Continuous Quality Improvement in Home Visiting

- The goal of home visiting is to improve outcomes for pregnant women, children, and families.
- Organizations and systems are more likely to reach these goals through ongoing reflection on program processes.
- Continuous Quality Improvement (CQI) provides a framework for systematic investigation of program processes through data-guided activities and creation of climate of learning.
Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) is administered by the Health Resources Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF).

Identified CQI activities as central to the successful implementation of home visiting services through MIECHV.

Built CQI planning and implementation into required state/territory and tribal grant activities.
Federal Technical Assistance for CQI in MIECHV

Many technical assistance resources are available through

– Design Options for Home Visiting (DOHVE)
  • Individualized and group support, CQI Practicum
– Tribal Evaluation Institute (TEI)
  • Individualized support, CQI trainings, CQI Collaboratives
– Collaborative Improvement & Innovation Network (CoIIN)
– HV-ImpACT and PATH
The goal of this session is to showcase the CQI efforts of three grantees
- Michigan
- Arizona
- United Indians of All Tribes Foundation
They provide strong approaches to CQI at multiple levels
- Organizational system
- Clear mission
- Engagement of frontline staff
Their stories may benefit other grantees
CQI Resources

- Creating a Continuous Quality Improvement Plan-DOHVE 2
- What is CQI- TEI Webinar
- HV CoIIN
- Maternal, Infant, and Early Childhood Home Visiting Program: Formula (HRSA-16-172)
WE’D LOVE TO CONNECT

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Building a Quality Home Visiting System in Michigan
Meet our QI Team
QI Resource

- The Guidebook can be downloaded at no cost here: https://www.mphiaccreditedqi.org/qi-guidebook/
CQI Mission

• To build a culture of quality into our home visiting system such that CQI is used on an everyday basis to solve problems
  o To shift how the system operates such that CQI is integrated into home visiting regardless of funding requirements or model expectations

• To achieve breakthrough improvements in areas where the home visiting system faces common challenges
  o To work as a system to collaboratively recognize and address the home visiting system’s most significant challenges
CQI Goals

- MI employs QI methods and tools to:
  - Improve the home visiting system in MI to assist families to achieve positive outcomes;
  - Ensure programs are delivered with model fidelity; and
  - Monitor and improve performance on federally mandated performance measures.

- Components:
  - Establishing state, local, and agency CQI teams
  - Developing capacity to use data to drive improvement
  - Routinely monitoring progress
  - Sustaining CQI as a way of doing business
  - Working as a system to achieve shared improvement goals
CQI Teams

State CQI Team
- HVWG
- 8-10 members
- Monitors progress on implementation measures and benchmarks
- Focus on state HV system improvements
- Selects learning collaborative topics
- Completes QI projects

Local CQI Teams
- 11 Local Leadership Groups
- 5-10 members, including parent leaders
- Focus on local HV system improvements
- 1 learning collaborative per year

LIA CQI Teams
- 20 NFP, EHS, HFA LIAs
- 4-6 site staff with diverse roles
- Parents when ready
- Focus on implementation and benchmark performance
- Reports on 2 QI projects per year
- Participates in 1 learning collaborative per year
Core CQI Expectations

- **Data Monitoring**
  - Implementation (e.g., capacity, staffing) – monthly
  - Performance measures (e.g., benchmarks) – quarterly and annually

- **Continuous Improvement**
  - Report on 2 projects per year (state and LIA)
  - Engage all staff in the process
  - Connect regularly with QI Advisor (coach)

- **Collaborative Learning & Breakthrough Improvement**
  - Participate in 1 learning collaborative per year
  - Participate in community of learning calls quarterly
CQI Support

Training
- 2 Day Training
- Just in Time Training
- HV Conference Sessions

Coaching
- CQI Data Reports
- Assigned QI Advisor for each Team
- Calls, emails, document review and feedback

Facilitation
- Learning Collaboratives
- Community of Learning Webinars
- SharePoint Site

https://public.mphi.org/sites/mihomevisiting.org/Pages/default.aspx
Our Journey to Culture of Quality

For more information on the NACCHO Roadmap to a Culture of Quality visit: http://qiroadmap.org/
Lessons Learned from Implementation of Quality Improvement Efforts
CQI – Plan/Do/Study/Act
CQI – Local and Statewide

- **Statewide**
  - Intimate Partner Violence
  - Referrals to and from Part C
  - Messaging and Coordinated Referral

- **Local**
  - Postcards for client retention
  - Tobacco Cessation
  - Subsequent pregnancy
  - Tracking outreach and referrals
CQI data for benchmarks 4.2 and 4.3 indicates that only a small number of clients receive referrals or safety plans for DV services.

Those who receive referrals/safety plans reflect less than 85% of clients who screened positive for DV.
Action - Intimate Partner Violence

- Coordinating with Arizona Coalition to End Sexual & Domestic Violence:
  - TA/PD for domestic violence prevention
  - Development of standards for home visitation.
  - Web, email, and other information resources related to best practice.
COLLABORATIVELY DEVELOPED A PLAN

- 1 FTE at ACESDV to:
  - Provide Futures Without Violence training to home visitors statewide
  - Develop cross program standards for home visitors
  - Provide technical assistance to home visiting programs
REINFORCING THE MESSAGE

- Constant Contact
- Conference Presentations
- Web site information
- Presentations on DV at Coalition meetings
COMMUNITY CONNECTIONS ARE KEY

✧ Meeting with and shadowing home visitors in the communities where trainings would be held

✧ Attend local rural home visitation coalitions statewide

✧ Visit local domestic violence programs in the communities where trainings will be held to talk to them about home visitation programs

✧ Invite domestic violence providers to speak and answer questions at their local training

✧ Encourage professional connections by involving local domestic violence providers when providing technical assistance
TRAININGS IN 2014

❖ 12 “Healthy Moms Happy Babies” trainings held
❖ 9 counties received trainings
❖ 229 home visitors attended
COLLABORATING FOR BEST PRACTICES

- Statewide representatives from both home visitation programs and domestic violence programs

- Guidelines contain cross-program standards that are applicable for all home visitation programs

- Three guidelines trainings held so far in 2015
SAFETY CARD

- Easy to use safety plan
- Strengths based
- Developed specifically for Arizona home visitors to utilize
Study - Intimate Partner Violence
Success! - Intimate Partner Violence

- MET: 50% improvement in referral and safety plan completion by June/July 2014.
Thank you!

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Ina Maka Family Program
UNITED INDIANS OF ALL TRIBES FOUNDATION

Katie Hess, Program Manager
Sixth National Summit on Quality in Home Visiting
The Ounce
November 2016
Ina Maka Family Program
Program Participants

Currently serving 59 families in King County

- Average age of mothers at enrollment was 30 years old | 16% of mothers were under 22 years old
- Average household income: $22,068 / year | 53% of households were under 200% FPL and 26% were under 100% FPL
- 37% of families have experience with CPS
- 24% have a history of substance abuse
- 79% of families receive public assistance
- Average number of risk factors: 2.7, with 50% of families reporting 3 or more risk factors
Ina Maka 2015 CQI Project: Family Engagement

UNITED INDIANS OF ALL TRIBES FOUNDATION
Ina Maka Family Program: Parents as Teachers

Geographic Area Served: King County
Population Served: Urban Indians

CQI Team Members:
Facilitator/Leader: Lynnette Jordan
Data/Information Liaison: Katie Hess
Document Manager: Juliana Bourget
Subject Matter Resources: Katie Stover
Meeting Sustainer: Myra Parker

Plan
Identify an Opportunity and Plan for Improvement

1. Getting Started
Our team decided that it was important to increase the number of home visits / month each family receives. The family benefits from receiving consistent services. When the team agreed that this was an area of concern, we were able to commit the necessary resources to a solution.

Problem Statement
Families are not receiving the number of home visits that they should.

2. Assemble the Team

Aim Statement:
By May 30th, 2015, Ina Maka Family Program will increase by 35% the number of families receiving 2 visits / month.

3. Examine the Current Approach
Baseline Data

5. Develop an Improvement Theory
Our improvement theory acknowledges the following challenges or considerations:
- Outside demands on families
- Outside demands on home visitors
Behavior change is hard for high-risk families

Improvement Theory
If we provide families with calendars & use punch cards while communicating expectations, then families will be motivated to keep their 2 visits / month (5% increase).

Fishbone Diagram

Study
Use Data to Study Results of the Test

7. Study the Results
The test did show improvement. We chose to continue the study through June 2015 so that we could report on general program trends. See chart showing average visits per family July 2014—June 2015.

Affinity Diagram

In July 2014 we had a 32% cancellation rate but by June 2015 the cancellation rate had reduced to 20%.

Act
Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory
While the theory was successful, the program had also grown during that time so the larger sample size had improved our visit completion rate. We also saw an unintended consequence of the punch card / incentives: lower-risk families with fewer stresses were more likely to receive an incentive than high-risk families. The team concluded that the punch card alone was not a motivator.

However, they did agree that the families responded positively to receiving monthly calendars and communicating program expectations around attendance so these actions were standardized.

6. Test the Theory
The team tested the theory for improvement by reviewing the number of home visits completed every month. To ensure we had a complete picture, we also collected more information on why visits were cancelled.

Process Map

9. Establish Future Plans
At this time we provide families with simple calendars but next year we are planning to provide annual calendars tailored for our families with pictures of Ina Maka clients.

We also plan to use punch cards with new clients. The literature shows that clients who are actively engaged during the first 6 months are more likely to complete the program.

Do
Test the Theory for Improvement

CQI
CQI at the Program Level

- Offers capacity building at the program level
- Improves program efficacy
- Increases client satisfaction
- Builds home visitor professional development and job satisfaction
Successful CQI: Staff Buy-In

- Provide good training
- Select CQI project together
- Design project with entire team
- Provide regular support and realistic deadlines
- Make certain end is in sight
- Maintain flexibility
Thank you!

Katie Hess
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