[Hannah McInerney] All right, I think it's that time. So hi, everyone. My name is Hannah McInerney, and I'm a TPP Tier 1 TA Liaison. Today's webinar is all about using continuous quality improvement to support your program's progress, and there will be an opportunity to hear about what's working for other grantees as well. So to kick off our session today, I'll provide a brief introduction to what continuous quality improvement, or CQI, as we typically refer to it as, is all about. Then I'll break down each step and talk about what decisions and actions are included along the way.

We'll also get to hear from two TPP Tier 1 grantees, Fact Forward and Maryland's Department of Health, about their CQI experiences. Towards the end, I'll introduce everyone to a helpful CQI toolkit that has various resources that programs can use to support their own CQI cycles. And with our time left over, I'll answer all of your CQI questions. Please note that while our goal is to have time at the end of today's session to take your questions, please feel free, as Rick mentioned, to enter them into the chat along the way.

So let's start with an overview of how CQI works and what makes it such an effective approach to program improvement. CQI is defined as a process for identifying, describing, and analyzing strengths and problems, and then testing, implementing, learning from, and revising solutions to address those problems. It's really a process that's continuous, so there's no end point, but the goal is to improve outcomes by engaging in that ongoing process of learning and refining. You're testing strategies to strengthen your services with this ultimate goal to improve performance.

So any kind of improvement, even if you're not reaching your goal quite yet, is success that you can build off of for further refinement. There's a strong focus on implementation and not just performance. So how you implement a strategy affects whether it will work. If all you do is monitor change in performance without trying to understand how that strategy was implemented, or in other words, what your team did, you won't know how to interpret that change in the performance.

There are various structured CQI frameworks that grantees can use to guide CQI, like Plan, Do, Study, Act, or PDSA, or Getting to Outcomes, also known as GTO. Grantees can use these or similar types of approaches to CQI. What's important is that you have a plan in place to document CQI efforts and that you're using data to develop and implement iterative changes over time. CQI is an approach with a series of steps. And what I think is most helpful about this approach is that if you have a challenge, you don't have to immediately know how to resolve it. But CQI provides a structure and a process that walks you through how to break that challenge down into parts that you can address with strategies, how to learn about those strategies and what's working, and then as a next step to just try and improve your services. And it's a cycle.

So you then start again, either with the same challenge, if those solutions didn't work, or with a new challenge, just to continue strengthening your model. You'll see in the middle is your monitoring and improvement team, which can consist of as many or as few staff as you deem necessary.

To kick off your learning cycle or CQI cycle, you'll first identify a challenge and then set an improvement goal where you're clear about what you're aiming to achieve. Then you'll identify improvement strategies, conduct what we call a road test, but sometimes it's also referred to as a pilot, where you test out that strategy on a small scale to refine and then you'll work at any issues. And you'll also want to monitor progress towards your goals on the small scale to understand the promise of the strategy before you decide to scale up.

And then lastly, and very importantly, if you decide to scale your strategy up to your entire grant, then you'll communicate next steps with your entire team so that everyone's aware of any practice changes going forward. Most, if not all practitioners are invested in finding ways to make their program better. So you're likely constantly modifying your program to address challenges that come up all of the time. And what makes a CQI approach different than typical program monitoring is that it's not just about trying new things, but really using a systematic process by engaging in each of the steps intentionally that I just went over.

You'll use data to understand what contributes to the problem. You'll test your solutions to understand how they work and whether they seem promising before rolling them out program wide. You might refine based on what you learned, and then you'll make the decision on how to best modify your processes. But you might be wondering why go through that work rather than just trying something new.

Well, first, consider that this approach helps you to develop targeted strategies that might be more promising because you're really taking the time to investigate causes of your challenge. This approach also prompts you to collect data to learn how your strategy is working. So you'll have concrete information to draw on beyond just like a gut instinct or anecdotal information. Everyone here already collects a lot of data to monitor progress.

For example, performance measures, fidelity logs, observations, interviews, and focus groups with youth or program staff. So I encourage you to find ways to use those sources or at least build on those efforts. CQI also encourages broad involvement in program problem solving. This approach, it gathers perspectives on challenges from staff, participants, partners, and youth on a regular basis. So you're getting a range of insights into how to improve. And lastly, you're not just looking at your data at the start and then the finish. Instead, you're always using the data to make informed decisions. You'll start small, learn about how a strategy works, and then scale up program wide so that you don't waste resources on launching a change that doesn't end up working.

One final note about CQI in general is that it provides an opportunity for grantees to assess whether their program is more effective for one group over another. With an ultimate goal of meeting the needs that you've identified in your community, it's important to understand whether the benefits of your program may not be reaching all those you serve in the same manner. For example, you might identify problems that are affecting a specific population or program type or setting, and then you can test tailored strategies to improve the programming for those specific areas. Just remember to consider these types of details as well when you're collecting, entering, and monitoring your data.

Okay, so let's dive into each step in the CQI cycle in more detail. Ideally, CQI begins by creating the strong base that you're building up from. This includes identifying who will be involved in CQI and will either lead and/or participate in your CQI activities. It's likely that the team leading CQI will be members of your monitoring and improvement team, but you may also need to build a team that includes staff in different roles and experiences like program managers and facilitators. As you assemble the team, it's important to focus on communication. You can set team expectations right from the start. For example, deciding who will lead the team and how often they'll meet.

Second, CQI runs a lot smoother when everyone is on board and they're bought in from the start. This means encouraging collaboration and a curiosity for continuous learning and showing your team the benefits of and importance of using data to make decisions. And it's really never too late to foster this culture, but the sooner you embody and model this attitude, the sooner your team will as well. And third, prepare your program to assess implementation. Your team can do this by reviewing benchmarks included in monitoring and improvement plans and any plans for data collection.

Once those benchmarks are identified, you want to work with the CQI team to assess how the group will determine whether expectations are met. And while this sounds straightforward, I want to acknowledge that laying this foundation for CQI can take some time and there could be some bumps in the road. Everyone's busy and they may not see the need for the importance of doing CQI, especially in more well established programs. There can be this mentality of, we've always done it this way and it works or I'm already busy enough as it is and that sounds kind of burdensome. But this is where having data to support why you need to improve is important and also working with your staff to gain that buy in.

So one way to do that is you could start small and pick some common goal that shared among staff, maybe something like a certain set of forms that a lot of people really don't enjoy filling out. So in that example, the CQI team could choose to make that the first challenge that they tackle. And if your staff see improvement in their day-to-day experiences on the job, they'll be more likely to buy in to more potentially ambitious improvement projects. With that strong foundation in place, it's time to initiate step one of the CQI cycle where you'll work together to identify a challenge and set an improvement goal.

The team should first use data and benchmarks to identify challenges. Using those benchmarks from your monitoring and improvement plans, you can look at progress against those markers for success to figure out where you might be falling short. For example, your program might not be meeting benchmarks for recruitment goals. Maybe that's overall or in specific settings and sites or populations, program completion rates, lower than anticipated connections to supportive services, or lower youth engagement.

Consider all of your current or even potential data sources, including those information on performance measures, observations and fidelity exit tickets, which are these very short surveys with no more than a few questions that your participants can take at the end of each session. Maybe information from interviews or focus groups and also other opportunities from hearing from both program staff and community members, including parents and youth. If you identify multiple places for improvement, just pick one for now to focus on. This might require prioritizing challenges to determine which one is the biggest that's your program is facing or one that seems feasible for the team to tackle. I also encourage you to discuss your thoughts on which challenge to work on first with your project officer.

As an example, let's say a grantee identifies lower than expected engagement with the program. Using data, they uncover this challenge when they notice that their observation logs reveal issues with youth staying consistently engaged during lessons, no matter the setting. Survey data shows higher than expected patterns in dissatisfaction with the program and during focus groups, health educators noted that youth don't seem to be as present during classes as they would like.

With three data sources highlighting an issue and those data sources, including multiple perspectives, this grantee could choose to prioritize focusing on this challenge for CQI. Once that challenge is identified, the next important step is to consider the factors that are contributing to the challenge and to dig into the root causes before developing or implementing solutions. No matter how you approach digging down to find those roots, it's important to gain as wide of an understanding as possible of all of the potential drivers. This can be done by reviewing available data, talking to your staff, participants and your partners about the challenge, just to really understand what's causing it. And remember, we want strategies that get to the root of the issue, not just the issue itself. The CQI toolkit that I'll introduce you to later on includes various techniques to break down challenges into root causes.

For example, you can use a fishbone diagram like the one on this slide, which uses a structured approach to brainstorm the causes of a problem. The problem itself is displayed as the head of the fish, which in this case is low engagement. The causes of the problem are located in the larger boxes or the fins like distractions during sessions, facilitator issues, poor relationships and issues with the curriculum. And finally, those smaller bones are the contributors to those causes.

So for example, we can see that the curriculum lacks relevance for youth and that the format just isn't very interactive, but this is just one of the tools that you can use. Other potential exercises include a problem tree analysis activity and the five why's focus groups, which are also covered in the CQI toolkit as well. Along with finding the root causes, you'll want to discuss how to prioritize each. For example, consider which are low-hanging fruit and could be easier to tackle than others. Or you could decide which of the causes is having the biggest impact on your challenge and start there. Once you understand the root cause of your challenge, your program can work as a team to identify that improvement goal.

A SMART goal, or one that's specific, measurable, achievable, relevant, and timebound, will serve as your destination or your North Star. It will be detailed and measurable in a way that will make it very clear whether or not you achieved the goal that you set out to achieve. Here, we have this good example of what a SMART goal could look like specifically related to youth engagement. By noting the percent of youth that the program is aiming to rate the program as engaging using those session exit tickets and the time span for when they hope to achieve that change, this grantee knows exactly whether or not they hit their target. So we have our root causes identified. That SMART goal is in place.

So we're ready for step two in the CQI process, which is identifying an improvement strategy. As I mentioned earlier, we want to start by reflecting on the root causes identified in step one, and then just choose one of those to address. For example, thinking back to that fishbone diagram, it maybe would be one of the small bones, for example, which was youth are not connecting to the facilitator. It's best to focus on a root cause that will have some type of noticeable impact on the challenge and is also feasible to implement with your current resources.

CQI is all about making those small iterative changes to achieve longer-term outcomes, which is really why I emphasize that your strategy should aim to address the root causes rather than addressing those higher-level challenges. More strategies can and will be tested and added over time to address additional root causes of that same challenge. And similar to gathering information from a variety of sources to understand the challenges, we encourage you to also reach out to those with a range of perspectives and experiences to be a part of your strategy development. This is also a great opportunity to use that tier 1 listserv so that you can crowdsource ideas.

Building on our example of a program's challenge with low youth engagement, the root cause we've decided to focus on is that youth are not connecting to the facilitators. After talking to the program staff and maybe a couple of other grantees, this example grantee could decide to add a quick team-building energizer at the start of the lesson. They heard maybe success stories from other grantees that this exercise worked well for their participants in building rapport and connection, which could ideally be sustained throughout the curriculum. The third step in the CQI cycle is to plan and conduct what we call a road test. You could also think of the road test like a pilot. Essentially, it's a process to try out the strategy that you've identified in step two on a smaller scale.

The goal of the road test is to see the strategy in a real world setting and to learn ways to refine it and then ideally roll it out on that larger scale. That road test should involve a small number of staff and participants over a short period of time. Typically, somewhere around two weeks, although the timing will be dependent on your grantees' individual goals, strategy and program context.

For example, if you're road testing a strategy in a school setting, depending on what you're trying out, you may need the entire school semester or working period. The road test is an essential step in the CQI process because it allows grantees to test something without fear that if it doesn't go according to plan, it will have a major impact on your overall services. One of the keys to a successful road test is to have a detailed, documented plan in place that is shared with all of those involved ahead of time. So along with sharing the root cause and what the strategy is focused on addressing, you would also share a timeline, which can include any other logistics to be aware of.

So in this example, we noted that in the two weeks during which the road test would be conducted, the energizers exercise will also be done in a total of four sessions. You can note exactly who will be involved, including the site and the population along with the facilitator or facilitators or educators if there's more than one. The plan should also know what assessment activities will take place to measure change or what data you'll collect and use, which in this case are those exit tickets and two participant focus groups. The fourth step in the CQI process is where you'll assess how things went in your road test. So when assessing road test data, you should consider the following questions.

First, what worked well consistently or not so well? Two, what, if anything, was unexpected? And then three, how might our team address aspects that didn't work well? It's important to note here that the road test stage may involve multiple attempts to refine a strategy. Once you assess the road test data, you have a few options. If that strategy showed that it worked well, you can choose to scale it up to all of your sites and all areas of programming without further road testing. If your strategy showed some process but it needs some adjustments, you could do another round of road testing to see if those refinements produced more positive results.

For example, you may find a youth engagement strategy promising, but realize you have to change the mode based on the feedback from youth. And finally, if the information you collect doesn't demonstrate promising results, you can abandon that strategy and then try something new or go back to the top of step three in the cycle. A big part of the road test phase really is trial and error. So just be prepared to have some strategies that serve as learning opportunities rather than instant successes.

So again, going back to that example of road testing a new energizer activity at the start of a lesson, we would review the information that we gathered from the youth focus groups and those exit tickets to learn what our next steps are. A key theme that came out of discussions with youth was that they felt rapport with health educators was better than before and that the responses to those exit tickets displayed high rates of satisfaction on average with the program.

But let's say, though, that this grantee's data showed that while the satisfaction ratings improved, they didn't fully achieve their goal. And the focus groups revealed that youth enjoyed the icebreakers at the start of the session, but then felt disengaged around the halfway mark again in each lesson. In that scenario, the grantee could refine their strategy and continue to road test until they met their targets. So once that strategy has shown to address the issue that was identified, the fifth and the final stage of the CQI process is to fully integrate the strategy into programming.

During this stage, your team will develop a plan to roll out the new strategy and train staff on how to implement it. The plan should detail who can help build that buy-in for the new process, what resources are needed to scale the strategy up, and how to avoid slipping back into your original approaches. You should also have a plan for continuing to monitor your SMART improvement goals and return to step two in the CQI cycle if, at a certain point, your data is showing that you're not achieving your intended targets.

So to bring our example full circle, the next step after assessing the road test results of new session activities would be to scale up implementation across all settings. After that grantee trains their staff on the new activities, including any lessons that they learned from the road test, they would then implement it across the program and monitor outcomes using observations and youth survey data to ensure that the strategy continues to address low engagement. Let's say after six months, the grantee notices that program dissatisfaction is trending again and engagement appears to be popping up as an issue. They would return to steps three and four in that CQI cycle and road test either a revised or maybe a brand new strategy.

Before I introduce our two grantee speakers today, I want to take a moment to pause and see if anyone has questions so far. So as a reminder, please feel free to enter your questions right into the chat. If you would prefer to answer them aloud, you can use the raise hand feature and we'll be happy to unmute you. So I'll give folks a moment to put anything that's on their mind into the chat. And if no questions, we can move on to our grantee speakers. All right, well, I'm not seeing any questions. We'll have time later on as well to answer them. So if anything does come to mind, please feel free to go ahead and enter them. But from here, let's move on.

So I'm excited to have two of our tier 1 TPP grantees with us today to share their experiences with using CQI. Oh, it does look like we have one question. I'm just going to address that before I turn it over. So it looks like we do have a question about setting aside a budget for focus group participant incentives. You know, that is a great question for your project officer. So anything to do with budget and how it should be allocated, I would just recommend reaching out to them first.

Good question. Okay, so for our speakers today, well, we have Rena Dixon from Fact Forward and we have Annie Smith from Maryland's Department of Health. And they will both be describing ways that their programs have used CQI to address a problem and then the process that they went through to identify their challenges develop and road test strategies, assess those findings, and then ultimately how they scale their strategies up. So without further ado, I'm going to turn it over to Rena. Rena, whenever you're ready. Yep.

[Rena Dixon] Thank you, Hannah. So, yes, Rena Dixon, Fact Forward, Tier 1 grantee, and I am, I know I have a baby face, but I'm an OG. So I've been around for a while and I was taught how to do this work with getting to outcomes. So I was very excited when Hannah mentioned getting to outcomes, because that is how I view how to approach this work. And part of getting to outcomes, one of the steps is CQI. And we utilize that pretty much every day in our work at Fact Forward.

So how we use that with our tier 1 project is we set up monthly CQI meetings, and whether that's with grantees that we sub award funds to, or our internal implementation teams. And that monthly CQI meeting allows us to assess where we are with implementing our programs and meeting our goals. And Hannah had some gold nuggets that I was going to mention in her presentation such as looking at all the data that you have available to you. That is very important. It can be scary, especially the words data and evaluation can be scary anyway, but it gives you such a full picture of what's going on with your program implementation.

So we also utilize feedback from our project officer. Shout out to Jackie if she's on the call. And our technical review feedback forms to help inform how we approach CQI in those monthly meetings. So we look at what data we're already using. So that includes attendance logs, that includes fidelity monitoring. That also includes observation forms.

Observations are also a great source of data that we use. And scheduling data collection, you can miss some things when you're just looking at the numbers. So if you're able to include some qualitative things such as focus groups or debrief interviews with their facilitators, those are also very helpful. And in those monthly CQI meetings, that's where we do some of that.

We try to make sure that we have someone in a leadership position, as well as a program manager, a facilitator, and someone who can discuss data when we build CQI teams to review what implementation looks like on the ground as well as what the data is telling us. And we utilize benchmarks to assess, have we met those identified goals or where they are off. So some situations that we have found through CQI is we have sites that have had low enrollment numbers. And what we learned in our CQI meetings was that our site actually had two facilitators that left, and that was something that was missed in the communication.

So we were able to understand how to help them plan better for the next round of implementation because they have facilitators who left the organization. Another situation was we saw that there were low enrollment numbers and we identified that that was a recruitment issue. So you can see, you might be looking at the same thing at the data, but that qualitative piece of the CQI monthly meetings helps you figure out a plan.

We also had another site that had low numbers, and digging deeper into the data, we found that they actually weren't correctly filling out their enrollment forms. The youth weren't. So that identified an area for improvement. And what we do -- Hannah mentioned having a plan. You can go back and identify whether you need a training plan or you just might need some extra one-on-one work with the facilitator. So we can identify if it needs to be a content-specific issue or is it really a data entry training issue that is causing the discrepancy in the numbers. And ultimately you can also even determine if the actual program selected is a good fit. For one site, we determined that the number of sessions was too many and they needed to decrease the number of sessions that they had.

So there's lots of things that you can pull from the data that we utilize in building our plans. We also like to have bimonthly group meetings, and that way partners can share what works for them. And you might pick up on some nuggets of this worked well for a group over here. We encourage people to steal shamelessly from other people to see what works best for them. So I'm going to pause there and see if anyone has any questions about how we utilize CQI at Fact Forward. But I highly recommend having monthly CQI meetings where you're looking at all the data you have available and working those CQI plans that Hannah described in detail.

[Hannah McInerney] Thank you so much, Rena. Sorry I stole a little bit of your thunder there. Thank you for kind of really showing others how you were applying all of that for your own program. So it does look like we have one question for you about whether you had to go through the curriculum or program adaptation process when you reduce the number of sessions offered.

[Rena Dixon] So that, we didn't reduce the number of sessions for that curriculum. We suggested that they pick a new curriculum that had less sessions. So not taking sessions out of the existing one.

[Hannah McInerney] Thank you. And I think too, just to like really highlight, it's very clear that CQI is just a constant element of the conversations on your entire team, right? It's not something that you're checking in on once in a while. It's a part of all conversations. You're always thinking forward. Where else can we dig in? What should we look at? And in a way too, I mean, you didn't explicitly say this, but you're most likely catching things before they become an even bigger problem. Right? So you know, you're just kind of getting ahead of it before it snowballs. So I think that's another really important element that you highlighted.

[Rena Dixon] Yes, and I love the examples you gave, like the fishbone diagram, because there's so many different tools you can use from process flow maps. There's multiple CQI tools from all of these things. They all mean similar things. Just depending on what CQI training you went through, you can pick up on different terminology, but those are really, really helpful. Sometimes you do need to do a process flow map. That's kind of one of the things we determined was a problem with one grantee who wasn't entering the data correctly and we needed to like, let's start off this session completely different so that we can make sure the data gets entered correctly.

Or we might actually identify that we need paper forms because the school district is in a rural area and connectivity is an issue. So let's use paper forms for this group. So lots of things can come out of those monthly meetings when you're highlighting what small issues are before they become bigger issues. And I think that also gives us better detail to give to our project officer. So if they say, hey, we noticed this on the data -- because they actually do look at your reports and they have posed questions on that, we're better able to inform them of what's going on because we have a better idea as well.

[Hannah McInerney] Yeah, that's really helpful. And Rena, it looks like there was another question for you. Really, it sounds like this person is interested in hearing what out of those challenges that you experience, which one was maybe the hardest to address? And like, how did you overcome that being the biggest challenge? Data entry scares, like just hearing the word evaluation gets people a little nervous. And we offer supports to figure out how we can make data entry easier for you. So is it, do you need someone to show up to help you do data entry so we can make sure that it's getting done correctly?

One of the things we realized, and in South Carolina, we do have a lot of pockets of very low literacy. And that way some students needed to be read the information of how to fill it out correctly versus just handing them something and say, fill it out. And then we get back the forms and they weren't filled out correctly. So those kind of things of just really working with unique challenges to pinpoint and realize when you put in a blanket, this is the process for everybody, it sometimes doesn't work like that.

And the CQI tools will really help you figure out that you might need one process for this group over here and adjust it a little bit for this group over here so we're all still getting the same data. And I think the other part, the other most challenging part is blending all of those things together when you're using multiple models. So we're a group that uses multiple curricula. So you're looking at each one individually and not just kind of having this blanket CQI process. So we start with, we have these monthly CQI meetings, but really having to know your partners, know your area, know the curriculums so that you can anticipate what challenges they might face helps you overcome the challenges a little bit easier. So I hope I answered your question with that.

[Hannah McInerney] No, absolutely. Thank you so much, Rena. So I'm going to turn it over now to Annie Smith from Maryland to give us their experiences with using CQI. So Annie, take it away.

[Annie Smith] Hey, everybody. I'm Annie Smith. I work with the Center for Adolescent Health at the Bloomberg School of Public Health at Johns Hopkins. And I'm very lucky to be an evaluating partner on two TPP tier 1 projects. So we can go to the next slide.

So the two projects that I work on are UChoose Baltimore, which has been a grantee since 2015. And the lead on that is the Baltimore City Health Department. and then the other project is True You Maryland, which has been running since 2020, and the lead on that is the Maryland Department of Health. And I've included some of the key sort of overarching partners below, but as you might guess, UChoose is focused on Baltimore city and True You Maryland is focused on supporting six rural counties with historically high teen birth rates in Maryland. So we can go to the next slide.

So I just wanted to give, as Rena just said, sometimes CQI can be complicated by having large numbers of EBPs that you're tracking or partners. Different partners have different priorities and strengths and areas of focus. So I just wanted to give some background on each of these projects. They are both focused on replicating evidence-based programs through classrooms.

So through school systems, primarily by training health teachers on evidence-based curricula and working with school systems to integrate those curricula into that system scope and sequence for health education. The second avenue is clinics, predominantly Title 10 clinics and often school-based health centers. And then the third are community channels, which can be a variety of agencies through the health department or community-based organizations that serve young people. So on UChoose, we're currently replicating and scaling for EBPs and we have 12 formal project partners.

And then on True You in the next slide, True You came out about five years after UChoose based on the success of UChoose. And so essentially what True You sought to do was replicate UChoose in our six counties. So it's like UChoose times six across the state of Maryland. So again, we're using the classrooms, clinics and community model and are currently replicating six evidence-based programs, all of which are sort of scaled with local county health departments as the lead coordinating and implementing organization. And just to give you an idea, in our last reporting period, we had 32 formal project partners across the project who we work with to understand their work and their activities. They're not all necessarily implementing EBPs, but they may be contributing to the project's performance measures. So we can go to the next slide.

Yeah. So this is just another infographic conveying what's being done on True You. So we focus on counties in the northwest area of Maryland, as well as in the eastern shore of Maryland. So on opposite ends of the state, you know, the west is more in the mountains, the east is more near the ocean. And in each county, we've worked with the coordinating teams to identify which channels make the most sense for replicating EBPs. And all of this work is coordinated centrally by what we call the state team, which is led by the Maryland Department of Health and Healthy Teen Network. And we sit on that team as the project's evaluator. So we can go to the next slide.

Yeah, so I just wanted to -- I think both Hannah and Rena have covered really key points to take into account when you're doing CQI on these projects. Similar to Rena's team, we incorporate CQI into, you know, every interaction that we have with our project partners. And to give some context on those touch points, we have monthly project-wide meetings where all partners are invited. We have quarterly technical assistance calls with each partner based on where we sort of recap their performance measures for that quarter and talk about and troubleshoot any challenges and project their reach for the next quarter and plan observations and things of that sort.

And then we have an annual project-wide meeting that's held in person with all partners from across the project, which is really fun. And in addition to that, we have a weekly state meeting where we sort of come together and see if there are any items that need to be addressed at the state level when it comes to CQI. So one of the key things that we've learned that needs to be done is to really take a collaborative approach with partners. And that starts with creating and monitoring an improvement plan.

So it starts with understanding what EBPs people are implementing and how they can collect data on those EBPs in a way that doesn't add additional burden to their team or their systems. And then as Rena pointed out, being flexible, being able to pivot if something isn't working is really valuable. Creating those multiple opportunities for feedback. Like I said, in each of those meetings, we create time for feedback and also to engage in joint troubleshooting, you know, based on whether one county or team, you know, might have addressed an issue that somebody else is currently experiencing. And like I said, we allow designated time for CQI in those meetings.

So I'll just give a brief example of one, you know, sort of CQI activity that we had, which is many of our partners are replicating the Plan A intervention, which is the video-based intervention. And as the eval team, we host Plan A on a platform that allows us to see the extent of a video that a young person watched. So we're able to report back to our partners and we do on a monthly basis sort of what their average dosage is across the young people who they reach. And what we were finding early on in the project is that we were seeing really low dosage for Plan A, like, you know, I think an average of 50% dosage. And using the platform that we use, which is called Wistia, we were actually able to see at what point in the video people were dropping off in different counties. And we were also able to see which counties had really great dosage.

So in our next project meeting, we, you know, discussed this with everybody and got feedback from folks who were having success with high dosage and having young people watch the whole video. And then we were able to make adjustments in those counties that were having challenges with dosage. And, you know, something that was effective was actually not showing the video on a mobile phone, but showing it on, like, a screen with a DVD and having a health educator present to answer young people's questions, which is all very intuitive. And so we have seen a pretty significant jump in dosage for that intervention since that reporting period. So I'll stop there. Yeah. And I'm happy to answer any questions or hear thoughts.

[Hannah McInerney] Thank you so much, Annie. I love that all three of us had common themes that we all emphasize. So that's always wonderful to hear and see. I liked your point about just be prepared to pivot. It's just having that flexible mindset and just saying something might not be working. Let's change it up if it's not. There's no point in holding on to it. So I appreciated that as well. So, yes. Any questions for Annie or anything else that's come up for Rena, please go ahead, drop those questions right into the chat or raise your hand if you'd like to ask them aloud. I did see that we had a question about addressing time limitations in school settings in particular when you want to add an additional activity like an icebreaker or maybe something else.

Maybe I'll turn that question over to Annie and Rena and see if either of you have any other ideas or also anyone else that's here today that wants to drop any ideas or tips on how to address that when you're in school settings. Appreciate that as well.

[Rena Dixon] Yes, Jean-Pierre and I were having a great conversation in the chat about this. So, yeah, I was really trying to give advice on timing is really important in school settings because you just can't decide that you're going to hold them over five minutes because of an icebreaker, puts your lesson over. So really trying to figure out how you can shorten your icebreakers and probably do them over multiple sessions instead of a longer one, because you need to build rapport in smaller increments instead of one big time the first one, because you want to make sure you're able to hit all of the points of your lesson of the curriculum because fidelity is so important. And we were also talking about how to bring energy into the classroom. And I think that's having a bank of different types of icebreakers that will allow you to implement them in shorter increments, as well as acknowledging that I'm an extrovert.

As an extrovert, I will talk to a rock, and that's not everyone's personality. But how can low-energy facilitators work within the space and helping them find things that kids respond to that are lower-energy and not always the high. Everyone doesn't respond to us that are, woo-hoo, out in front. And so assuming that all young people want that high energy facilitation is an assumption. But I think there's space for everyone. And those are really where you can take your training opportunities, professional development opportunities for your facilitator to help them work better with different sets of young people that they have.

[Hannah McInerney] Yeah, I appreciate that. Thank you. So it looks like we have another question about, for Annie or Rena, how do you engage your implementation staff to inspire that excitement around data entry and data collection and also to like be engaged still when you have findings to communicate? So just explaining the why behind why you're doing it and to get everyone bought in. So Annie or Rena, if either of you feels, you know, particularly compelled to address that, please feel free.

[Annie Smith] Yeah, I'm happy to give that a try. So something that we really try to do is coordinate with trainers to allow time during EBP trainings for the eval team to give our little training on how to collect data associated with program delivery. And that kind of ties the data collection component into the EBP delivery training in a little bit more of an official way.

And of course, during that time, we explain the why of why we collect data and really emphasize that a huge part of collecting this data is being able to showcase their incredible work to our funders so that they can continue to sustain the project. So we also really try to give performance measure data back to counties and invite implementers to our project wide meetings and to our in-person meetings so that they can provide that direct feedback and we can keep that conversation going. Rena?

[Rena Dixon] Yeah, I would say, yeah, we do some more things. We also incorporate data collection into the EBP training so that it's seen as a vital part of the project. So it's not just implementing curriculum, it's collecting the data as well. But we also try to make it fun and interesting with data to give them tidbits. I'm always going to be a health educator trainer at heart. So how can we use data and put it back into them in a fun way so that it resonates with them how important the collecting of the data is? So we might have them guess data points. We might have an activity specifically around that and then get them to identify challenges ahead of time so that it doesn't seem as scary.

[Hannah McInerney] Yeah, absolutely. It's use the strategies that you use with those that you serve as well. Right? What gets everyone excited? It's just these wonderful techniques that you all use. And also just being very proactive and mindful about including everyone from the start, setting aside that time. That's really kind of how you show the importance. So I appreciate that. We have a few minutes left and I do want to just highlight that CQI toolkit that I mentioned earlier on.

So I want to point folks towards the Sexual Risk Avoidance Education National Evaluation or SRAE team who developed a CQI toolkit back in 2020 that was designed to support those grantees CQI practices. And it included a CQI plan, a self-assessment template, a bunch of topic-specific tip sheets that really go into detail about each section of the CQI plan and some recorded webinars as well. So although these resources, they were designed with SRAE grantees in mind, the toolkit is widely applicable to various human services organizations, including TPP grantees. And it really includes examples that everyone here will resonate with.

So these resources are not exclusive to the SRAE grantees by any means. And this toolkit is publicly available on the site listed on this slide. And it's also posted to the RHNTC website under their evaluation and improvement resources page. So just to learn more specific information about implementing each step in the CQI cycle, we recommend checking out the written training modules on the site because they provide tips and examples of how you can use CQI principles, like put them into action and some other considerations as well.

We'll also send out an email after today that points towards this toolkit, a few other details related to the toolkit as well. I do just want to highlight that part of the toolkit is a fillable CQI plan template that you can use just to support your own grantee CQI efforts and make sure that you have documentation in place. So this is just a snapshot of what that template looks like. The structure of it largely follows the structure of the CQI cycle that I talked about today as well. So really, that does bring us to the end of today's presentation.

So unfortunately, we're right at the end of time. And I really appreciate all of the questions that came in for our presenters today. Thank you so much. I do want to take a moment as well and thank Annie and Rena one more time for sharing your experiences, your ideas and advice for how other grantees can enhance their own CQI efforts at their own programs. And thank you to everyone here for taking time out of your busy day to learn more about CQI. Please note that once this webinar ends, a very short survey for your feedback will pop up in your browser once you leave the WebEx. And we really appreciate if you could just spare a moment, just let us know how we did.

And as a reminder, you can send all of your CQI and any other evaluation questions to your project officer and the Mathematica evaluation team. Just make sure to copy that project officer on any questions that you have for us so that they stay in the loop. But we're happy to answer anything you have. Thanks so much, Chelsea. She just dropped the email address into the chat. It's TPPEvalTA@Mathematica-mpr.com. She also dropped a link to where that CQI toolkit lives on the Serene site. All right, everyone. Thank you again for attending today. Send us any other questions that came to mind. And I hope you have a great rest of the day. Bye all.