

Q. Was there ever any effort relating to validating you dataset post-collection (in the warehouse)?

A. Yes, in fact, validation is an essential step in the process that precedes the deployment of a business intelligence dashboard. Once case management data is incorporated into the data warehouse, we validate it through comparison to queries and reports from the case management system.

Q. How do you measure the use of the system by staff at different levels of the organization, and how do you assess its usefulness to them?

A. SharePoint 2010 has a feature, which allows us to count “hits” on the dashboard by login name of the user. We are able to view historical activity by selecting a time period. The results only tell us who is using the dashboard, the volume of use by those individuals, and by omission we can discern who is not using the dashboard. We can only assume by looking at numbers that people who do not use the dashboard or use it infrequently or not getting much out of it. We cannot measure the value to the high volume users by looking at numbers. We are only able to determine this by interaction with these users to learn how they are using the information to perform their jobs. Customer feedback has been positive from the high volume users.

Q. Have you been able to measure any impact on performance?

A. At this point we have not undertaken a formal attempt to evaluate the impact of our dashboards upon performance. With the recent release of our Historical Performance Dashboard, it has been interesting to trace our performance across eleven different indicators over time. In the vast majority of caseloads, it is true that a positive trend in performance can be observed. However, we believe it will take a careful evaluation to determine the true impact of our dashboard resources. Until we do so, the question of whether or not an improvement (or decline) in performance can be attributed to the dashboard or some other factor will be up for debate. As an example of our need to use caution, we note that the introduction of our dashboards closely coincided with the completion of an effort to significantly decrease our average caseload size.

Q. Have you had staff that were resistant from the point of view of not wanting their information exposed to the whole organization?

A. Initially we were concerned that many staff would be resistant but this turned out not to be true. At the counselor level, the counselors who were performing below average expressed concern at first but this resistance quickly faded. For the most part people liked having access to information about the performance of their peers and up or down the organizational structure. One unit that has struggled in many areas excelled in one important area and they were quick to point this out as a point of pride. Without the ability to compare, they would never have known they were the highest in the state on this one measure.

Q. What phase are you at in developing your CRP dashboard?

A. The CRP dashboard has been released as Version 1. There are a few pieces of information and summary pages that are not in place. However, we will allow the users to guide us toward what needs to be added. There is no specific date set for enhancing Version 1.

Q. What is the lag in your warehouse based reporting; are all reports real-time or are run-outs used to allow for complete data collection?

A. The data on the dashboard is as of the close of business the previous day. This was done to make the data consistent with the hundreds of caseload and management reports that are built on day old information. Having one set of reports providing day old information and the dashboard providing real-time data would lead to concerns from users regarding accuracy.

Q. Sounds like there may not have been much precedent for this kind of reporting. Did you find that it took much training to acquaint staff with how to use or interpret the information? Also, sometimes folks develop regional ways of reporting over time. Were there ever concerns or issues with syncing everyone to these standard measures?

A. The Alabama agency has been adding to its arsenal of reports for the last 15 years. Reports at all reporting structure levels are plentiful and cover all aspects of the VR process. However, having to print and compare hundreds of reports was not practical and has led to many of the reports being rarely used. The dashboard provides a practical and user friendly method of accessing data in one or two screens that may be available on dozens of other reports. As far as training, we trained all staff who would have access to the dashboard through small classes with each user being at a computer. The training of how to use the dashboard was not difficult. We spent the majority of the hands on training presenting questions that could be answered by reviewing various screens of the dashboard. We were trying to get the user to see this as a learning tool rather than just a traditional report on a computer screen. Alabama did not ever develop regional ways of reporting so that was not an issue for us.

Q. Have you thought about incorporating the performance and costs of service providers?

A. In short, yes. In particular with our community rehabilitation facility partners, we always have in mind that we are building our Business Intelligence resources to facilitate the analysis of return on investment. As you might guess, reporting performance on goals and objectives that relate to the current fiscal year is far less complex than a cost-benefit analysis. At present, the dashboard does reflect the simple facts about performance (outcomes, timeliness, etc...) as well cost of service. Counselors & administrators can use

this information to make their own judgments about the relative performance and relative efficiency.

Q. Have you experienced any challenges with accessibility by VR employees who have ADA plans?

A. The Operations Dashboard was designed to be accessible for JAWS users. We held a training class specifically for JAWS users and received positive feedback on the accessibility.