction, participant perceptions of safety and inclusivity in the program, or the number of participants that were referred to the program from partner organizations.

As a reminder, Tier One grantees have the option to use outcome surveys such as pre- and post-test surveys, but this is not a grant requirement. If you choose to use outcome surveys, the surveys cannot include any questions on sexual behavior outcomes. For example, questions like if participants have ever had sex, number of sexual partners, or frequency of sex.

In addition, recipients cannot include any randomization or comparison groups as this is not a – this grant is not a research grant. If you decide, as part of the MIP for this grant project, to ask survey questions about sexual health knowledge, attitudes or intentions, this is allowable, but you are expected to consult with an institutional review board, or IRB, to determine whether the research activity is exempted or requires a full IRB review.

This section also asks grantees to describe how monitoring and improvement activities will adhere to all relevant state laws, organizational policies, and other administrative procedures of the sites or partner organizations before data collection to ensure the feasibility of data collection and obtain any necessary permissions to collect required data, including navigating and receiving IRB approval if needed and ensuring data security procedures are in place.

It is also important for grantees to understand that permission will be – that permission needs to be obtained from all partner organizations to collect the required data, as well as the timing of data collection, and which staff will be responsible for which data collection activities.

And I just want to make one note about self-guided intervention. So, if you are planning to implement a self-guided intervention that has no facilitator, for example, plan A, or a vision of you, you are not required to conduct observations or report on fidelity. However, OPA still requires you to report on some performance measures for the intervention, such as participant demographics, dosage, and attendance. You might also be able to assess intervention quality by using strategies such as tracking tools built into the intervention such as the percentage of the intervention that was completed, fielding a brief participant feedback survey at the end of the intervention, or reviewing the responses to interactive polls or quizzes at the intervention. You should describe the data you plan to collect on these interventions in your MIP if you are planning to implement an intervention that doesn’t have a facilitator.

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So, the next part of the MIP asks grantees to describe how the data collected will be analyzed and used to identify areas for CQI. The description should include how the MIP team plans to regularly review data to improve quality and fidelity, provide feedback to staff and partners, and make decisions about the project including how to adjust project activities, execute professional development plans, build capacity of staff and partners, and track and monitor improvement efforts.

The description should also include how the MIP team will use the proposed benchmarks to assess whether the project is meeting its goals.

Finally, grantees are asked to describe how key findings and lessons learned will be shared with project staff, partners, youth, other key stakeholders, and the community throughout the project. The description should include the timeline for sharing such information and who will be responsible for these (inaudible).

So, before we hear from a few grantees about their experiences preparing and implementing a MIP, I want to draw your attention to an optional template that OPA has created for grantees to use to complete the MIP. Again, this template is not required and is just an optional resource if you would like to use it. The template can be found in the monitor and improve document available on Connect.

All right. I will now hand it over to Hannah to moderate our grantee panel. Hannah?

[Hannah McInerney]: All right. Thank you so much, Jacqui. Before I turn it over, I think we just had a quick question in the chat regarding whether – I think just clarifying whether you had said five percent – fidelity of five percent of all sessions or sections. And I just want to make it clear that it is five percent of all sessions. That is what is included in the MIP guidance and is also in the NOFO as – as well. But, I encourage folks, again, like Jacqui mentioned, that if you have other questions that come up, please do not hesitate to enter those in the chat and then we will answer other ones as we get closer to the end.

Okay. So, hi, everyone. My name is Hannah McInerney. My pronouns are she/her. And, like Jacqui Crowley, I am a member of the TPP evaluation – Tier One Evaluation TA Team. And we are excited next to turn it over to three grantees who have graciously agreed to present on their experiences and insights into developing a monitoring improvement plan, or a MIP.

So, the three grantees we have today are Utah State University, Maryland Department of Health, and Mission West Virginia. These three grantees have a wealth of experience and knowledge, so we are very excited to have each of them spend some time sharing with you all their experiences and some tips and considerations as you all are working on developing a MIP.

As our presenters share out with you all today, I encourage you, again, to enter your questions that come up for the panel members into the Webex chat, and then we will turn to answering those questions at the end.

So, we are going to start with Dr. Scott Crapo from Utah State University. So, Scott, I’m going to turn it over to you.

[Scott Crapo]: Thank you. I’m really excited to be here and to share some of the insights and some of the experiences that we have had putting together our monitoring and improvement plan. As you can guess from the name, we are a university, and we are a research university. So, when I first approached our monitoring and improvement plan, I came with kind of a researcher mindset to it, and then quickly discovered that there had to be several modifications made and it couldn’t be treated just as a typical research project. So, what I am going to be sharing here are some of the takeaways that I got in the process of trying to adapt our typical processes as a university to the monitoring and improvement of an ongoing demonstration grant.

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So, I’ve got three overarching principles I am going to talk about. The first is to plan, then to re-use, and then the process of recording data. These are the three pieces that I found to be central to taking all these abstract ideas that we had to meet for monitoring and improvement plan and condensing them down into an actual executable, usable plan.

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So, for a plan, it sounds really dumb and really straightforward, but sometimes we get so lost in all of the details of what we have to give in our monitoring and improvement plan that we fail to step back and remember that there is a broad picture here. So, the very first step that I had to take in order to organize everything and to get it to make sense is I had to identify what the needs and requirements were for – for our MIP plan.

And for me there is a distinction between needs and requirements. Needs are what I needed to know, what my team needed to know, what my community needed to know in order to be able to effectively monitor how well we were doing what we said we would be doing. And the information that would be required to be able to identify those things. And then requirements were the things that OPA was specifically saying we had to give to them.

For the most part, there was a lot of overlap. OPA has done a fantastic job in identifying those areas that are important. But not always 100% overlap. So, they’ve mentioned there is room to add additional data or answer additional questions or change up the goals a little bit, and I would advise to take time to think about where it does differ from what OPA requires and to make sure that we are meeting – that when you create your MIP plan you are meeting both your needs and OPA’s requirements. And once you have got that solidified, it will help give you direction – it helped give me direction, anyway, in the approach to how to gather the data and report it.

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This is the principle that I found to actually be the most important for me. There was a lot of different things that the MIP and the NOFO said had to be covered and had to be taken care of. And I realized very quickly early on that if I tried to create a new process, or a new data, or a new meaning for every aspect, we were going to be drowning in just doing the MIP and wouldn’t have time to actually teach anything, which kind of defeats the purpose of the whole grant.

So, I realized early on that what worked best for us was to simply reuse what we already had available to use, whether that be tools, resources, processes, partners. As a couple of examples, being a university that focuses on research, we have an IRB in house. We have processes and guidelines established for how to do pre- and post- surveys. And it was really easy for us to tap into those processes for our data gathering process. To say we already know how to get the data from surveys, so we are going to go ahead and use surveys to gather a lot of the information.

Our process doesn’t really use individual registration of participants. So, instead of creating a registration process for participants to gather data and adding something new, we simply used the processes we already had in place.

Or another example is there is a lot of information, MIP, that we have to share about how we are going to disseminate information through the team and the regular occurrence of meetings. Rather than creating a whole new set of meetings that were focused explicitly and exclusively on MIP, we folded the MIP meetings and information into the processes and meetings we already had in place. It was very common for us for our administrative team to meet, and then we have weekly team meetings with the rest of our implementation team, and there is a lot of back-and-forth that goes in there. And so, instead of creating a new set of meetings, we folded the monitoring and improvement, the recommendations for trainings, etc., into that process we already have with the back-and-forth within our teams.

Now that said, there are going to be some times when you will have to create some new tools or some new processes, especially if this is your first time generating a monitoring and improvement plan. And in those cases where you do need to create something new, maximize the utility of that new process. Don’t create a hundred new processes when you could take those and do them instead in three or four. And as much as you are able to load onto those new processes to gather the information, or to disseminate the information, or whatever part of the plan you are looking at, simplify.

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The last bit that I thought a lot about this has to do with my experience as a researcher. Sometimes when I am writing a survey I have this really bad habit of wanting to include everything in the kitchen sink, so I have all the possible data I could possibly have to ask all the questions I could ever possibly want. But in a situation like this, it is better to step back and think about our plan stage and those things that we need and are required. And then systematically devise a way that that data is obtained, recorded, and stored. It is really tempting to have, oh, yeah, we’ll gather this data over here, and we’ll gather this data over there, and then they are floating in different locations, and they are being gathered in different processes, and we are not being systematic in the way that we gather that data. In order for the MIP to be effective, we have got to be really, really careful that we create a plan that allows us to gather the data in a consistent way that will yield organized and repetitive data that we can then track across time.

Related to this, another recommendation that I would make based on our experience is to only get the data that you need. Especially if you are going through the effort to make it that all the data you get is systematically gathered and recorded and organized. That’s a lot of effort for something you are not going to be using.

So, the final – final piece of insight from our MIP process is to make sure that the data you pick is beforehand decided to match the needs and requirements, that you build it into the existing processes you have, and that those processes will yield data that has been systematic, recorded, and organized specifically for what you need.

Thank you.

[Hannah McInerney]: Thank you so much, Scott, for sharing that. I think, I mean I’ll just speak for myself, but I took a lot away from that, so really appreciate it. Especially the – the points about not creating extra burden in places where you can incorporate components of the MIP into your current operations. So, very much appreciate that.

Okay. So, now we are going to turn to Maryland Department of Health, and Annie Smith is going to be presenting from this grantee. So, Annie, turning it over to you.

[Annie Smith]: Thank you so much, Hannah.

Hi, everyone. I am Annie Smith. I use she/her pronouns. And our evaluation team is actually not with the Department of Health. We work at the Center for Adolescent Health at Johns Hopkins University. So, we are similarly embedded in an academic institution, and we are the Maryland Department of Health’s research partner on the True You Maryland. We are also Baltimore City’s evaluation partner on the You Choose project.

And we have Christine Johnson from the Department of Health on this call.

So, I just wanted to give some background for You Choose and True You. So, True You – You Choose in Baltimore, which I need to sort of mention to talk about True You, is a community-wide youth sexual health initiative in Baltimore where we implement evidence-based programs across the school system, across Title X clinics in the city, as well as in community-based settings. True You Maryland is a sort of replication of the Baltimore City project in six rural counties in Maryland. So, it is sort of that project amplified six times with the added element that we are working in rural communities where people live far away from each other and access to internet and other supportive technologies maybe isn’t as prevalent as in a city setting.

So, when we developed our monitoring and improvement plan, and I should note our team is led by Dr. Beth Marshall who couldn’t be here today, and we are joined by our new team member Montrell Vass who is on the call. But when we approached MIP plan, you know, we really have some guiding principles that we take to our work as evaluators in these community-wide initiatives. So, first and foremost is collaboration. We take a very collaborative approach with our partners. So, in Treat You Maryland and across our projects, we are members of the core implementing team. We attend four implementing team meetings for True You Maryland. This is on a weekly basis. And monitoring and evaluation is always an agenda item in this meeting.

We additionally attend site visits and, you know, project-wide meetings. Really any meetings that are happening with our partners. So, another example of this is that at the beginning of this current project period, Healthy Teen Network, who is another implementing partner on this project, and the Maryland Department of Health were, you know, going to all six counties and holding all-day workshops to really hash out implementation plans. And so, we attended all of those meetings. We – we know all of the county partners. They know us. We take part in those conversations. And so, from the beginning we were able to start thinking about, okay, how are we going to measure this? What is the context of where this is going to be implemented? And just really get those wheels turning so that we can, you know, regularly communicate about that during our team meetings.

Another key principle of our is reducing burden on our partners. I think this really speaks to what Scott was talking about with sort of, you know, not collecting everything, you know, but the kitchen sink and – and really being parsimonious about what we are collecting. And, you know, we work with health departments, and school systems, and community-based organizations that have a lot on their plates, and the last thing that we want is to add something that, you know, might affect their motivation related to the project.

So, you know, for example, one way we do this, after we attended those implementation meetings, we sort of – our team sort of stepped back and made many MIP plans for each county based on what we observed to be the systems that, you know, they tend to use in their work and the constraints. And then we held individual meetings with the entire project team in each county and, you know, treated that really as a conversation about, you know, this is – we’re confirming this is what you are implementing, and this is – this is what we would like to propose for how we measure it, and really getting their buy in on that data collection approach. And that is just incredibly important to us to make sure that we buy in from partners and also that way we are taking on any additional monitoring burden as much as possible as the evaluators versus putting that on implementing partners.

And then the last sort of guiding principle that we use is really collecting and using data in a way that moves the project forward in whatever way the project needs. And one example of this, you know, we do, after every reporting period, we debrief the performance measures that were reported to OPA. We also regularly collect quality data information from implementing partners around how the project is going and any additional supports needed. But at the beginning of the project, when we first started in 2020, and we will be doing this again this round, we, you know, we are working in rural, historically conservative communities, and we are doing systems-based work where we are trying to integrate comprehensive sex ed curricula into school systems. And that is not necessarily something that was happening in these environments before. So, in the interests of applying systems thinking and really garnering support for this project and getting on the same page with partners, we implemented what we call data dives in each county where we assembled publicly-available data, so, teen birth data, sexually transmitted infection data, and youth risk behavior survey data, and we also did some analysis of the youth risk behavior survey data in each county looking at sexual health indicators, you know, basically cross-tabbing them with different sort of social determinants, variables, things like experiences of abuse in the home, housing stability, mental health measures. And what – and we presented this information to partners and then facilitated breakout discussions to really understand their perspectives of what was happening. And, you know, really what this helped to do was make the case that we can’t talk about any dimension of adolescent health without talking about sexual health and pregnancy prevention. And this really, you know, it wasn’t necessarily using performance measure data from the project, but it was using data that, you know, is sort of national monitoring data in the interests of, you know, garnering support for the project and, you know, helping folks to get on the same page. And we are planning on doing this, you know, basically every time YRBS data comes out.

So, I’ll end there. Sorry if I went on a bit long. But, yeah, it has been really fun to hear other folks’ MIP approaches.

[Hannah McInerney]: Thank you so much, Annie, that was really helpful. I personally also really appreciated how you discussed gaining that buy in from your partners, as well, and what has really worked for you all in working with them on identifying these – implementation and then these monitoring plans. So, thank you very much.

All right. So, now we are going to turn it to our third grantee on our panel today. We have Jill Gwilt from Mission West Virginia. Jill, you can take it.

[Jill Gwilt]: Yep. Hi, everybody.

So, I’m a little bit different organization. We do not come from a university standpoint. We are a small nonprofit in rural West Virginia. We do have an evaluation team, AMTC, that we work with to create our MIP and all of our data tracking performance measurements and just ensuring that we are following the guideline with OPA.

So, Annie and – I already forgot your name – oh, Scott. Sorry. Dr. Scott kind of already talked about a lot of similar stuff that we do. (Inaudible) standpoint it might have been a little bit easier to not go too in depth into the evaluation side. We have had to do that in the past, so what I would like to say to grantees is take a breath. This is not as overwhelming as it might seem. You are already creating the MIP, and you’ve already created a lot of it through your work plan and your logic model. This is kind of just reworking it and putting it in a different format and a different way to present it.

So, you are going to use your logic model and your work plan a lot to really base what your MIP will cover. And we really kind of started this back in the just writing the application. Because of our experience, we kind of knew what we wanted to, I’d say, research or figure out from stakeholders to our organization, and then also OPA. And so, what we really wanted to do once OPA started releasing performance measurements and what they required is how do all those connect and what can we remove to kind of burden – to create less burden on our staff, our students, and our sites and our partners, which the other two have already kind of mentioned.

One of the things that we did, you know, we have been doing this for – we have been a TPP grantee since 2010. We have gotten every single TPP award, so we have been through this for a while. And even, you know, being a grantee for 13 years, we still need to change things. So, don’t be afraid to change and adapt. Even if you are a longstanding grantee, don’t stay in the status quo.

One of the things that we noticed is on our enrollment form, which is where we capture our demographic data, is we were asking too many questions. And we were asking questions that the youth didn’t really want to answer. So we took a look at that, is this even something that OPA asks for? Is this something we have used in the past to help write grants? What can we eliminate? And even though it was compelling data, it wasn’t something that we were really using, and it wasn’t something that OPA required, so why are we asking the youth to complete it? So we took it off.

So, sometimes it is asking yourself hard questions of, yeah, this data might be great to collect, but is it useful? And is it really creating just more issues in the classroom or even getting into your site?

We do serve high school, middle school, foster care, and juvenile justice. So, even thinking outside of traditional schools, what can you ask in the foster care setting that won’t upset or trigger a student? And also the juvenile justice setting. So, you just be very careful in how you ask things and what needs to be asked.

And then also we – so, I think it was Scott that mentioned it, I think Annie mentioned it, too – is having a very – if you can have one kind of data system or source that captures everything so you don’t have multiple things that you are trying to figure out, that is incredibly helpful. So, we have an online participant tracking system. It is an online model where we literally enter every single thing that we do, and it tracks every single thing that we do. So, from sites, to classrooms, to completion rates, to fidelity, to our needs assessments that we do, referrals, parent events, community events, youth events, it tracks everything. And that really helps. So if you have a system or can create a system that literally tracks all of your goals and outcomes, that would be really helpful.

And I will say if you don’t have one and you are stressing, reach out to other grantees because they probably have something they can share, especially ones that have been doing this for a long time. Ours we can’t really share because it is a system that costs a lot of money, but is called the Online Participant Tracking System. If you do want more information on it, I can get with my evaluation team and probably get you information for this, but you do have to pay for it. You do have to pay for the service. A lot of people use Excel, you know, different forms.

And then I think the only think I really else I want to touch on is just some challenges. You know, I think with creating the MIP, like I said, it’s really just your project and a document. And so it is there for you to use. And it is there for you to adapt and change. So, if something happens, so like Covid, that was a huge change for those of us that had funding in 2020. We had to pivot dramatically. None of us were expecting that. Those were not – Covid was not something you can be like, well, it’s not similar as, like, oh, a site might not want us so let’s have a backup site. This was literally all of us not being able to teach, or get into our sites, or get to our students. But just, you know, learning that you have to adapt and pivot and how to make those adjustments and documenting that in the MIP. There is nothing wrong with that. Everybody experiences challenges.

So, I think that is the big thing I want to leave with is know that everybody is going to experience challenges. Please reach out to other grantees to ask for help, or your project officer and they can connect you with another grantee, you know. And also don’t get overwhelmed. This is, like I said, your project in a different form. Just use your logic model and work plan and keep it as simple as possible.

And I think that’s it. There were a couple of questions. So, the data service is that online participant tracking system. And like I said, I can get you information on that. And then, so some of the questions we asked on our enrollment form, we asked things like who they lived with. Which sounds simple, but a lot of our kids are in kinship care and foster care. So, it could be like ten people they could live with. And a lot of kids didn’t want to answer that. So we took it off because OPA doesn’t ask that. There was no reason for us to know that. As much as, you know, it could be compelling information, we just decided to take it off.

There was one other question. Oh, when we start – we did ask for like parent information, or caregiver information. We did take that off. We can get that from the schools. Because a lot of the kids, like they didn’t know their address. Or they didn’t know, you know, maybe they are living in a group home or they don’t have somebody to put down, so that was also a question that was kind of triggering them so we took that off. So, we just ask as little information as possible to still cover the data that is required.

And that’s it. I just wanted to answer those two questions that I saw.

[Hannah McInerney]: Thank you so much, Jill, for jumping in and answering those questions. And for sharing with us. Very much appreciate it. I really also wanted to highlight your point in the beginning about making changes even to things that maybe have been in your operations for years and kind of saying to yourself, is this something we should look at adapting to improve? So, I think others will resonate with that as well.

So, thank you to all three of our panelists for sharing. I want to turn it over to our other webinar attendees today to see what other questions do you have for our panelists or for us. What else can we talk about that is on the top of your radar?

All right. It looks like we got a good question about other data systems that people are using. So, we heard from Jill what she is using. I encourage everyone, if you have another system that you are using, enter it into the chat. Let’s see what other options are coming up.

Annie and Scott, do you want to offer kind of what you are using or any recommendations?

[Scott Crapo]: My first recommendation follows along with what I was saying before. If you have already got a system that you can gather data and you don’t have to pay extra money or get extra services that is going to work for you, go ahead and do that. At Utah State University we have an agreement with Qualtrics that gives everybody that is a part of the University access to Qualtrics’s services. So, we do a lot through that. And the rest we do through like form-fillable pdf’s that we just store in centralized folders that we know how to access.

[Annie Smith]: Yeah, I – we – we also use Qualtrics. And we are moving toward using REDCap, which is another, you know, commonly sort of used in research institutions, data tracking system. And, you know, because we are working with public health systems, there are standard operating procedures that we can’t interfere with, so all reporting has to happen through Microsoft Word. And so, we actually collect a lot of data through, you know, all of the quarterly performance measure data through Microsoft Word and do most of our data management ultimately in Excel.

[Hannah McInerney]: Great. Thank you both. It looks like there was a question about the option to share a Qualtrics survey template. So, Annie and Scott, I’ll defer to you to maybe follow up in the chat if that is something that you are able to do.

Wonderful. And it looks like we also got another vote for using REDCap, so definitely there are other grantees.

There is a question about if others are using Salesforce, so put in the chat if you are going to be using Salesforce as well for tracking. It’s a great question.

What other questions do folks have?

While we are waiting for questions to come in – oh, another question about using NVivo. So just, yep, just let us know if you are using NVivo for data as well.

I have a question. I had Jill in mind for this question, but absolutely open for Scott and Annie as well. I’m wondering if you can give us an example of how you have adapted your MIP to accommodate the different settings, or maybe interventions, or populations that you are serving. Right. Because, Jill, I know that before you mentioned about kind of adapting the questions that you are asking specific populations, but is there another example of how you had to adapt your plan in order to accommodate these things as well?

[Jill Gwilt]: That is a – I’m trying to think. I mean, I know there is. Just trying to think.

[Hannah McInerney]: And I’m putting you on the spot (inaudible).

[Jill Gwilt]: Yeah, you are. I mean, we have – I would say yes and no. So, like our – I would say our – because we have to adapt a little bit of the services we provide to, say, our juvenile justice and foster care. So that will adapt kind of what goes into our MIPs. For example, for our traditional schools we do a needs assessment and then referral process, and we also have a support system in place that will meet one-on-one with students who are experiencing high trauma/high need. Which we can track and talk about the access that they are able to – because that helps, then, get them access to our adolescent-friendly support services. So, it’s all connected. But with our foster care and juvenile group homes, they have case managers. We are not allowed to do those types of things. We can only kind of go in and do the program implementation. So, how do we view how they are connecting to adolescent-friendly services? Because they basically can only go into – in their group home, to the services provided. Or if the group home is willing to take them to outside sources. So we have kind of had to adapt in figuring out how to do that and how to track that, if we are even able to. Because sometimes it just depends on the center or the group home, they might not want to share that information because they are wards of the state. So that is kind of an adaption we had to make overall that does affect our improvement plan, if that makes sense.

[Hannah McInerney]: Absolutely. Thank you.

Annie and Scott, any considerations from you guys as well on this topic about adapting your MIP?

[Scott Crapo]: The biggest difficulty we run into is actually with the schools. Utah is a very, very conservative state, and being able to gather the needed information from the schools was probably our biggest difficulty. But because of my research background and wanting to be able to keep things as consistent and comparable as possible between populations, the approach we took is we identified what we were able to do in the schools, and then we replicated that as closely as we could in other locations. So, I guess kind of the least common denominator sort of approach. So that way we can keep the information we track in both approach and content as consistent as possible across the entire project.

[Annie Smith]: Yeah. I think that we are constantly adapting our MIP in the sense that – and maybe something that differentiates us is that we are not the implementer of the project and the project is sort of a hub-and-spoke model, but there is no sort of centralized implementation across counties. So – and many of the activities are like in-person activities where people don’t necessarily have access to internet. So, something that we – adaptability is something that we need to practice when we are implementing our monitoring and improvement plan. What works in one county might not work for the other, and our task is to keep documentation of that so that we can still have streamlined approaches for collecting the data.

[Hannah McInerney]: Thank you.

[Katie Adamek]: Hi. This is Katie Adamek from the Eval TA team. I just wanted to jump in here and thank you guys for that guidance. And also just encourage grantees when you are drafting the MIP itself that will be submitted to OPA, to the extent that you can describe how you will handle these things, like data collection in different settings or with different interventions. It will be really helpful. You don’t need to go overboard, but we know that you are required to be implementing in different settings with different populations, so to the extent that you can say that you are aware of this and this is how things will look slightly different in these settings, I think would be helpful for OPA to be aware of. Also just to know that, you know, you guys are thinking about it. So, wanted to put that plug in. Thanks.

[Hannah McInerney]: Thanks so much, Katie. Appreciate that.

Great. It looks like we have had a lot of activity in the chat as well. Kind of a continued discussion around tracking systems and opportunities for tracking. So, just appreciate everyone’s experiences and input that they have in there as well.

So, I am going to pause for a moment and see if there are any other questions that have come up for folks before we close it up for today.

(Inaudible.)

[Hannah McInerney]: Oh, yes. Please.

[Kay Bradford]: Kay Bradford, Utah State. Just as a – as another small example of how we have adapted our MIP processes, Scott alluded to this but sometimes, you know, just little shifts can help things. Like, for example, in our community assessment, we have used – we have gone to fillable pdf’s, and rather than having an initial and then maybe a follow up, Scott went to just simply having our community partners fill out the fillable pdf, and then we send it out every year and say, has anything changed? And it simplifies the data. Simple but, again, it kind of saves you a step or two.

[Hannah McInerney]: Thank you. I love a practical tip like that. Very helpful. But you are right. Just thinking about things that may seem small but in the end can make a big difference for people. So, great.

Okay. Well, I am going to turn it back to Jacqui Crowley to close us out for today.

[Jacqui Crowley]: Thanks, Hannah. And thank you so much to our panelists. We really appreciate your insights and just the ability to share resources and talk through how you have thought through monitoring and improvement plans over the years. So, I know it has been very informative for me, so thank you so much.

Before we close I just want to draw your attention to some resources that OPA has developed that might be helpful as you develop your MIP or MIP as might be saying MIP this whole time which maybe is a silly thing. But we will share slides from this presentation, so you will have the links to these resources. But you can also find the links in the monitor and improve document on Connect.

And so, next slide, please.

So, that is all we have for you today. Just as a reminder, the MIP is due to OPA on February 29. If you have questions as you are developing your MIP, please reach out to your OPA project officer or the Mathematica Eval TA Team is here to help you. If you do reach out to us, just please copy your project officer so they are aware that you have reached out to us.

So, thank you all so much. We hope that this has been helpful and we really appreciate you attending today. So, I hope you have a good rest of your day. Thank you so much.