

Kickoff Meeting
January 5, 2017
9 am-12 pm





Thank you to Boner Center for hosting!

- Introductions
 - What is your name?
 - What agency/organization do you represent?
 - What is your title/role in your agency/organization?




Indiana State Department of Health

Maternal and Child Health

- Mary Ann West: Director of Women, Children & Adolescent Health Programs
- Shannon Garrity: Children's Program Director
- Adis Coulibaly: ECCS Impact Coordinator



John Boner Neighborhood Centers

- Dean Johns: Chief Program Officer
 - Whitley Wynns: Social Systems Analyst
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History of Indiana's Early Childhood Comprehensive Systems (ECCS)

- Over the last 14 years, the ECCS program assisted states in their efforts to build & implement comprehensive statewide systems in early childhood that support family & community approaches to promote positive early development and early school success for young children.
- Sunny Start: Partnership between interrelated and interdependent agencies/organizations representing physical and mental health, social services, families and caregivers, and early childhood education to develop seamless systems of care of children birth to kindergarten entry



ECCS Impact

- Builds on ECCS work to enhance early childhood systems at the national, state and community levels
- Purpose: To enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CoIIN) approach

ECES Impact cont.

- Goal: To develop collective impact expertise, implementation and sustainability of efforts at the state, county and community levels
- Overall Aim: Within 60 months, the identified community will show a 25% increase from baseline in age appropriate developmental skills among their community's 3 year old children

Secondary Aims

- Strengthen leadership & expertise in continuous quality improvement (CQI) & support innovation among state & community Early Childhood systems
- Develop primarily two-generation approaches to drive integration of Early Childhood services within & across sectors

Secondary Aims cont.

- Develop & adopt a core set of indicators to measure Early Childhood system process & outcome indicators that measure population impact around children's developmental health & family well-being
- Test innovative Early Childhood system change ideas, develop spread strategies & adopt new policies for sustaining the systems developed during this project.

ECCS Impact in Indiana

- Partner with the Indianapolis Near Eastside and IndyEast Promise Zone to participate in ECCS CoIN and pilot Help Me Grow System
- Work with *Help Me Grow National Center* to pilot implementation of the system within the existing MOMs Helpline

ECCS Impact in Indiana cont.

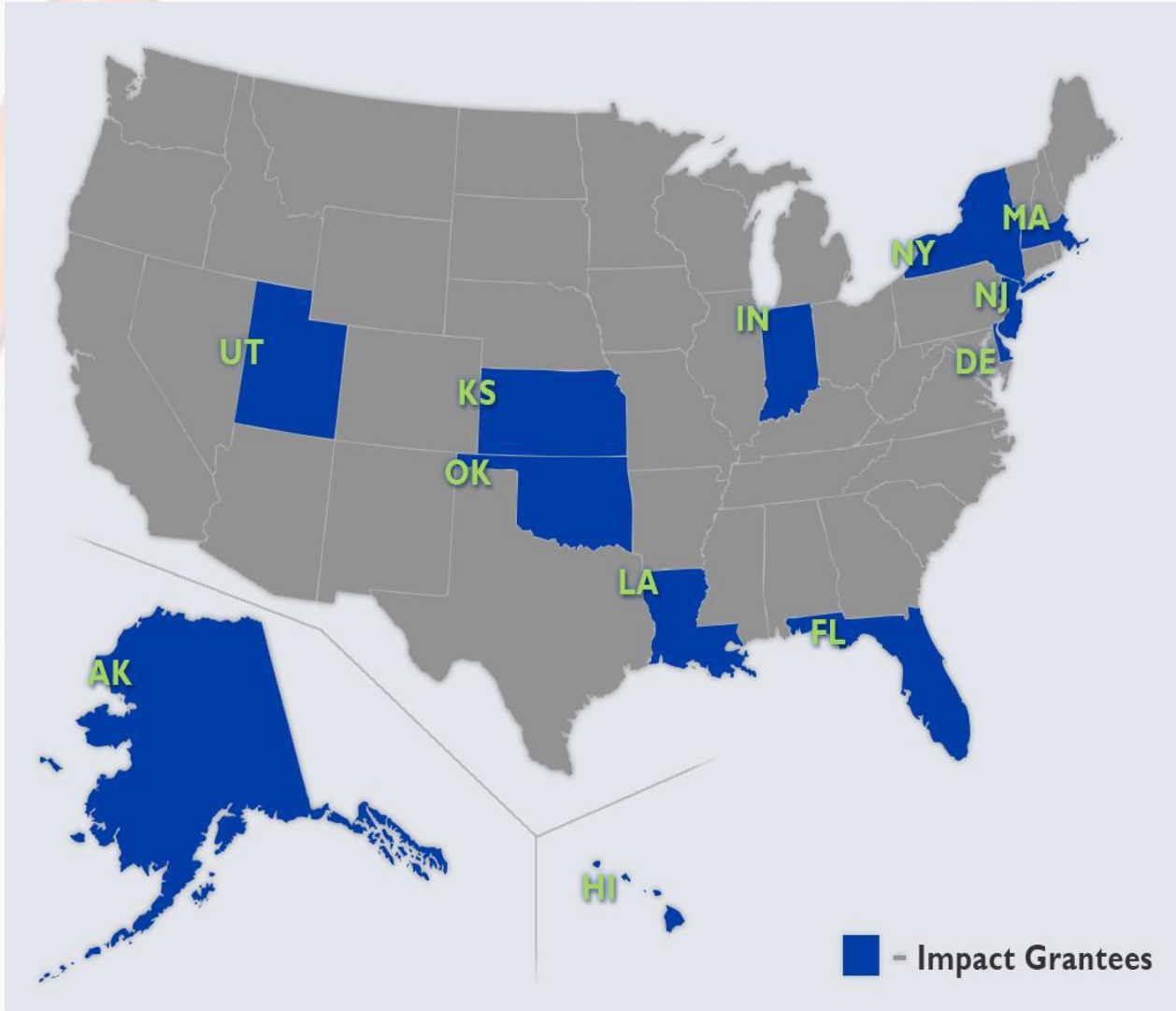
- Provide centralized access point for connecting Near Eastside and IndyEast Promise Zone children and their families to limited care coordination, child developmental screening and screening for maternal depression in order to support early detection, referral and intervention
- Implementation Evaluation for monitoring ongoing processes & the progress towards the goals & objectives of ECCS Impact

Help Me Grow

HMG Model requires fidelity to four core requirements:

- a central telephone access point
 - a plan for community outreach
 - child health provider outreach and education
 - data collection and monitoring
- A centralized telephone access point for connecting children ages 0-8 and their families to services and care coordination, child health care provider and community outreach to support early detection and intervention and data collection system.
 - In the next 12-18 months, exploration and planning will take place which includes a Help Me Grow Site Visit to Indiana.

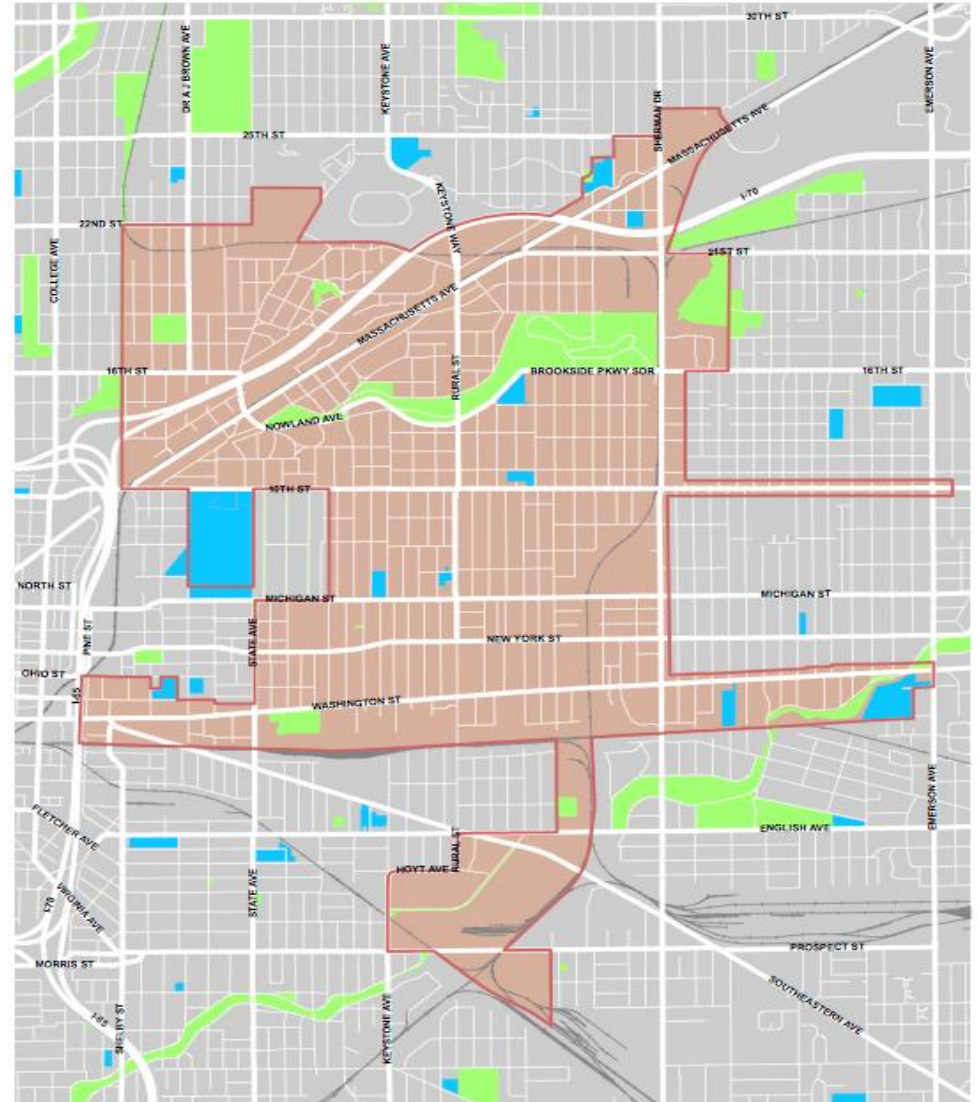
ECCS Impact: 12 states are Impact Grantees



- Alaska
- Delaware
- Florida
- Hawaii
- **Indiana**
- Kansas
- Louisiana
- Massachusetts
- New Jersey
- New York
- Oklahoma
- Utah

John Boner Neighborhood Centers: IndyEast Promise Zone

- Boundaries: On the west by I-65, on the east by Sherman Drive, on the north by 22nd Street, and on the south by the railroad tracks just south of Washington Street.
- Encompasses components of 4 Marion County zip codes with 46201 making up the majority of the Promise Zone, parts of 46202 to the east, 46218 on the north, and 46203 to the south.



What is COLLIN?

- Teams of federal, state and local leaders working together to address a common problem.
- Combines the science of quality improvement, innovation, and collaborative learning with a collective impact framework.

What is COLLN? cont.

- Uses technology to remove geographic barriers, participants with a collective vision share ideas, best practices and lessons learned, and track their progress toward similar benchmarks (CoLab).
- Provides a mechanism for working together with on key strategy areas contributing to early childhood health and well-being

What is the CoLab?

Online Community

- Meet and connect
- Share resources/learn from each other
- Explore innovative approaches
 - Access expert assistance
 - Stay up-to-date
 - Discuss & Debate
 - Collaborate to make change



Each Successful CoIIN Develops:

- Straightforward aims and specific, measurable, action-oriented, realistic, and time-specific objectives – to explain what they are setting out to achieve
- Evidence-based strategies – to show how these objectives will be accomplished
- Clear-cut metrics and real-time data – to show what's working and what isn't in real time, and ultimately determine how successful the change was in achieving the goal

The Five Conditions of Collective Impact: A Framework for the ECCS CoIIN

- ✓ Common Agenda
- ✓ Shared Measurement
- ✓ Mutually Reinforcing Activities
- ✓ Continuous Communication
- ✓ Backbone Organization

ECCS CoIIN

- Purpose:
 - Improve outcomes in population-based children's developmental health and family well-being
- Mechanism for working together on key strategy areas contributing to early childhood health and well-being

ECCS CoIIN cont.

- Within 5 years, the primary aim is for participating communities to show a 25% increase in age appropriate developmental skills among their communities' three-year-old children
- Engage in 3 sequential Learning Collaborative Cohorts that focus on topics directly affecting the health and well-being of youngest children resulting in progress to meet the aim

Structure of Indiana ECCS Impact Teams

IN ECCS Impact
State Advisory Team



State workgroup(s)
(Impact Grantee Team)



Learn Indy East
Early Childhood Workgroup



Community CoIIN workgroup(s)
(Place-based Community Team)

Learning Collaborative Cohorts


**ECCS CoIIN
Learning
Collaborative
Cohorts**



IMPACT GRANTEE TEAMS
Impact Grantee team members will participate in all three cohorts.

**ALL PLACE-BASED
COMMUNITY TEAMS**
All community teams
will participate in
Cohort A.

PLACE-BASED COMMUNITY TEAMS
Community teams will choose Cohort B and/or C.

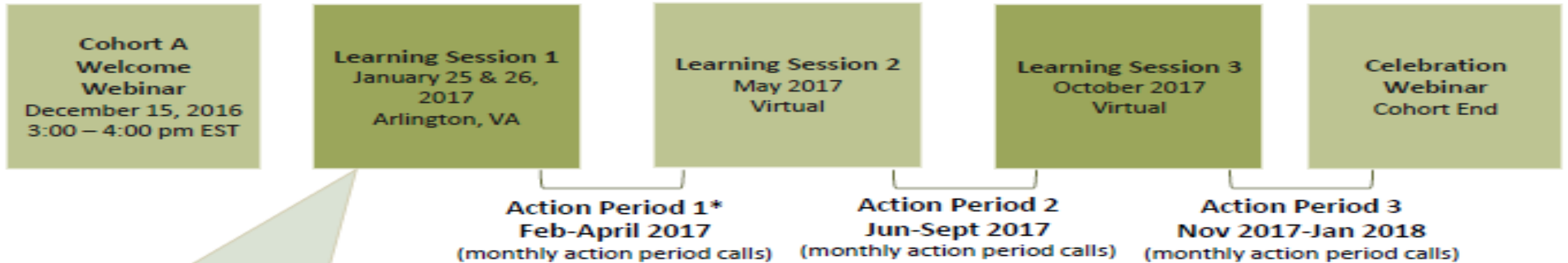


Looking ahead...What to expect?

Mutually
Reinforcing
Activities

Cohort A

Developmental health promotion through monitoring, screening, and follow-up



During the first Learning Session, we will:

- Define the problem
- Discuss changes we can make to improve
- Introduce quality improvement methods
- Provide time for teams to develop a plan of action

*Action Periods:

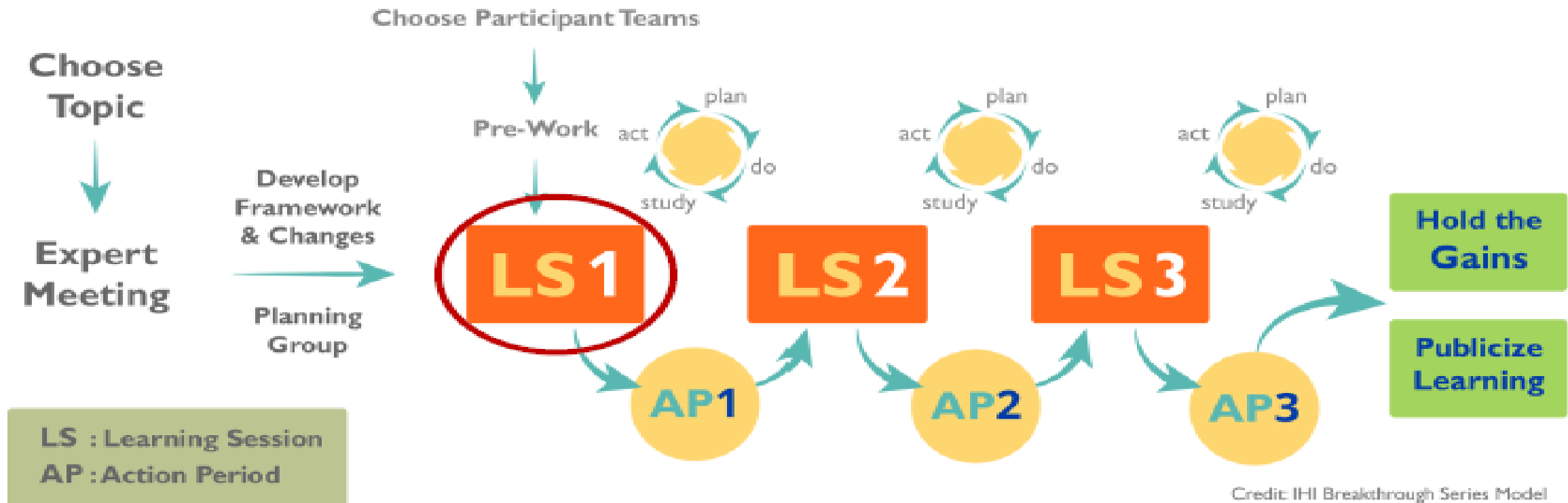
Time for teams to take what they learned, identify areas for improvement, build connections, and start testing on a small scale

Cohort A Definitions

Developmental health promotion through monitoring, screening, and follow-up

- Monitoring
 - A continuous process of characterizing children's developmental health and its progress, and identifying those who may have developmental challenges or delays
- Screening
 - The periodic use of a standardized tool to determine children's developmental status
- Follow-up
 - Referrals to ensure linkage to services to address children's developmental challenges or delays and families' identified needs, and routine follow-through and feedback loops on services recommended and/or received

Learning Session 1 (LS1)



Learning Session 1 (January 25)

Day 1 Topics & Activities (8:00 – 5:00 pm)	
8:00 am	Welcome & ECCS CollIN Overview
8:30 am	State & Community Team Introductions
9:00 am	Call to Action
9:30 am	Model for Improvement: <ul style="list-style-type: none">What are we trying to Accomplish?
10:00 am	Team Time
11:30 am	Networking Lunch
1:00 pm	Storyboard rounds
2:10 pm	Model for Improvement: <ul style="list-style-type: none">How will we know that a change is an improvement?
2:50 pm	Family Engagement
3:50 pm	Open Space Activity
4:45 pm	Wrap-up

Defining team aims

Data & Measurement

Cohort A Learning Session 1 Objectives:

- Identify the three questions in the **Model for Improvement**; develop an action plan to apply these questions
- Develop 1-2 initial PDSA cycles** (based on identified gaps and elements of the change package/implementation guide) to test and implement in Action Period 1
- Prioritize partnership work** to accomplish the overall aim: stakeholders, families, potential partners

Action Period #1

Call 1: February 22, 2017
3-4 pm

Call 2: March 29, 2017 3-4 pm

Call 3: April 27, 2017 3-4 pm

Virtual Learning Session #2

May 17, 2017 1-5 pm

May 18, 2017 1-5 pm

Action Period #2

Call 1: June 28, 2017 3-4 pm

Call 2: July 26, 2017 3-4 pm

Call 3: August 30, 2017 3-4 pm

Call 4: September 27, 2017 3-4 pm

Virtual Learning Session #3

October 24, 2017 1-5pm

October 25, 2017 1-5pm

Action Period #3

Call 1: November 28, 2017 3-4 pm

Call 2: December 20, 2017 3-4 pm

Call 3: January 31, 2018 3-4 pm

Learning Session 1 Pre-Work

Mutually
Reinforcing
Activities

Why Pre-work?

- Establish an action-oriented culture
- Teams come ready to work
- Engage others – lay foundation for the improvement back home



Rest of the Morning...

- Break into State and Community Groups for Pre-Work
 - Data Review and Reflection
 - Swim Lane Flow Diagram
- Re-group and Report Out

Data Reflection Worksheet

Purpose:

- Summarize and review baseline data
- Define the problem
- Determine the strengths and opportunities for improvement
- Determine your priority areas for change

Share Out: In your Storyboard

Team Use: Use with swim lane diagram to develop your Cohort A aim statement and plan for Action Period 1

Swim Lane Flow Diagram

- **Purpose:**
 - Develop a common understanding of early childhood development process
 - Provide information on the interconnections, communications and hand-offs between different sectors and levels
 - Identify areas for improvement and spark good ideas for change
- **Share Out:** In your Storyboard
- **Team Use:** Planning activities for aim

Swim Lane Flow Diagram

- **Key Elements:**
 - Lanes or divisions
 - Steps in the process are identified
 - The process flows chronologically and the action moves from left to right to show the flow

Developing Your Swim Lane Flow Diagram

- Assemble a team
- Identify the “lanes” or participants in your overall system
- Select the boundaries of your system
- Decide on the level of detail
- Brainstorm the activities that take place within each “lane”
- Arrange the activities in proper sequence
- Diagram the flows and interconnections
- Review the flow diagram with others

Swim Lane Flow Diagram



Swim Lane Flow Diagram

1. Identify “lanes”, 5-6 sectors/organizations within EC System that currently exist to promote Developmental Health through Monitoring, Screening and Follow-up
 - Focus on current processes and players

Swim Lane Flow Diagram

2. Identify boundaries of the processes for each lane pick start and end point
3. Depending on size of group, representatives from each sector outline process steps for their respective “lane”

Swim Lane Flow Diagram

4. Begin with current processes:

- Brainstorm activities that take place in each lane
- Avoid “what you wish”
- Arrange activities in proper sequence

Swim Lane Flow Diagram

5. Diagram flows and interconnections between lanes:

- Identify gaps or problems with the process
- Keep list of gaps/problems to help inform improvement opportunities

6. Review and Report Out

Rest of the Morning...

- Take a Break
- Come back into separate State and Community Groups
 - Data Review and Reflection
 - Swim Lane Flow Diagram
- Re-group and Report Out

The background features a light gray grid pattern on a white background, resembling lined paper. Four colored pencils are positioned around the edges: an orange pencil in the top-left, a green pencil in the top-right, a pink pencil in the bottom-left, and a purple pencil in the bottom-right. The text "Data Review and Reflection" is centered in the middle of the page.

Data Review and Reflection

Zero to Three 2015 Indicators	National	State (Indiana)
State Ranking for Children 0-18 Well-Being	N/A	27 th
Total Population under age 3	11,886,860	250,449
Infants & toddlers living in low-income families	48%	52%
Children under age 6 without health insurance	6%	8%
Babies born to mothers receiving early prenatal care	71%	67%
Children under age 6 who receive developmental screening	30%	23%
2 year-olds fully immunized	73%	75%
Infants on Medicaid that receive at least one EPSDT Screening	90%	94%
Infants & Toddlers who receive Part C Early Intervention Services	3%	4%
Parents or family members who read to their 0-5 child each day	48%	53%

2010 Population

Sources: National Kids Count, Near Eastside Quality Of Life Plan, US Census

	National	State (Indiana)	Local (Promise Zone)
Caucasian	72.4%	84.3%	51.08%
African American	12.6%	9.1%	27.43%
Hispanic	16.3%	6.0%	12.87%
American Indian	0.9%	0.3%	0.48%
Asian	4.8%	1.6%	0.54%
Multi-ethnic or other	9.3%	4.7%	7.57%
Percentage of Total Population that is under the age of 18	24%	25%	28.25%

Estimated 3 Year Old Population

Source: ISDH MCH Birth Records from 2013

Note: *This is a very rough estimate using birth data. Transient populations are one of the factors that would affect this. U.S. Census 2010 data estimates that the 3 year old population in Indiana was over 89,000.*

	Births in 2013	Estimated 3 year old count
State of Indiana	83,115	82,521
Indy East Promise Zone (total of below)	1,879	1,853
46201	594	587
46202	184	183
46203	634	624
46218	467	459

2014 Educational Attainment (Age 25 and older)

Sources: National Kids Count, 2014 Near Eastside Quality of Life Plan

Level of Education	National	State (Indiana)	City (Indianapolis)	Local (Promise Zone)
No High School Diploma	12%	10%	15%	29.97%
High School Diploma or GED	48%	54%	48%	30.57%
Associate's Degree	9%	10%	7%	5.33%
Bachelor's Degree	20%	18%	20%	15.45%

Economic Well-Being

Source: National Kids Count

	National	State (Indiana)	Local (Indianapolis)
Children in Extreme Poverty (50 Percent Poverty) (2015)	9%	9%	14%
Median Family Income Among Households with Children (2015)	64,700	\$60,900	\$39,700
Children Whose Parents Lack Secure Employment (2015)	29%	28%	37%
Children in Single-Parent Families (2015)	35%	35%	50%

Household Incomes

Source: 2014 Near Eastside Quality of Life Plan

24.53% of Promise Zone residents are unemployed

Income <u>below</u> 125% of the federal poverty level (2012)	48.8% of the Promise Zone population
\$25,000-\$49,999	29.01% of Promise Zone households
Less than \$10,000	18.54% of Promise Zone households

Housing Characteristics

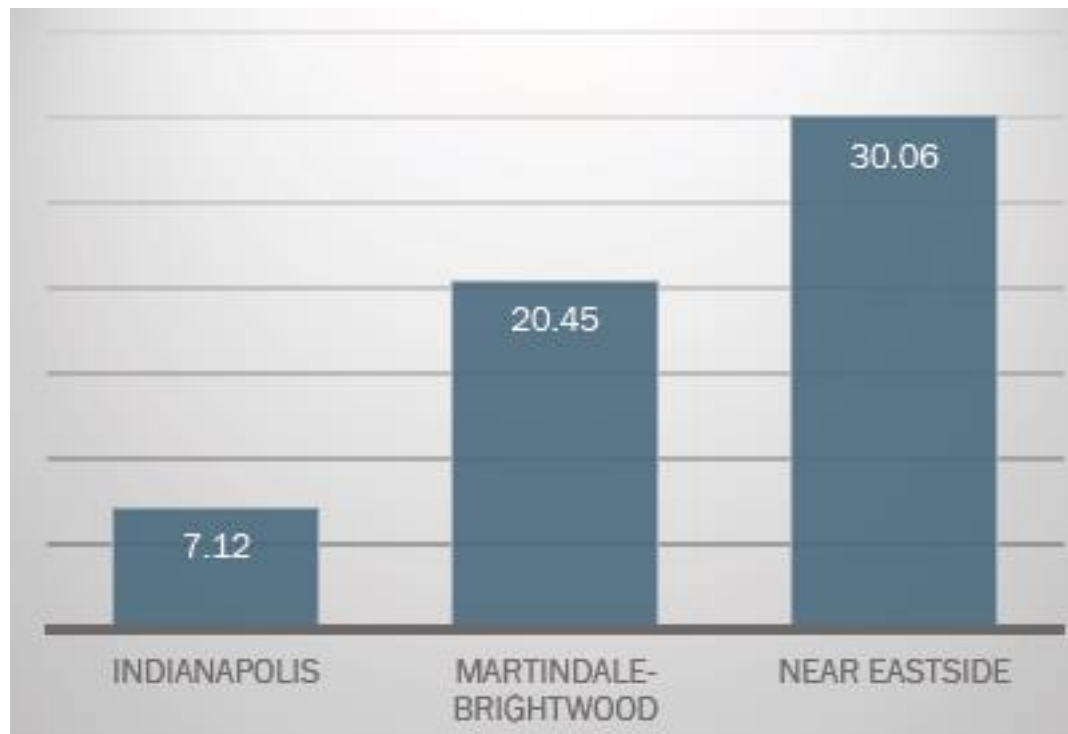
Source: National Kids Count

Indicator	National	State (Indiana)	Local (Indianapolis)
(2015) Children Living in Households that are owned (<i>with a mortgage or loan or are owned free & clear</i>)	59%	65%	44%
(2014) Children in Low-Income Households with a High Housing Cost Burden (<i>more than 30% of monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses</i>)	63%	54%	65%

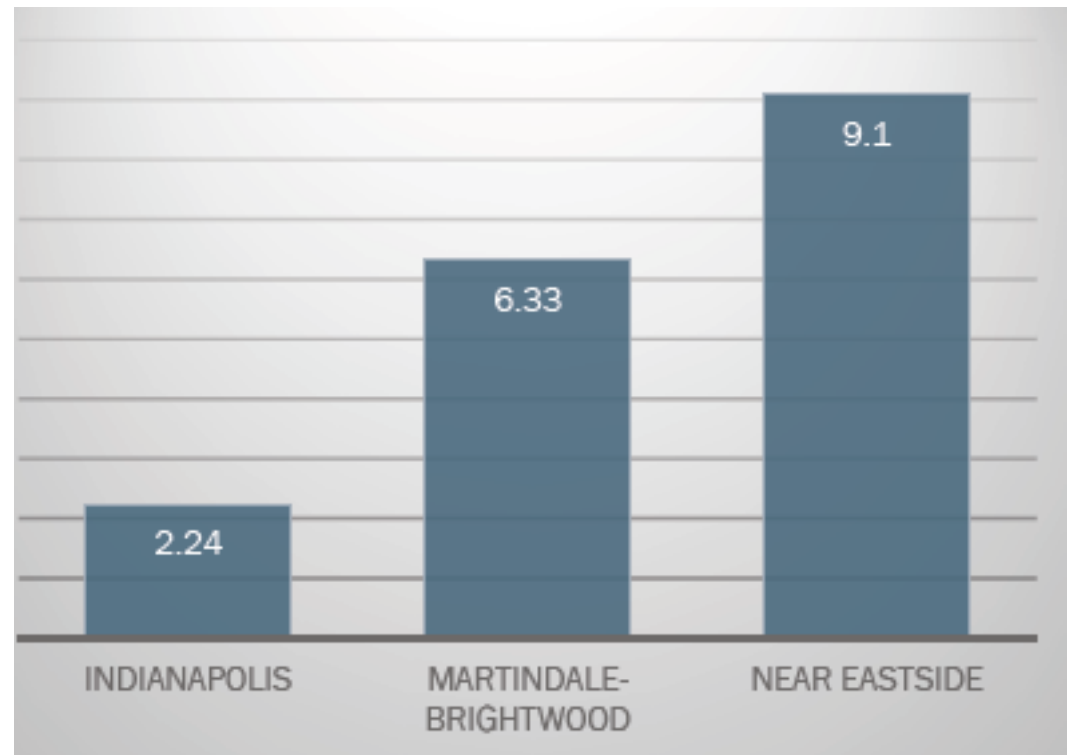
Mental Health & Overdoses

Source: Indianapolis Emergency Medical Service: IndyEast Promise Neighborhood Initiative Needs Assessment & Segmentation Analysis

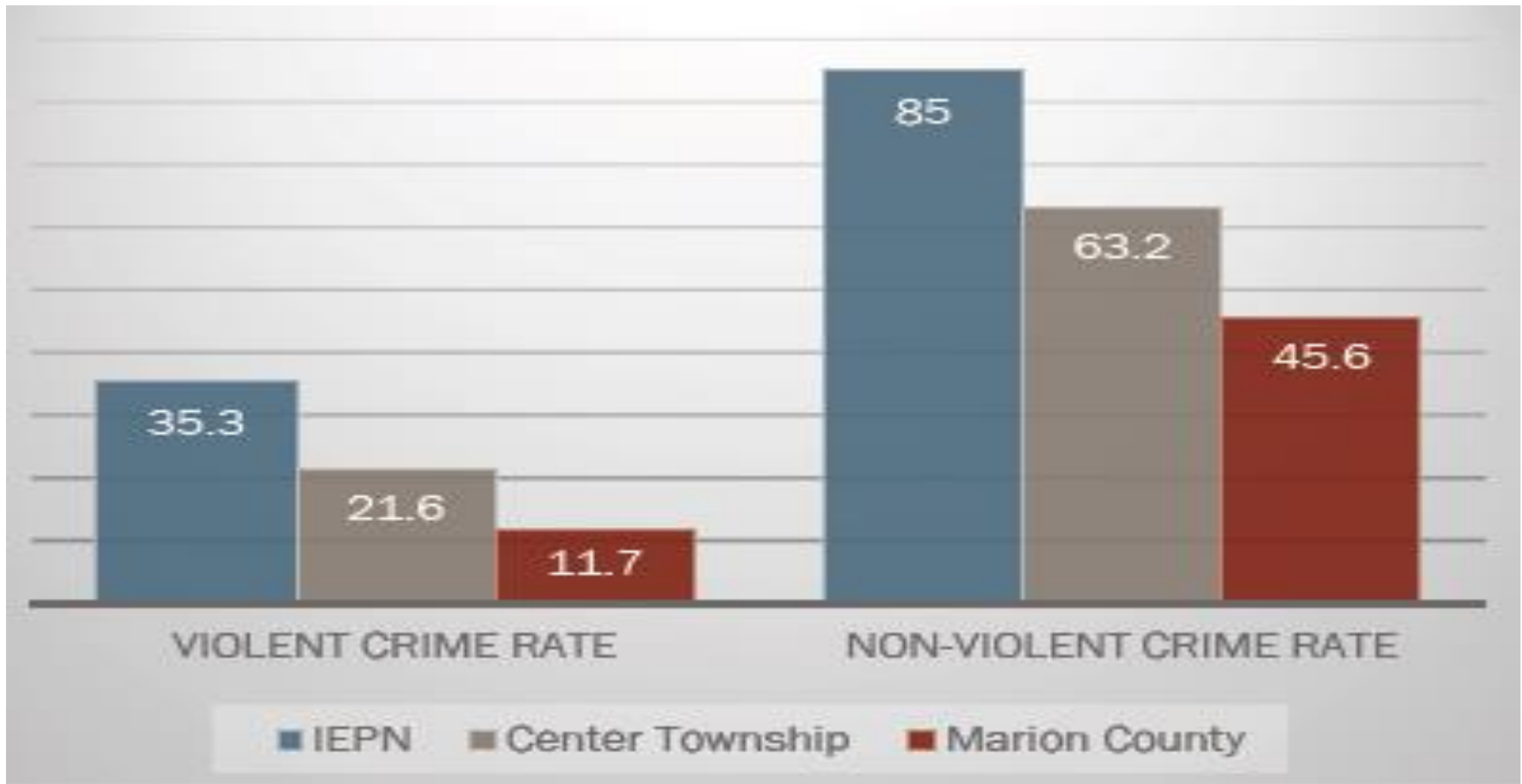
Reported Overdoses (2014)



Reported Mental Health Incidents (2014)



Violent and Non-violent Crime Rates (2014) per 1000 population, 2014
Source: Indianapolis Metropolitan Police Department: IndyEast Promise Neighborhood Initiative Needs Assessment & Segmentation Analysis



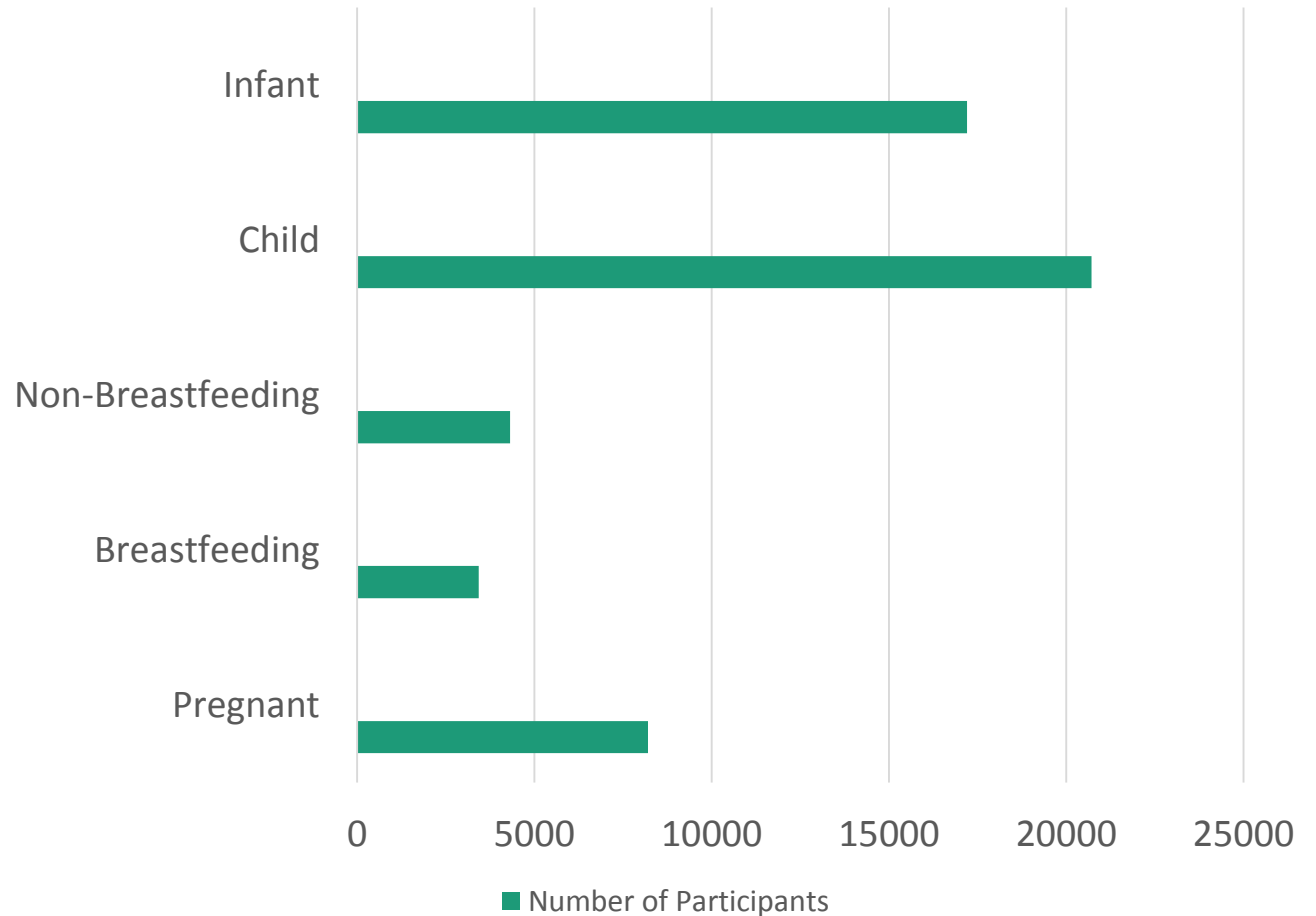
Data Provided by: Indiana Youth Institute

The number of children from birth to age 3 with disabilities, developmental delays, or at significant risk for disabilities or delays served by the First Steps Early Intervention program.

2014

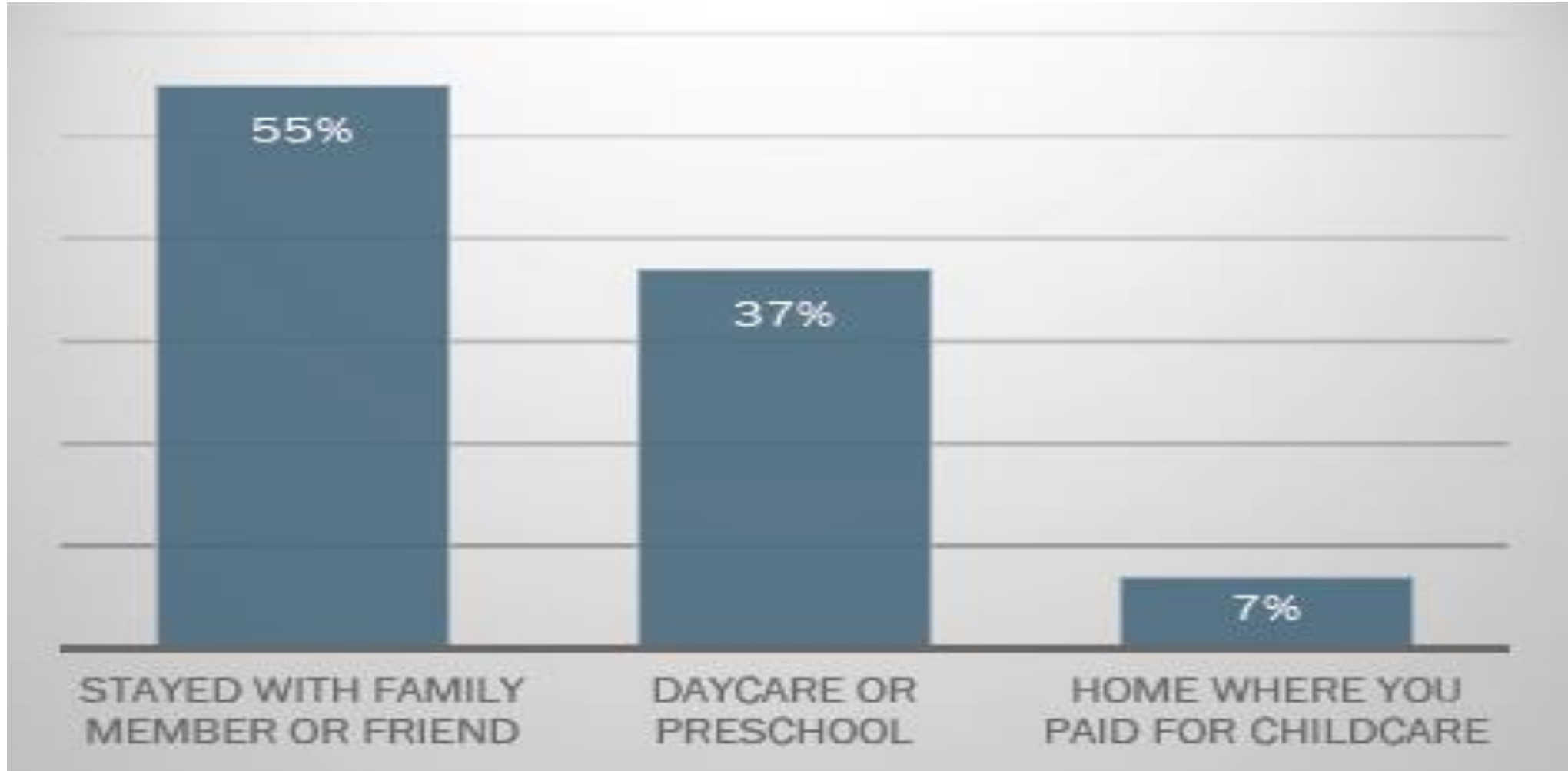
- Marion County: 3,638 children served by First Steps
- 20,457 served in the state of Indiana

2015 Women, Infants, & Children Participants in Marion County



Early Learning Choice of Target School Parents (Schools: IPS 15, 51, and 54) before their Child Entered Kindergarten

Source: IndyEast Promise Neighborhood Initiative Needs Assessment & Segmentation Analysis



Potential number of children in need of child care (*Estimate*)

Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates

<u>Zip Code</u>	2015 population estimate (Under 5 years)	Percent of children under 6 years - All parents in the labor force	Number of children likely in need of care
46201	2492	0.65	1620
46202	658	0.633	417
46203	3358	0.694	2330
46218	1962	0.694	1362
Total number of children likely in need of care in selected zip codes			5728

Number of Programs by Type of Care and Participation in Paths to QUALITY™

Zip Codes: 46201, 46202, 46203, 46218

Source: Partnerships for Early Learners-Early Learning Indiana

	Paths to QUALITY™ Level					
Type of Care	Not Enrolled	Level 1	Level 2	Level 3	Level 4	TOTAL
Center Exempt	13			2		15
Center Licensed	2	3	5	6	5	21
Center Unlicensed	3					3
Home Exempt	5					5
Home Licensed	32	31	3	9	1	76
Ministry	28			9		37
Grand Total	83	34	8	26	6	157

- **Programs Participating in On My Way PreK**

- Zip Codes: 46201, 46202, 46203, 46218

Source: Partnerships for Early Learners-Early Learning Indiana

On My Way PreK Participation	# of Programs
Approved Program (Accepts 4 Year Olds Only)	5
Approved Program (Accepts 3 and 4 Year Olds)	14
Grand Total	19

Programs Participating in Early Head Start

Zip Codes: 46201, 46202, 46203, 46218

Source: Partnerships for Early Learners-Early Learning Indiana

Head Start Participation	# of Programs	Capacity	Enrollment	Vacancy
Early Head Start	1	190	190	0
EHS Child Care Partnership Recipient	1	43	43	0
Grand Total	2	233	233	0

Licensed Capacity & Enrollment by CCDF Eligibility Status

Zip Codes: 46201, 46202, 46203, 46218

Source: Partnerships for Early Learners-Early Learning Indiana

CCDF Eligibility	# of Programs	Licensed Capacity	CCDF Enrollment
Not Eligible	41	1526	
Eligible	116	4774	1723
Grand Total	157	6300	1723

Enrollment, Vacancy, & Rates by Age Group

Zip Codes: 46201, 46202, 46203, 46218

Source: Partnerships for Early Learners-Early Learning Indiana

Age Group	Sum of Enrollment	Sum of Full Time Vacancy	Average Weekly Rate
0 - 12 Months	456	172	\$157.94
13 - 23 Months	592	242	\$143.39
24 - 35 Months	624	284	\$135.96
3 - 4 Years	1249	408	\$122.35
5 Years	340	292	\$115.55
Kindergarten	21	111	\$90.67
School Age Care - Before / After School	444	266	\$87.93
School Age Care - All Others	49	164	\$109.85
Grand Total	3775	1939	\$125.48

Indiana Maternal Infant Early Childhood Home Visiting (MIECHV) Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016
[submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of Households that completed the ASQ-3 & reviewed it with the home visitor	77.70%	372	479

Numerator

Number of households that completed the ASQ-3 & reviewed it with the home visitor at infancy 12 months

Denominator

Number of households enrolled at infancy 12 months

MIECHV Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016 [submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of children referred to outside services when child shows area of concern on ASQ: 3 (Communication subscale)	100%	5	5

Numerator

Number of children referred to outside services when child shows area of concern on ASQ:3 (Communication subscale) at infancy 12 months

Denominator

Number of children who show an area of concern on the ASQ: 3 (Communication subscale) *367 families with no area of concern, all not included in denominator*

MIECHV Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016
[submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of children referred to outside services when child shows area of concern on ASQ:3 (Problem Solving subscale)	100%	11	11

Numerator:

Number of children referred to outside services when child shows area of concern on ASQ: 3 (Problem Solving subscale) at infancy 12 months

Denominator:

Number of children who show an area of concern on the ASQ: 3 (Problem Solving subscale) *361 families with no area of concern, all not included in denominator*

MIECHV Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016 [submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of children referred to outside services when child shows area of concern on ASQ: 3 (Personal-Social subscale)	100%	12	12

Numerator:

Number of children referred to outside services when child shows area of concern on ASQ: 3 (Personal-Social subscale) at infancy 12 months

Denominator:

Number of children who show an area of concern on the ASQ: 3 (Personal-Social subscale)
360 families with no area of concern, all not included in denominator

MIECHV Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016 [submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of children referred to outside services when child shows area of concern on ASQ-SE	44.40%	4	9

Numerator:

Number of children referred to outside services when child shows area of concern on ASQ-SE at infancy 12 months

Denominator:

Number of children who show an area of concern on the ASQ-SE

320 families with no area of concern, not included in denominator

1 child referred to pediatrician but not developmental services, included in denominator

MIECHV Data

Source: Indiana MIECHV Annual Data Submission 10/1/2015-9/30/2016
[submitted December 9, 2016]

Performance Measure	Percent	Numerator	Denominator
% of children referred to outside services when child shows area of concern on ASQ: 3 (Gross Motor and/or Fine Motor subscales)	81.00%	17	21

Numerator:

Number of children referred to outside services when child shows area of concern on ASQ: 3 (Gross Motor and/or Fine Motor subscales) at infancy 12 months

Denominator:

Number of children who show an area of concern on the ASQ: 3 (Gross Motor and/or Fine Motor)

351 families with no area of concern, not included in denominator subscales

4 families already in First Steps, included in denominator

2014 Infant Mortality

Leading Indicator of overall maternal & child health within a community

Number of babies who die in the first year of life, per 1,000 live births	National	State (Indiana)
Infant Mortality Rate	5.8	7.1
White Infant Mortality Rate	4.9	5.9
Black Infant Mortality Rate	11.1	14.7

Note:

Ratio = 2.5 (Black infants in Indiana are 2.5 times more likely to die than White infants)

**The Black IMR within 46201 (making up the majority of the Promise Zone) was 23.8.

2010 - 2014

Infant Mortality Rates by Zip Code

Zip Code	County	Births	Deaths	Infant Mortality Rate (IMR)	White IMR	Black IMR
46312	Lake	2,517	41	16.3	**	27.8
46953	Grant	1,416	23	16.2	16.0*	**
46324	Lake	1,479	23	15.6	17.4*	20.9*
46806	Allen	2,426	37	15.3	7.5*	24.1
46226	Marion	3,502	52	14.8	5.3*	19.5
46208	Marion	1,477	21	14.2	7.1*	18.2*
46201	Marion	2,899	40	13.8	7.4*	23.8
46218	Marion	2,544	31	12.2	**	14.1
47302	Delaware	1,875	22	11.7	12.1	**
46203	Marion	3,351	39	11.6	10.1	14.4*
46229	Marion	2,070	23	11.1	6.8*	13.0*
46219	Marion	2,387	26	10.9	7.3*	17.8*
47711	Vanderburgh	1,986	21	10.6	11.1	**
46205	Marion	2,403	25	10.4	7.5*	12.6*
46222	Marion	3,167	32	10.1	4.9*	15.5*

*Numerator less than 20, the rate is unstable.

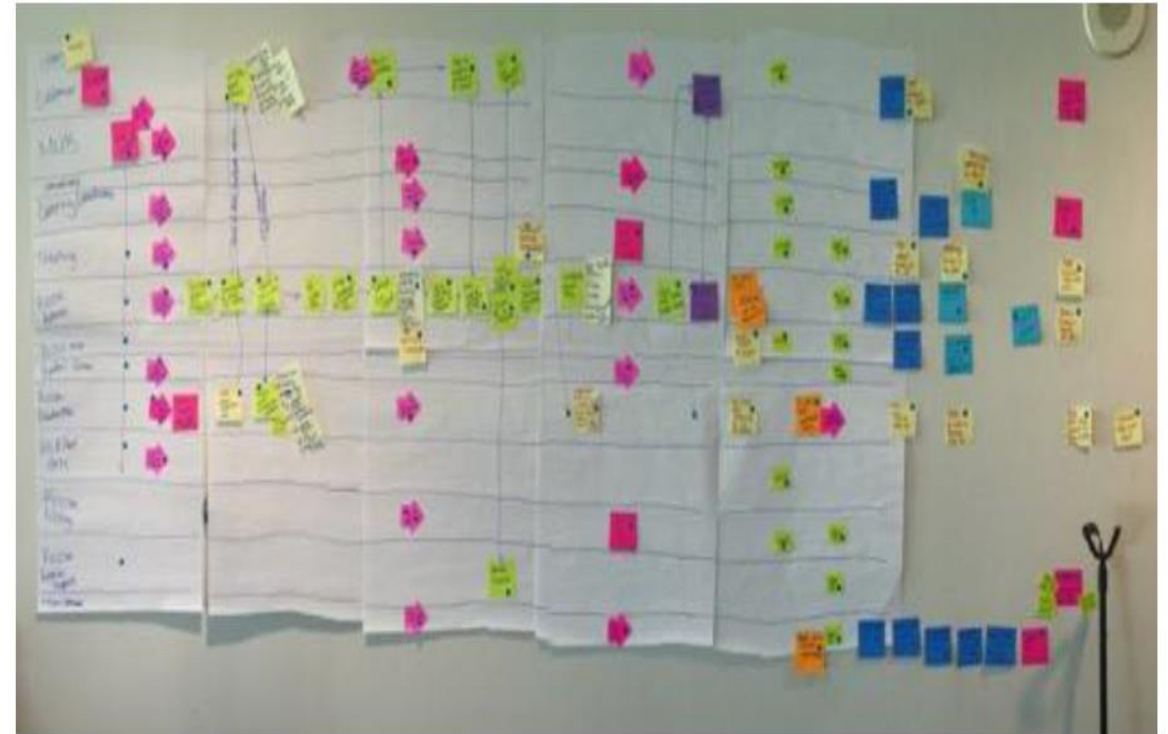
**Rate has been suppressed due to five or fewer outcomes.

DATA USE READINESS CHECKLIST (STATE IMPACT GRANTEE TEAM ONLY)	Yes	No	Support/TA needed
1. Your team has identified sources of developmental screening data that are currently being collected (e.g. some states/communities mentioned they use the ASQ data base).			
2. Your team has identified the process and requirements for getting the data from the collection system. (This will be necessary for the creation of the data agreement.)			
3. Data use agreements are in place with owners of data streams for data on screening, monitoring and referral services.			
4. Your data use agreements allow you to share data with NICHQ.			
5. Your team has reviewed and resolved any issues related to collection of data sources that fall under HIPAA or FERPA guidelines.			
6. Your team has identified data leads for the collection and submission of data metrics at the place-based level.			
7. Your team has registered necessary team members onto the CoLab system to allow for submission of baseline data.			
8. Your team has crafted an internal evaluation strategy to supplement collaborative learning. (Some teams have these strategies in place, and others do not. This will be useful for us to know.)			
9. Your team has identified technical assistance needs of place-based partners around data access and submission.			
10. Your team has identified training needs on data collection and use.			
11. Your team has identified technical systems & supports to allow for quick & efficient transfer of data from communities to Impact grantees, & from Impact grantees to NICHQ.			

Developing Your Swim Lane Flow Diagram

- Assemble a team
- Identify the “lanes” or participants in your overall system
- Select the boundaries of your system
- Decide on the level of detail
- Brainstorm the activities that take place within each “lane”
- Arrange the activities in proper sequence
- Diagram the flows and interconnections
- Review the flow diagram with others

Swim Lane Flow Diagram



Swim Lane Flow Diagram

1. Identify “lanes”, 5-6 sectors/organizations within EC System that currently exist to promote Developmental Health through Monitoring, Screening and Follow-up
 - Focus on current processes and players

Swim Lane Flow Diagram

2. Identify boundaries of the processes for each lane pick start and end point
3. Depending on size of group, representatives from each sector outline process steps for their respective “lane”

Swim Lane Flow Diagram

4. Begin with current processes:

- Brainstorm activities that take place in each lane
- Avoid “what you wish”
- Arrange activities in proper sequence

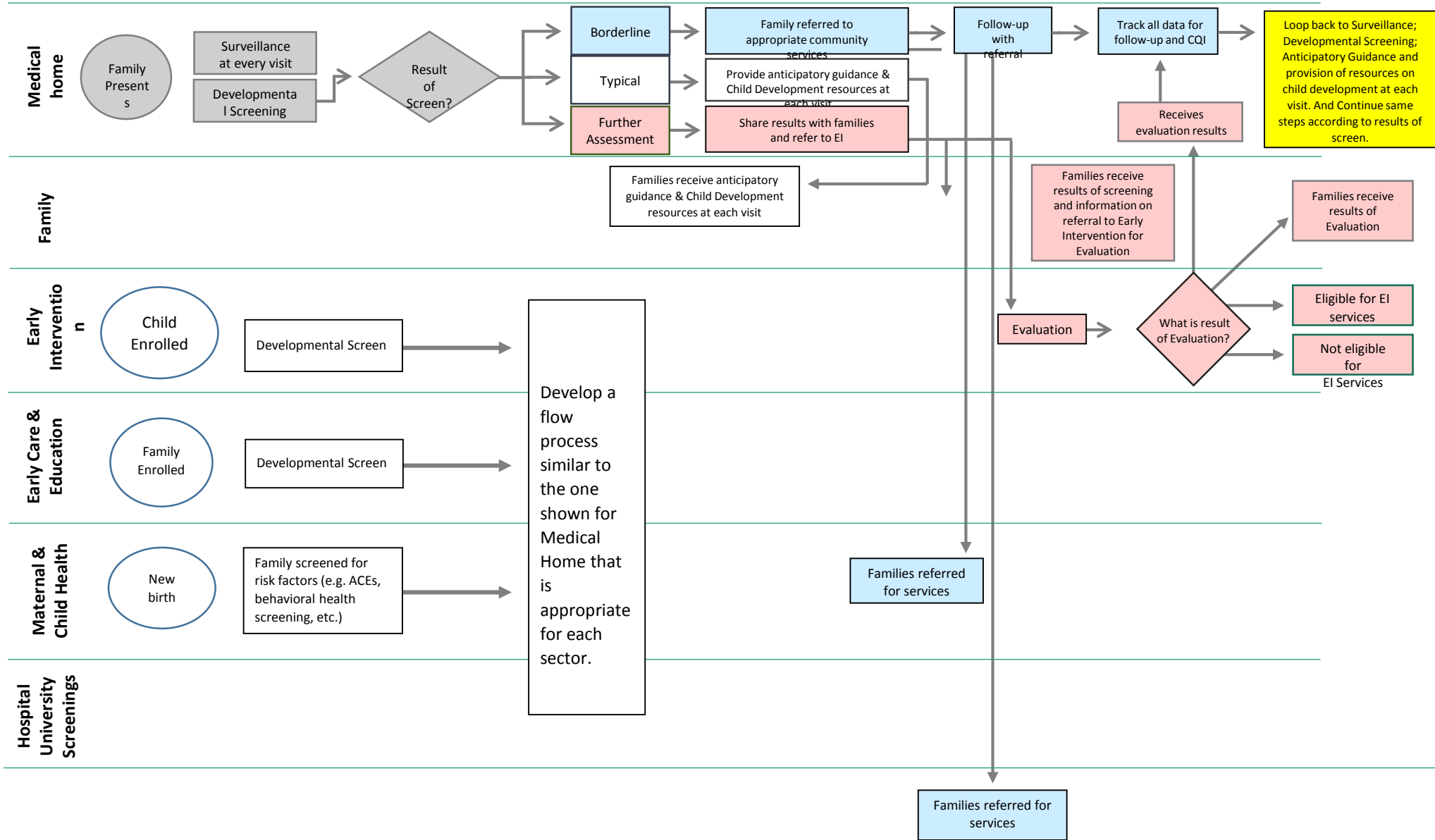
Swim Lane Flow Diagram

5. Diagram flows and interconnections between lanes:

- Identify gaps or problems with the process
- Keep list of gaps/problems to help inform improvement opportunities

6. Review and Report Out

Example: Swim Lane Flow Diagram-Developmental Health Promotion Including Monitoring, Screening and Follow-Up



Rest of the Morning...

- Take a Break
- Come back into separate State and Community Groups
 - Data Review and Reflection
 - Swim Lane Flow Diagram
- Re-group and Report Out

Debrief and Share Out

- Summarize findings
- What did you learn?
- What data would you like to see that you weren't able to see?