

Impact & Reporting: Telling the Story of UHV

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Evaluation Approach

- We use a participatory approach to evaluation:
 - This means you are part of the evaluation team
 - Together, we are evaluating processes and outcomes
 - You, as experts working within the program, have knowledge critical to:
 - Understanding and interpreting data
 - Deciding what should be done in response



How did we get here?

Realignment of UHV program goals and indicators
Supported by Grantee Conversations
Participation in evaluation and pilot projects

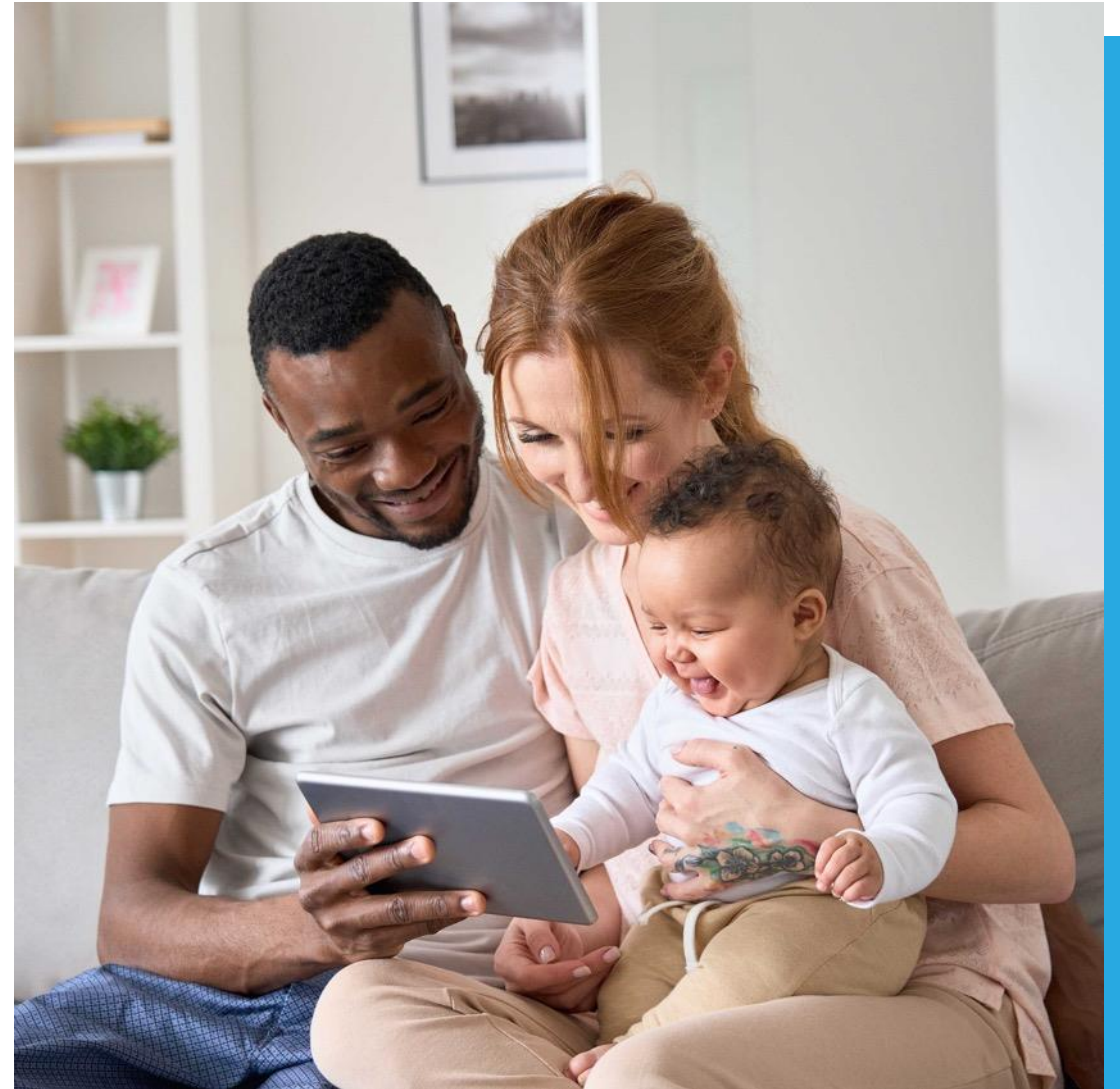
How do we tell the story of UHV Programs?

- Family Voice
- Programmatic Data
- High-Quality Data
 - Accurate Picture
 - Data to inform decision making



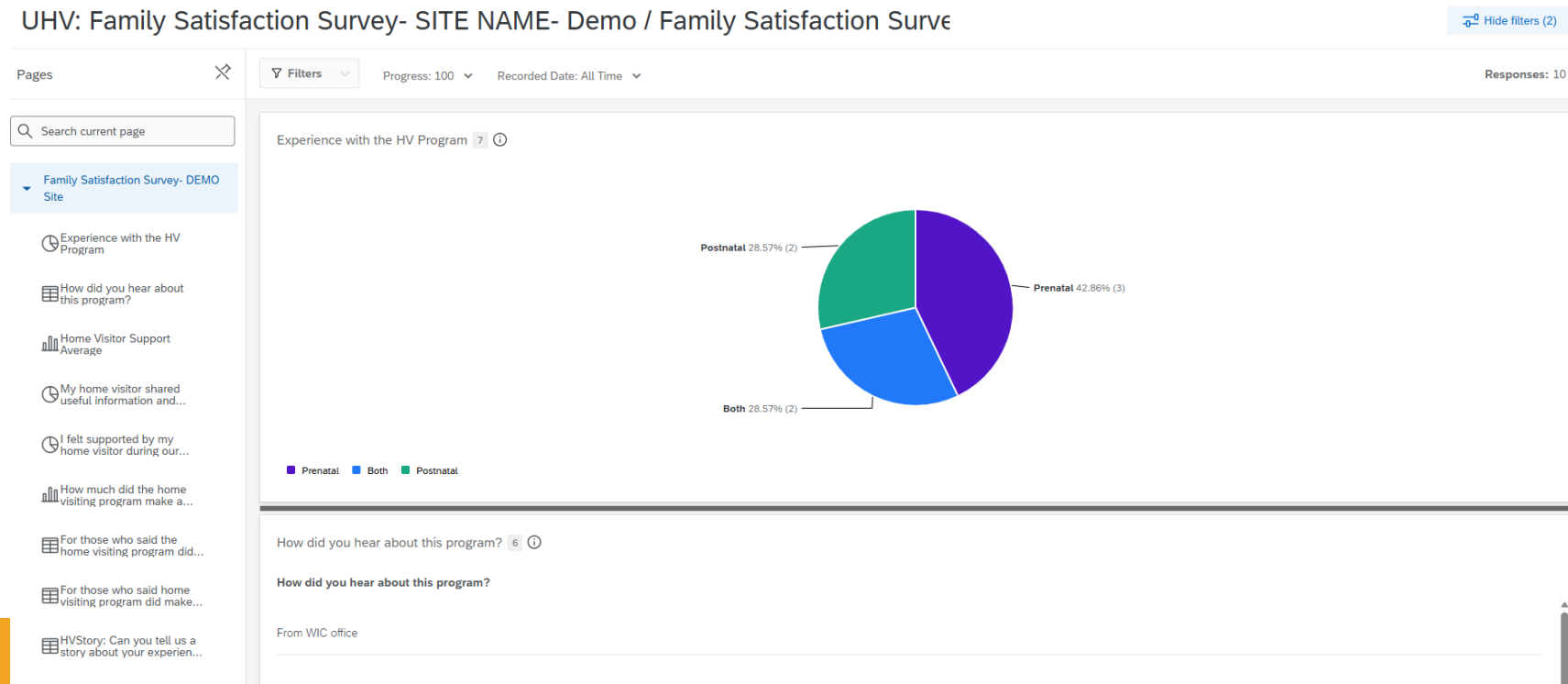
Family Voice: Family Satisfaction Survey

- Purpose
- Collected by all UHV grantees
- End of prenatal or postpartum Visits
- Short, anonymous survey, available in multiple languages



FSS Dashboards

- Allow you to review anonymous responses from families in real time
- Dashboard links & passwords available from KOEC program consultants



Programmatic Data

UHV Goals & Indicators



DAISEY

- DAISEY is the system of record for Kansas Universal Home Visiting
- You asked, we listened!
 - The new UHV data collection workflow is an answer to the requests from UHV staff for more streamlined data entry
 - Fewer forms means more time spent with families



Goals

Goal 1: Provide “light-touch” Universal Home Visiting (UHV) services that cover screening, education and referral based on needs identified during the initial visit

Goal 2: All Universal Home Visiting clients receive consistent screening, education and referrals related to critical health issues.

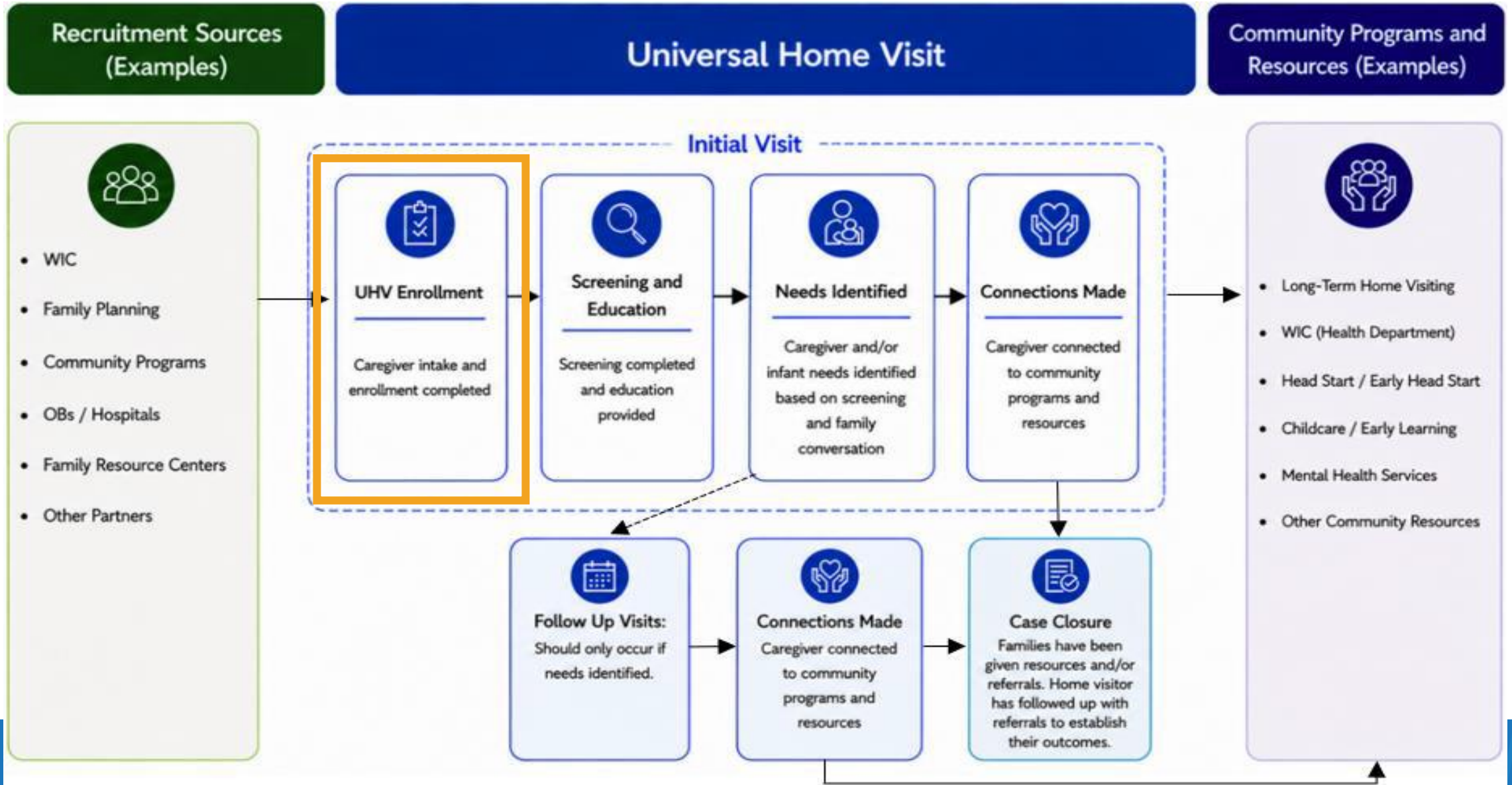
Goal 3: Ensure Universal Home Visiting data quality so that program value can be accurately demonstrated. Service delivery data will be entered into DAISEY in a timely and accurate manner.

Goal 4: Families that participate in UHV will be connected to needed services and resources. Referrals will be documented to demonstrate the value and efficacy of UHV.

Goal 1

Provide “light-touch” Universal Home Visiting (UHV) services that cover screening, education and referral based on needs identified during the initial visit

UHV Process Map



Goal 1: UHV Services

Indicator 1: Number of home visits completed

Indicator 2: Number of prenatal caregivers served

Indicator 3: Number of postpartum caregivers served

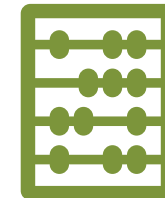
Indicator 4: Number of infants served

Indicator 5: Number of families (unique households across prenatal/postnatal visits) served

Who



How much



Goal 1: UHV Services



Indicator 1: Number of home visits completed

Indicator 2: Number of prenatal caregivers served

Indicator 3: Number of postpartum caregivers served

Where data is collected

Caregiver Profile

Visit Form

Goal 1: UHV Services

Indicator 4: Number of infants served

Indicator 5: Number of families (unique households across prenatal/postnatal visits) served

Where data is collected

Caregiver Profile

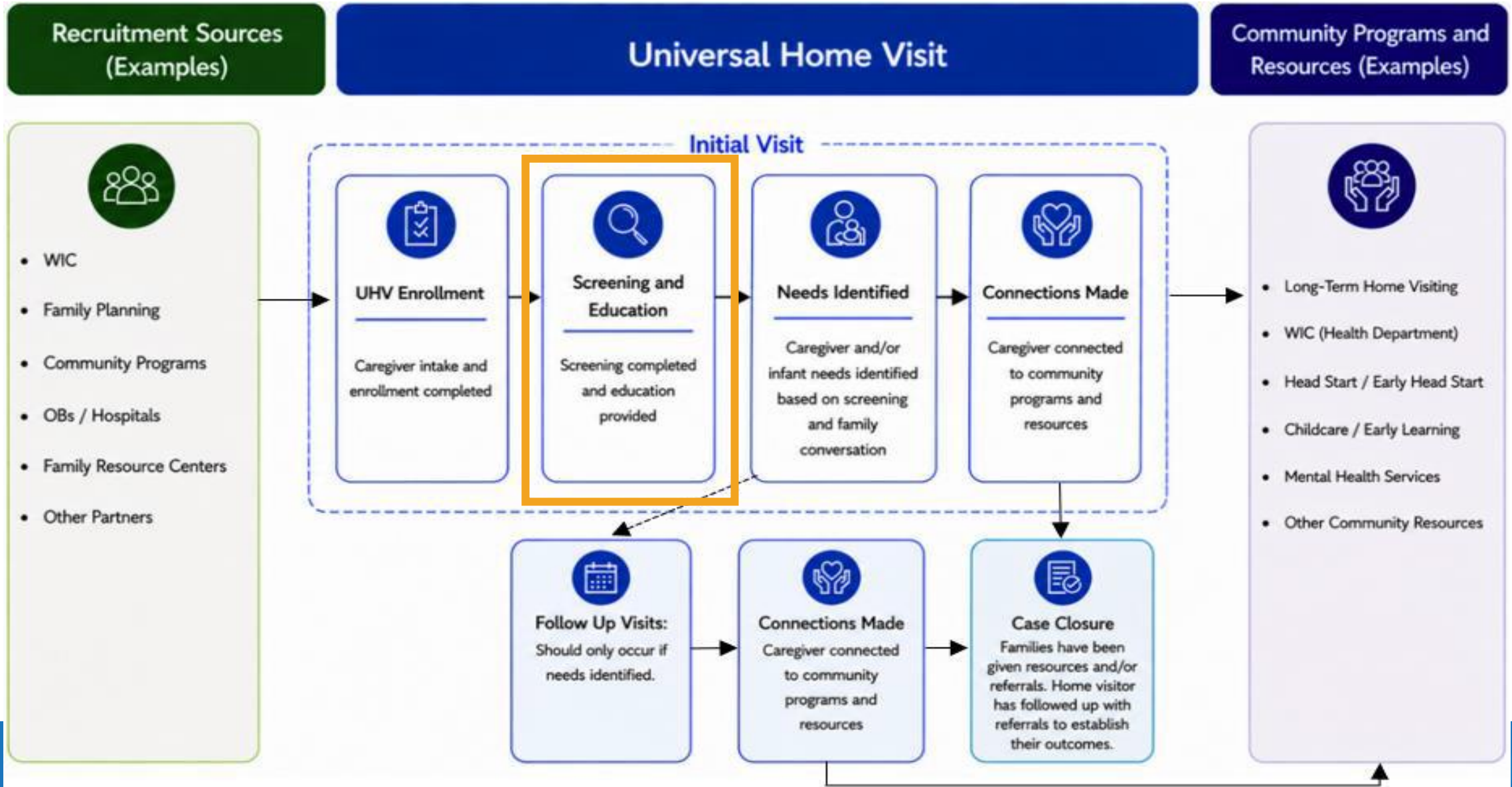
Child Profile

Visit Form

Goal 2

All Universal Home Visiting clients receive consistent screening, education and referrals related to critical health issues.

UHV Process Map



Goal 2: Education & Screening

What is happening during visits



Indicator 1: Percentage of initial prenatal home visits that completed the core prenatal education

Indicator 2: Percentage of initial postpartum home visits that completed the core postpartum education

Indicator 3: Percentage of initial home visits that completed the required screening

Goal 2: Education & Screening

Where data is collected

Indicator 1: Percentage of initial prenatal home visits that completed the core prenatal education

Caregiver Profile

Indicator 2: Percentage of initial postpartum home visits that completed the core postpartum education

Visit Form

Goal 2: Education & Screening

Indicator 3: Percentage of initial home visits that completed the required screening

Where data is collected

Caregiver Profile

Visit Form

Goal 3

Ensure UHV data quality so that program value can be accurately demonstrated. Service delivery data will be entered into DAISEY in a timely and accurate manner. UHV programs are required to enter home visit service data into DAISEY within three days of the visit.

Data Entry Importance

- Form an accurate picture
 - Services
 - Screening & Education
- Inform decision making
- How do we get high-quality data?
- Consistent standards for data entry
- Ensuring the data we are collecting answers questions



Goal 3: Data Quality

- Indicator 1: 90% data completion, not to exceed 10% missing in DAISEY
- What counts as missing?
 - Missing records for required portions of visits such as education, screening, and referrals



Goal 3: Data Quality

Indicator 1: 90% data completion, not to exceed 10% missing in DAISEY or IRIS

Where data is collected

IRIS

Caregiver Profile

Child Profile

Visit Form

Goal 3: Data Quality

Indicator 1: 90% data completion, not to exceed 10% missing in DAISEY or IRIS

When data is collected

- Data should be entered into DAISEY and IRIS 3 days after each visit
- Follow-up on referrals should be confirmed with the receiving service provider within 14 days of the home visit.
- If outcomes are unknown at 14 days, the grantee will make an additional follow-up
- Referrals should be closed and marked with the appropriate outcome after 30 days if no outcome information is available and case should be closed

Goal 3: Examples of Missing Data

DAISEY Caregiver Profile

All data captured on this profile should reflect the status at enrollment. If caregiver is not currently pregnant, please create a [child profile](#) following the completion of this form.

Pregnancy Status			
County	Brown	Family Home Zip Code	##
Marital Status	Never Married	Current Health Insurance	No Insurance C
		Current Education Status	Has HS Diploma
Employment Status	Employed Full T	Total People Living in Household	2
		Annual Household Income	##
Housing Status	Lives with paren	Primary Language Spoken at Home	English

Goal 3: Examples of Missing Data

DAISEY Visit Form

Was a need identified during this visit?	Yes		
What needs were identified during this visit?	1 Selected	Did you offer a referral or resources for Bill Paying?	1 Selected
Did the client accept the referral for Bill Paying?	Yes	Did you make the referral in IRIS?	No
Bill Paying referrals made outside of IRIS require answering the following questions.			
Bill Paying referral sent to 			
What was the Bill Paying Referral outcome?	Receiving services	Bill Paying referral closure date	mm/dd/yyyy

Programmatic Data

UHV Goals & Indicators



Goals

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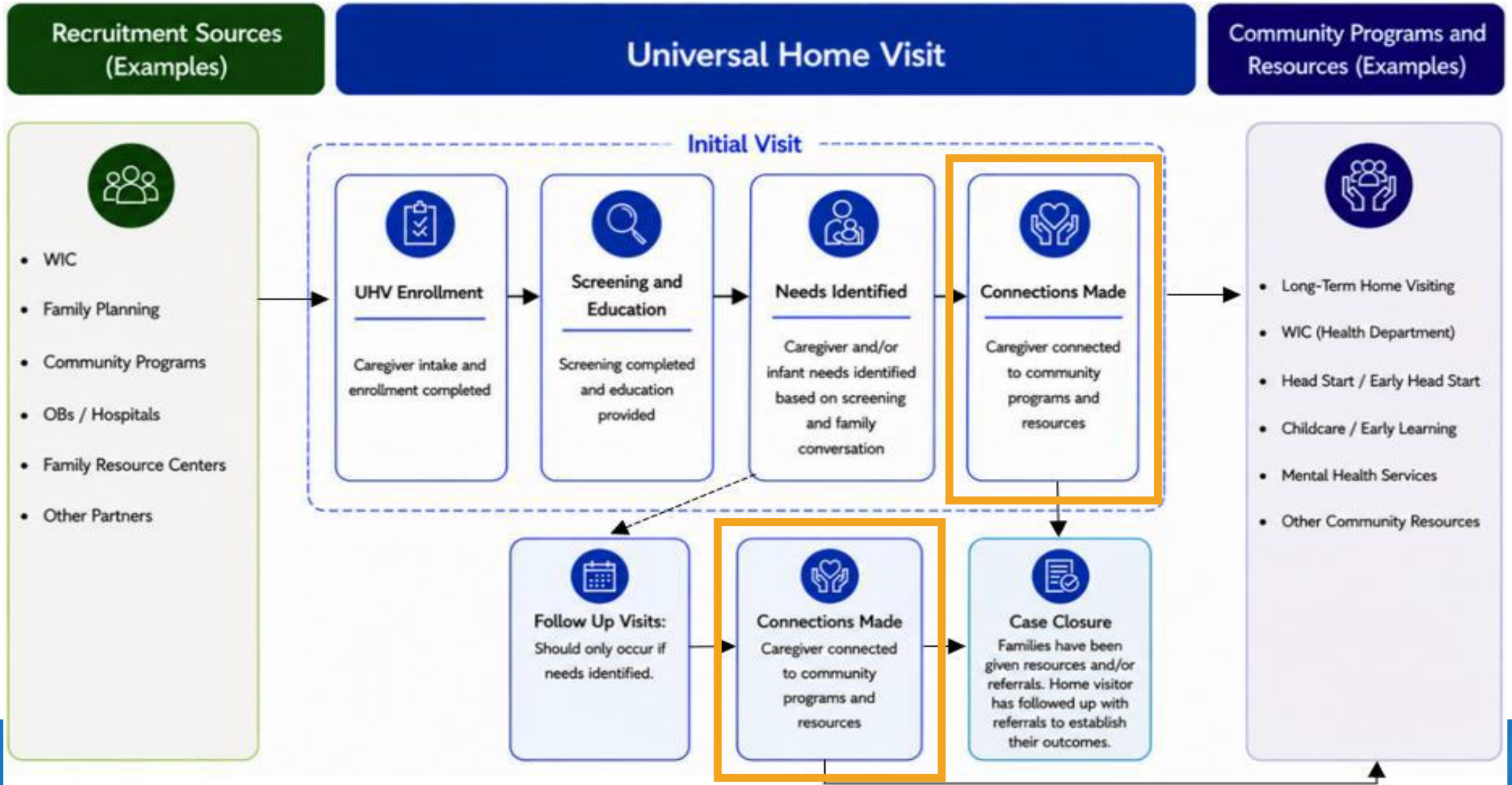
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Goal 4: Referrals

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UHV Process Map



Goal 4: Referrals

Indicator 1: Percentage of UHV families that receive a referral

What happens because of visits?



Goal 4: Referrals

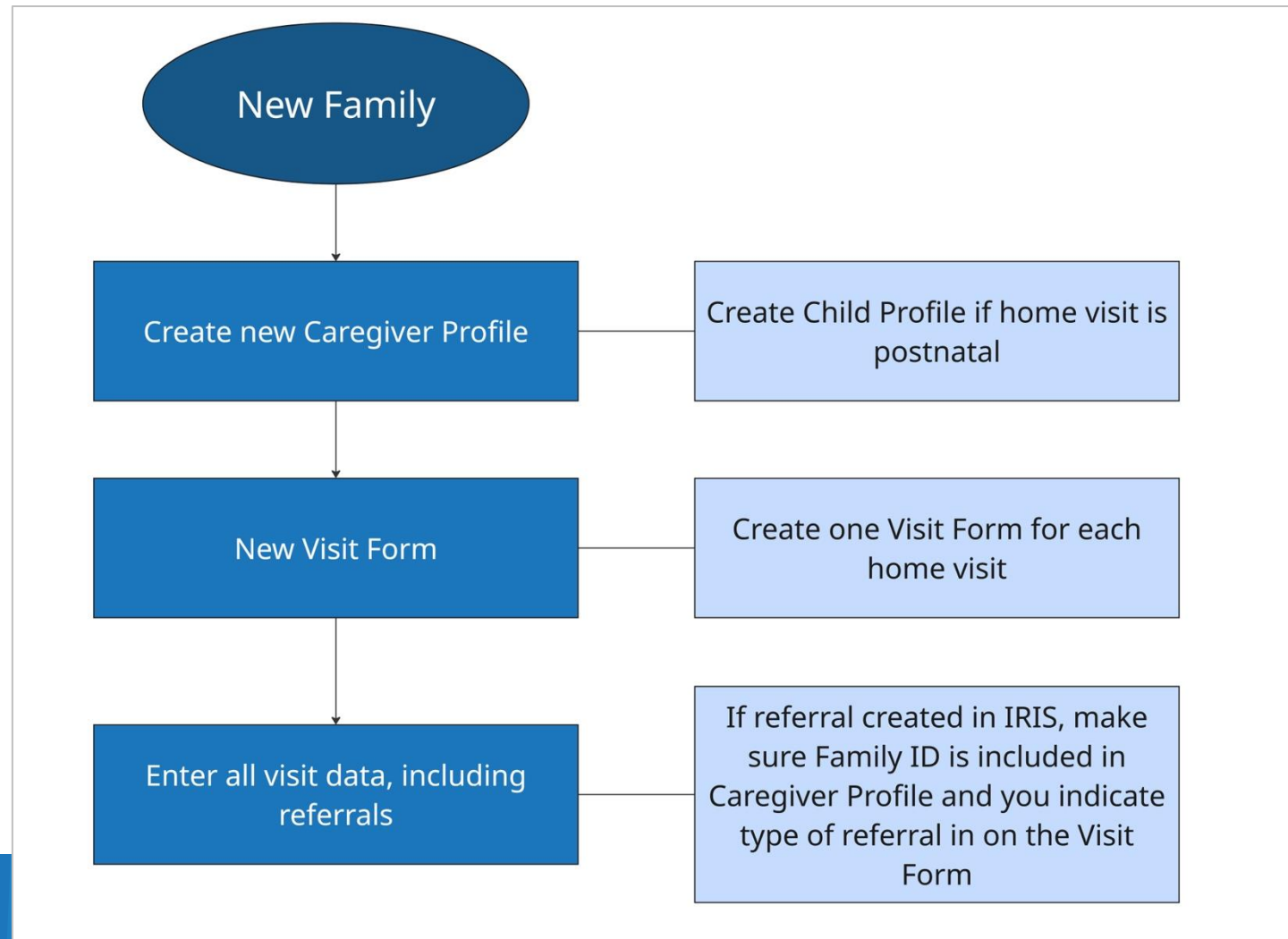
Indicator 1: Percentage of UHV families that receive a referral

Where data is collected

IRIS

Visit Form

Goal 4: Referrals



Goal 4: Referrals

DAISEY Demonstration

Goal 4: Referrals

IRIS is a referral coordination platform that can support referral coordination and data reporting.

Through IRIS, organizations can:

- **Coordinate referrals** with community partners through a shared referral platform
- **Track referral outcomes** and know what happened after a referral was made
- **Strengthen partnerships** across organizations serving children and families
- **Generate referral data** to support reporting and continuous improvement



Goal 4: Referrals

IRIS- What's new for Universal Home Visiting

To better support UHV implementation, we've streamlined how IRIS and DAISEY work together.

If your program uses IRIS:

- Send your referral in **IRIS**
- Enter the **IRIS Family ID** in DAISEY
- Indicate referrals were sent in IRIS on DAISEY form.

One referral. No duplicate documentation.

Want to learn more?

Contact your Kansas UHV Program Consultant to learn how IRIS can support your Universal Home Visiting program and the implementation support available throughout the program year.

Thank you!

