

Award Number: X02MC23101-01  
Idaho Department of Health and Welfare  
Affordable Care Act – Maternal, Infant and Early Childhood Home Visiting Program Formula Grant Program

## Non-Competing Continuation Progress Report

**Award Number:** X02MC23101-01  
**Maternal, Infant and Early Childhood Home Visiting Formula Grant Program**  
**Idaho Department of Health and Welfare:** Division of Public Health  
**Bureau of Clinical and Preventive Services:** Maternal and Child Health Program



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**



## Performance Narrative

### ***Project Identifier Information***

**Grant Number:** X02MC23101-01  
**Project Title:** Idaho's Maternal, Infant, and Early Childhood Home Visiting Program  
**Organizational Name:** Idaho Department of Health and Welfare, Division of Public Health  
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### ***Accomplishments and Barriers***

Between September 30, 2011 and September 29, 2012, the Idaho Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program made significant gains in program development, implementation, training, and evaluation. Some of the most significant accomplishments include: established contracts with four local implementation agencies to deliver three evidence-based home visiting models in four targeted counties, supported local implementation agencies to start-up or scale-up through a four month pre-implementation planning period, initiated service delivery by enrolling 54 families, and established a data collection plan for the benchmarks and additional evaluation.

Some of the challenges that the Idaho MIECHV program encountered during the first program year include: state-required contracting and procurement policies and procedures, no precedent for home visiting program administered at a state agency, local organizational capacity and staff recruitment especially in very rural and frontier communities, lack of political support, and limited state MIECHV program staff to fulfill multi-dimensional and complex nature of the MIECHV program requirements.

The state MIECHV program staff endeavored in a number of strategies to address and overcome challenges throughout the year. To address state staffing challenges, the MIECHV program collaborated with the Early Childhood Comprehensive Systems (ECCS) grant program’s existing AmeriCorps VISTA project. The MIECHV program funded 1 FTE AmeriCorps VISTA volunteer of the ECCS program’s allotted 3 FTE VISTAs to support the Idaho MIECHV program. To engage communities and increase awareness of high quality and evidence-based home visiting, the MIECHV state lead presented information about the MIECHV program at a number of forums across the state throughout the year, initiated a quarterly newsletter, and established an Idaho MIECHV program web page. By forging relationships through constant communication and persistence, the Idaho MIECHV program has worked within the state contracting and procurement requirements to establish a number of contracts to advance the MIECHV program. The program continues to strategize regarding organization and community capacity to implement evidence-based home visiting programs in very rural and frontier communities.

**State Home Visiting Program Goals and Objectives**

The Idaho MIECHV program established six goals to achieve through the FY11-FY12 formula grants. Goals and objectives are outlined below with accomplishments and updates of progress to date.

**Goal 1:** Support community-based organizations to implement evidence-based home visiting programs in communities at-risk.

- **Objective 1.A:** By October 1, 2011 award implementation contracts to three organizations to implement evidence-based home visiting programs in priority “at-risk communities.”
  - *Progress:* Contracts with three community-based organizations were executed on February 10, 2012 after several months of work with the contracts and procurement team at the Idaho Department of Health and Welfare.

Organization	Home Visiting Model	Target Counties
Mountain States Group	Early Head Start	Kootenai & Shoshone
St. Vincent De Paul ICARE	Parents as Teachers	Kootenai & Shoshone
Community Council of Idaho	Early Head Start	Twin Falls & Jerome

- **Objective 1.B:** By December 1, 2011 establish a cross-state partnership to implement a partial team of Nurse-Family Partnership in two of the four target communities.
  - *Progress:* Contracts with Panhandle Health District (Idaho) and Spokane Regional Health District (Washington) were executed by April 10, 2012 after several meetings to discuss how the Nurse-Family Partnership program could be effectively administered across two agencies. On May 16, 2012 the agencies established an interagency memorandum of agreement that outlines the organizational requirements of the cross-state collaborative to serve Kootenai and Shoshone counties. In June 2012 the agencies collaborated to hire two nurse home visitors administratively housed at Panhandle Health District.

Organization	Home Visiting Model	Target Counties
Panhandle Health District	Nurse-Family Partnership	Kootenai & Shoshone
Spokane Regional Health District*	Nurse-Family Partnership	

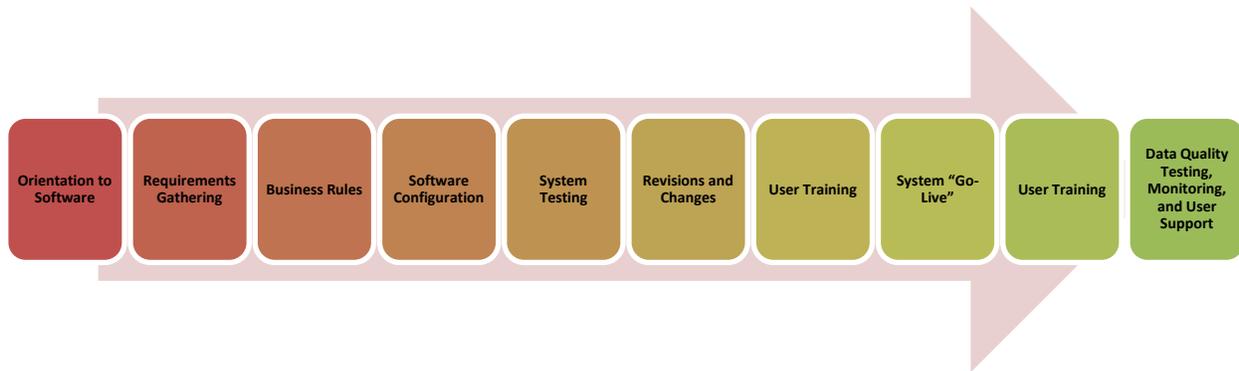
- **Objective 1.C:** By June 1, 2012 support implementing organizations in identification of specific performance objectives and indicators for Continuous Quality Improvement.

- Updated Objective 1.C: By June 1, 2013 support implementing organizations in identification of specific performance objectives and indicators for Continuous Quality Improvement.
  - *Progress*: Continuous Quality Improvement has been in development over the course of the past several months. The local implementation agencies began to enroll families in June 2012. The state MIECHV program data system became available for data entry on October 15, 2012. To support individual and organization capacity to use data and institute a continuous quality improvement process, the Idaho MIECHV program compiled and submitted a technical assistance request on October 10, 2012.
- *Objective 1.D*: By September 30, 2012, collect and assess the annual reports from year 1 grantees to provide direction to years 2-5 of the MIECHV program.
- Updated Objective 1.D: By March 30, 2013, collect and assess the annual reports from year 1 grantees to provide direction to years 2-5 of the MIECHV program.
  - *Progress*: Because the contracting process took longer than anticipated, the MIECHV program will not receive annual reports from the local implementation agencies until February 2013. However, local implementation agencies have been submitting monthly reports which include home visit information, staffing information, and descriptions of challenges and successes from the prior month.
- *Objective 1.E*: By September 30, 2012 conduct a feasibility study in target communities to establish a centralized intake process for home visiting programs.
- Updated Objective 1.E: By March 30, 2013, implement a central intake and referral system with home visiting programs in Kootenai and Shoshone counties.
  - *Progress*: In September 2012, the Idaho MIECHV program initiated a contract with a professional facilitator to develop a central intake and referral system with the three local implementation agencies serving Kootenai and Shoshone counties. Leaders from each local implementation agency continued meeting through the end of 2012 to establish the processes and protocols for a central intake and referral system.

**Goal 2:** Identify or develop a cross-model data system to facilitate collection, maintenance and reporting of performance, and outcome indicators for the MIECHV program.

- *Objective 1.A*: By September 2011, convene home visiting data workgroup to identify common screening/assessment tools, process and outcome indicators, and methods of collection.
  - *Progress*: The evaluation team, MIECHV program state lead, the Maternal and Child Health program manager, and the Maternal and Child Health principal analyst collaborated between September 2011 and April 2012 to develop the benchmarks plan for the Idaho MIECHV program. The Idaho MIECHV program benchmarks plan was approved on May 3, 2012.
- *Objective 1.B*: By December 2011, develop or implement a data system application relevant to multiple models to collect process and outcome indicators required by the SIR #2.
  - *Progress*: In October 2011, the Idaho MIECHV program procured the license and development of an Idaho MIECHV program Efforts to Outcomes data system by Social Solutions, LLC through a request for bid process. Between October 2011 and September 2012, Idaho went through the steps depicted in Figure 1 to establish a single data system application that will maintain all Idaho MIECHV program data. The Idaho MIECHV program “Go Live” date was October 15, 2012.

**Figure 1: Data System Development and Installation**



- *Objective 1.C:* By June 2012, partner with evaluation team to identify performance indicators and reports for the state and each of the local contracts to meet continuous quality improvement requirements.
- *Updated Objective 1.C:* By June 2012, develop continuous quality improvement teams at the state and local levels by partnering with the evaluation team, MIECHV program steering committee members, MCH leaders, and local implementation agencies which will identify performance indicators to utilize in continuous quality improvement processes.
  - *Progress:* Continuous Quality Improvement has been in development over the course of the past several months. The local implementation agencies began to enroll families in June 2012. The state MIECHV program data system became available for data entry on October 15, 2012. To support individual and organization capacity to use data and institute a continuous quality improvement process, the Idaho MIECHV program compiled and submitted a technical assistance request on October 10, 2012.

**Goal 3:** By September 2012, improve access to maternal health services for women receiving home visiting services.

- *Objective 3.A:* By September 2012, increase utilization of prenatal and preconception care to 90 percent of pregnant women receiving home visiting services.
- *Updated Objective 3.A:* By September 2014, increase utilization of prenatal and preconception care to 90 percent of pregnant women receiving home visiting services.
  - *Progress:* Local implementation agencies enrolled four pregnant women before September 2012. Three of four women initiated prenatal care within the first trimester of pregnancy. Four of twelve women currently use a prenatal or multivitamin at any level. The Idaho MIECHV program has been establishing a baseline of information regarding access to prenatal and preconception care.
- *Objective 3.B:* By September 2012, increase post-partum depression screening to 90 percent of mothers with children less than one year old receiving home visiting services.
- *Updated Objective 3.B:* By September 2014, increase post-partum depression screening to 90 percent of mothers with children less than one year old receiving home visiting services.
  - *Progress:* Local implementation agencies began enrollment in June, July, and August 2012 and only one Edinburgh Postnatal Depression Scale screening was completed prior to September 2012. The Idaho MIECHV program anticipates gaining a better understanding of screening rates for the Edinburgh Postnatal Depression Scale in the coming months.

- *Objective 3.C:* By September 2012, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target communities by 40 percent.
- *Updated Objective 3.C:* By September 2014, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target communities by 40 percent.
  - *Progress:* In June 2012, local implementation agencies submitted a community partnerships report which indicated that the four implementation agencies have fourteen formal community partnerships or referral agreements within the target community. The MIECHV program anticipates that within the next two years there will be increases in formal partnerships across the local implementation agencies.

**Goal 4:** By September 2012, increase training opportunities and assessments for domestic violence, home safety, and injury prevention for home visitors employed by home visiting programs.

- *Objective 4.A:* By September 2011, assure that home visitors are equipped with training to assess home safety, car seat safety, and promote injury prevention.
  - *Progress:* The Idaho MIECHV program has established a process for local implementation agencies to submit training requests. One of the first training requests was for home visitor safety. The Idaho MIECHV program worked with the steering committee to identify existing resources to support this training request. The Idaho MIECHV program developed electronic training materials that are now available on the program's web page. Most local implementation agencies indicated, in response to inquiries about training, that they have sufficient resources related to home safety, car seat safety, and injury prevention.
- *Objective 4.B:* By September 2012, assure that 95 percent of all families participating will have received education related to home safety and injury prevention.
- *Updated Objective 4.B:* By September 2014, assure that 95 percent of all families participating will have received education related to home safety and injury prevention.
  - *Progress:* Home visitors work with families on a multitude of topics and issues throughout a family's enrollment in the home visiting program. During home visit encounters prior to September 30, 2012, health and safety was addressed 33 times and injury prevention was addressed five times.
- *Objective 4.C:* By September 2012, assure that 50 percent of home visitors working with the MIECHV program have received training related to assessment and referral for domestic violence.
  - *Progress:* All MIECHV home visitors and a number of non-MIECHV home visitors have participated in one of three Futures Without Violence Healthy Moms Happy Babies training, which occurred throughout the month of October in three different locations in Idaho.

**Goal 5:** By September 2012, increase home visiting workforce capacity through training of home visitors and supervisors to prepare for scale-up of evidence-based home visiting.

- *Objective 5.A:* By December 2011, assure that all training requirements according to model standards and the MIECHV program are current for 100 percent of existing program staff and new hires (home visitors and supervisors).
  - *Progress:* The Idaho MIECHV program integrated staffing requirements into contracts with local implementation agencies to ensure that all model specific education or training requirements are maintained. Contracts also included 120 days allotted for pre-implementation planning to allow agencies to scale-up or start-up, hiring and training staff. The state MIECHV program will be conducting on-site contract monitoring visits in the spring of 2013, including assessment of staffing.
- *Objective 5.B:* By September 2012, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.
- *Updated Objective 5.B:* By December 2013, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.
  - *Progress:* To date, the Idaho MIECHV program has not completed comprehensive training inventory to identify available training opportunities and gaps. The Idaho MIECHV program anticipates partnering with a university to conduct a home visitor workforce study and training assessment in 2013.

**Goal 6:** By September 2011, assure MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.

**Updated Goal 6:** By November 2012, assure MIECHV program participation in early childhood systems building efforts through the EC3 Home Visiting and Parent Education (HVPE) Committee.

- *Objective 6.A:* By September 2011, support the process to gather stakeholders and partners to begin the systems building process.
  - *Progress:* The Idaho Early Childhood Coordinating Council (EC3) is responsible for making recommendations to the governor on issues and topics related to early childhood in Idaho. Over the past 12 months, EC3 has reorganized and revised the bylaws for the council. In doing so, EC3 established a home visiting and parenting education committee in the spring of 2012. However, identification of committee members was delayed until October-November 2012 due to uncertainty of Early Childhood Comprehensive Systems grant funding and changing EC3 membership.
- *Objective 6.B:* By April 2012, lead activities to address three to four of the Ad Hoc Committee's identified system needs – such as common training opportunities, common intake forms, and cross-model evaluation.
- *Updated Objective 6.B:* By September 2013, support activities to address three to four of the EC3 HVPE Committee's identified system needs – such as common training opportunities, common intake forms and cross-model evaluation.
  - *Progress:* In December 2012, the HVPE Committee held its first committee meeting. This eight member committee is chaired by an EC3 council member and supported by the non-voting, ex-officio MIECHV program state lead. In the coming months, the HVPE will develop a vision, scope, and activities for the committee. Upon approval of EC3, the HVPE will implement activities according to its scope and vision.

- *Objective 6.C:* By June 2012, disseminate an organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho.
  - *Progress:* The MIECHV program has posted the organizational capacity assessment on the program web page but has refrained from broadly disseminating the tool due to lack of capacity for analysis and program expansion.
- *Objective 6.D:* By September 2012, support planning and implementation of a statewide inaugural home visiting summit, which will provide an opportunity for training and statewide planning.
- *Updated Objective 6.D:* By September 2013, support planning and implementation of a statewide inaugural home visiting summit, which will provide an opportunity for increasing public awareness and statewide planning.
  - *Progress:* With delays establishing a committee focused on home visiting and early childhood systems building and integration, a 2012 summit did not occur. However, with the initiation of the EC3 HVPE committee, there may be enough momentum for an inaugural home visiting summit in the fall of 2013.

### ***Implementation of State Home Visiting Program in Targeted – At-Risk Communities***

#### ***Engaging Target Communities:***

Throughout the past two years, the Idaho MIECHV program has been working with and through local implementation agencies to engage community partners and promote high quality home visiting. Prior to identifying and contracting with local implementation agencies, the MIECHV program staff hosted community meetings to inform the communities of the MIECHV program requirements, conducted organizational capacity assessments with potential local implementation agencies, and presented MIECHV program information at a number of venues and forums. Since the identification of local implementation agencies, these agencies are contractually obligated to host a community advisory board at least every six months with community partners across sectors and participate in Regional Early Childhood Coordinating Councils (RECCs). Additionally, the MIECHV program has developed an annual community partnerships report in which local implementation agencies identify formal and informal community partners. The MIECHV program has communicated expectations for developing formal and informal community partnerships as referral sources, partners, and resources for the local implementation agencies. In the coming months, the MIECHV program will continue to support local implementation agencies to engage community partners by facilitating connections with key partners, sharing information and data on the MIECHV program, and providing training and technical assistance as needed.

#### ***Work with Model Developers:***

The Idaho MIECHV program has been communicating with national model developers to develop relationships with these organizations and understand what resources, supports, and expectations national model developers have for the state MIECHV program and local implementation agencies. Idaho has no direct connection to national model developers through an EHS lead, PAT state lead, or NFP state nurse consultant. Often communication and coordination with national model developers has been challenging due to lack of clarity of who to communicate with regarding specific topics, unclear expectations of model developer's role, and staff capacity in both Idaho MIECHV program and national model developer offices.

- **Office of Head Start – Early Head Start:** In March 2012, the Idaho MIECHV program submitted a TA request for support working with the Office of Head Start to identify and outline the state’s role, information available, and communication regarding monitoring model fidelity for Early Head Start Home-Based. Since that time, the Idaho MIECHV program has had a number of phone conferences with the Office of Head Start in Washington, DC and more recently with the Region X and Region XII Head Start program specialists to identify information related to model fidelity and program support that may be shared with state MIECHV programs and how that information may be shared with state MIECHV programs. This technical assistance is ongoing as the Idaho MIECHV program and the Office of Head Start have not identified what information will be shared with states or when and how information will be communicated to states related to model fidelity.
- **National Service Office – Nurse-Family Partnership:** The Idaho MIECHV program has been working closely with Nurse-Family Partnership program developer and nurse-consultant to support the planning, development, and implementation of the first cross-state collaboration to implement Nurse-Family Partnership by Spokane Regional Health District and Panhandle Health District. Nurse-Family Partnership has been responsive and supportive when challenges have surfaced with this unique implementation of Nurse-Family Partnership. Additionally, the Idaho MIECHV program has been working for several months with Nurse-Family Partnership National Service Office’s legal team to develop and finalize a contract between the Idaho MIECHV program and NFP for program support, training, and data. The contract has been approved by the state of Idaho for sole source authority, but contract finalization is still pending.
- **National Office – Parents as Teachers:** The Idaho MIECHV program has had limited communication with the Parents as Teachers National Office. Communication has primarily revolved around developing and approving the Idaho MIECHV program benchmarks plan. During the coming year, the Idaho MIECHV program intends to develop and submit a technical assistance request to work with the Parents as Teachers National Office to clarify state role, information available, and communication regarding model fidelity for Early Head Start.

#### *Curriculum and Materials for Home Visiting Program*

Local implementing agencies were identified through a competitive request for proposal process to identify organizations with capacity to deliver evidence-based home visiting services in target communities for priority populations. Contracts with local implementation agencies allowed for 120 days of pre-implementation planning, scaling-up, or start-up. Additionally, the contracts with local implementation agencies included additional funds in the first contract year to account for start-up costs such as curriculum and materials procurement and training. The Idaho MIECHV program allowed agencies to obtain curriculum and materials were within 120 days of contract execution. All local implementation agencies began service delivery between July and September 2012.

Early Head Start programs are not required to utilize one specific curriculum but define curriculum as child development goal setting, activities to achieve goals, and materials and support needed to achieve the goals. The curriculum utilized by MIECHV implementers adopting the Early Head Start Home-Based model should be consistent with the Head Start Program Performance Standards (HSPPS) and based in child development research and principles. Parents as Teachers affiliates implement the Born to Learn curriculum, which requires staff to be trained in the current Foundational Training. Nurse-Family Partnership requires a core education curriculum for all nurses that provide services for this program. The core curriculum includes theory, visit structure, and training to support family empowerment.

**Training and Professional Development Activities**

The Idaho MIECHV program recognizes the importance of training to assure competent service delivery, to satisfy model and agency expectations. Training includes pre-service training, ongoing training, and professional development. Each home visiting model developer has outlined standards related to personnel training. Local implementation agencies are contractually required to obtain and adhere to model specific training and professional development requirements on an ongoing basis beginning at the initiation of service delivery. The Idaho MIECHV program has not coordinated specific training with national models. The Idaho MIECHV program has coordinated or facilitated the following trainings:

- MIECHV Program Orientation for Contracted Local Implementation Agencies (April 2012)
- Home Visitor Safety (Web-based – June 2012)
- Mandatory Reporting for Child Abuse and Neglect (July 2012)
- Social Solutions Efforts to Outcomes – Data System Training (September 2012)
- Assessing and Addressing Domestic Violence through Home Visiting – Futures Without Violence (October 2012)
- Developmental Parenting and Home Visit Rating Scale (November 2012)

The Idaho MIECHV program will continue to assess and respond to training and professional development needs of local implementation agencies. In the coming year, the Idaho MIECHV program anticipates providing training in data use, data-driven decision-making, continuous quality improvement, and adult mental health.

<b>Early Head Start</b>	<b>Parents as Teachers</b>	<b>Nurse-Family Partnership</b>
Head Start Program Performance Standards (HSPPS) for staff qualifications and development outline the content of training that must be provided to home visiting staff. HSPPS do not specifically outline the number of professional development or training hours required to achieve the standard.	Parent educators and supervisors are expected to complete “Foundational Training” and “Model Implementation Training” prior to conducting home visits, which provides a foundation for home visiting methodology and guidelines for quality assurance. Parent educators must complete 10-20 clock hours of competency-based training annually.	NFP Core Education for nurse home visitors and supervisors includes face -to-face and long distance education. Nurse home visitors and supervisors must complete the core education prior to enrolling clients and conducting home visits. Nurse home visitors must stay current on professional licensure requirements for continuing education and other topics salient to their work with clients.

**Staff Recruitment, Hiring, and Retention**

The Idaho MIECHV program recognizes that the home visiting workforce is comprised of professionals and paraprofessionals with knowledge and skills related to early childhood health and development. Relationships between home visitors and families, as well as relationships between home visitors and program supervisors, are critical to participant outcomes. The Idaho MIECHV program included 120 days of pre-implementation planning in the contract to allow local implementation agencies to start-up or scale-up, including identifying staff to meet their organizational and model specific requirements for staffing. At the end of the pre-implementation planning phase, MIECHV program staff conducted on-site visits to ensure local implementation agencies were poised to adhere to contract requirements, including developing and maintaining a staffing plan. The plans indicated interviewing techniques employed to identify home visitors, such as role play or case presentation, in order to hire home visiting

staff most qualified and able to build trusting relationships with program participants. The plans outlined objectives for staff retention, such as professional advancement and ongoing training. Also the plan outlined a strategy for filling vacancies within 90 days of vacancy.

Local implementation agencies serving Shoshone, Twin Falls, and Jerome counties had a difficult time finding home visitors who met hiring criteria. Particularly in Shoshone County, a frontier county in North Idaho, two local implementation agencies recruited broadly and had a very difficult time finding home visitors that met educational criteria. Community Council of Idaho Early Head Start, ICARE Parents as Teachers, and Mountain States Group Early Head Start went through several rounds of selection and interviewing to identify home visitors that reside in the target communities particularly Shoshone and Twin Falls counties. Though Panhandle Health District Nurse-Family Partnership anticipated challenges hiring qualified bachelor's prepared nurse home visitors, they selected two nurse-home visitors in the first pool of candidates. In total, nine home visitors have been hired by the four local implementation agencies.

#### *Participant Recruitment and Retention*

Local implementation agencies are contracted to identify strategies for recruiting and retaining participants that meet both model specific requirements and MIECHV program priority populations. Organizations developed recruitment and retention plans in response to the request for proposal. Of the MIECHV program priority populations, the Idaho MIECHV program has selected the following populations for the highest priority for enrollment:

- Pregnant women under 21 years old
- Families with a history of substance abuse
- Families with prior child welfare interaction
- Family members of the armed services

Local implementation agencies have been informing community partners of service availability, establishing referral processes, developing recruitment materials, and recruiting participants into the MIECHV program since May 2012. Service delivery started July through August 2012.

Participant recruitment has been challenging in Shoshone and Jerome counties as these are frontier and rural counties and have communities with no or very limited home visiting services prior to the MIECHV program. Community isolation, lack of trust in and between service providers, and the independent nature of Idahoans have all contributed to slow participant recruitment. Local MIECHV programs have been working diligently to develop trust with community partners and clients to support ongoing recruitment and retention. Local implementation agencies serving Kootenai and Shoshone counties have been developing a central intake and referral system for these counties. The central intake and referral system will support consistent messaging, referral, and intake processes for home visiting programs to share with community partners and potential clients about home visiting services available in their community. Because service delivery started just a few months ago, the MIECHV program does not have significant information on participant retention. In Shoshone County, there have been only a few examples of families that have not remained in the program because they moved out of the community or were participating as a part of a child protective services case plan. Participant recruitment and retention will likely be an ongoing challenge associated with serving frontier and rural communities.

#### *Home Visiting Caseload*

Local implementation agencies are between 40 and 100 percent of enrollment capacity across the target communities. Agencies are responsible for adhering to model specific enrollment requirements for

rates to add new clients to a home visitor’s caseload. The Idaho MIECHV program expects local implementation agencies reach enrollment capacity within nine months of the start of service delivery.

*Early Head Start:* Home visitors may not have a caseload greater than 12 families at a given time.

*Nurse-Family Partnership:* Nurse home visitor is expected to maintain a caseload of 25 families.

*Parents as Teachers:* Parent educators are expected to complete 48-60 home visits per month.

	Community Council of Idaho Early Head Start		Panhandle Health District Nurse-Family Partnership		Mountain States Group Early Head Start		ICARE Parents as Teachers	
	Twin Falls	Jerome	Kootenai	Shoshone	Kootenai	Shoshone	Kootenai	Shoshone
Enrollment as of 11-30-2012	13	0	15	5	0	11	24	6
Total Slots Available	13	5	42	8	0	11	30	8

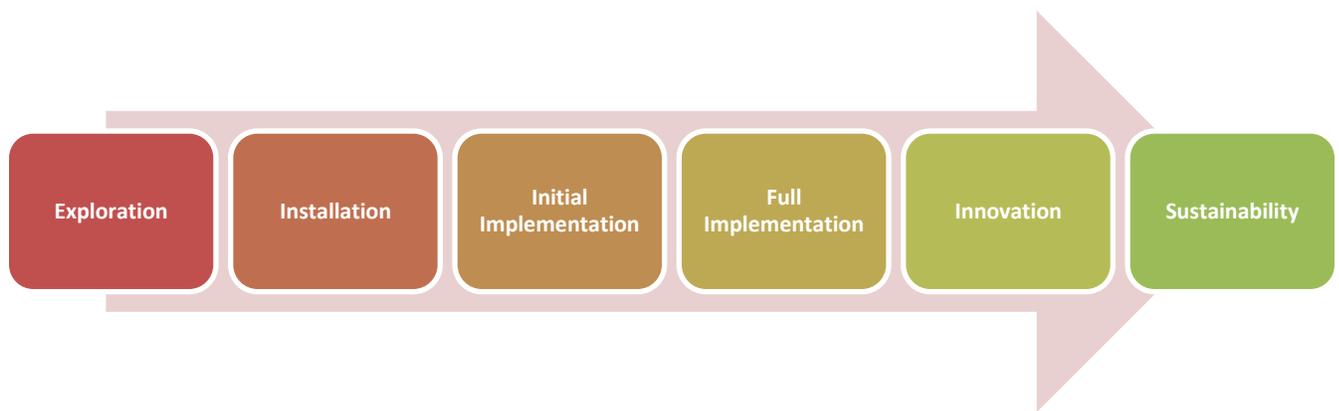
#### *Community Resource Coordination*

In July 2012, local implementation agencies submitted a community partnership report indicating formal and information partnerships in the target communities. Agencies identified an average of 11 informal community partners and an average of 5 formal community partners including churches, food banks, WIC, legal aid, educational institutions, and more. Home visitors, home visitor supervisors, and program directors have been working to establish meaningful partnerships with traditional and non-traditional community partners in the target communities. As an example, when families are participating in early intervention services or are involved with child welfare, home visitors work closely with partner service agencies to coordinate home visits and ensure objectives of all service providers are met.

Because the Idaho MIECHV program is the first and only state-administered home visiting program, the program is in a unique position to facilitate communication and partnerships between local implementation agencies and state programs such as IDEA Part C, WIC, child welfare program, substance use disorders, mental health, child care, TANF, and more. State MIECHV program staff has developed relationships with other state program administrators through participation in the MIECHV program steering committee. These relationships help ensure communication, alignment of services and policies, and availability of training and professional development. As an example, the Idaho MIECHV program has been working with the Idaho Infant Toddler Program (ITP – IDEA Part C) to ensure ITP staff is able to participate in relevant trainings coordinated by the Idaho MIECHV program. Additionally, the Idaho MIECHV program works closely with the director of the Idaho Early Childhood Coordinating Council (EC3) funded through the Early Childhood Comprehensive Systems (ECCS) grant to initiate conversations about integration of home visiting into early childhood systems activities.

#### *Challenges Maintaining Model Fidelity and Quality*

Idaho MIECHV program understands that there are a multitude of factors related to implementing an evidence-based home visiting program while maintaining fidelity, high quality services, and continuous quality improvement in varying community and organizational settings. Contractually, local implementation agencies must implement home visiting programs with fidelity to the researched program model. The National Implementation Research Network (NIRN) has outlined that for successful implementation of evidence-based programs and practices, effective interventions and implementation are critical for outcomes. Effective implementation occurs over time in the following stages outlined in NIRN’s research:



Local implementation agencies are in different stages of implementation of evidence-based home visiting. Two local implementation agencies have been implementing Parents as Teachers and Early Head Start for more than ten years, while two other local implementation agencies are starting up Early Head Start and Nurse-Family Partnership programs through the MIECHV program. One challenge the Idaho MIECHV program has is supporting local implementation agencies considering where each agency is on the spectrum of implementation stages. Ongoing communication and dialogue with local implementation agencies allows the MIECHV program to provide supports to agencies as identified.

Because of the frontier and independent nature of Idaho’s target communities, there may be challenges in community and political buy-in, participant recruitment, and retention. This program has provided an opportunity to initiate dialogue about strategies to advance systematic efforts to achieve quality and fidelity in home visiting at the community and state level to increase visibility and buy-in of the MIECHV program. Additionally, there may be challenges related to reflective supervision and sufficient capacity to adhere to model specific requirements for reflective supervision. Local implementation agencies are contractually obligated to provide reflective supervision for at least an hour a month for each home visitor. Agencies can subcontract with the Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) or an IMH-E Level III or higher to provide required reflective supervision.

Implementing an evidence-based home visiting program in a frontier community, such as Shoshone county, will require careful monitoring to assure that families receive appropriate frequency and duration of services. The MIECHV program anticipates monitoring such challenges through CQI, reporting requirements, and ongoing consultation with local implementation agencies to overcome barriers. Agencies submit monthly reports with home visiting data and a description of challenges and successes of implementation. During the first months of implementation, agencies indicated building connections with partners and clients in rural and frontier communities were challenging.

Finally, the Idaho MIECHV program will conduct ongoing training and annual onsite contract monitoring visits with local implementation agencies that will include a review of adherence to model fidelity. However, the State MIECHV program has struggled to define its role in monitoring model fidelity in partnership with national model developers and to understand federal expectations for how and to what degree state MIECHV programs are to assure model fidelity. In March 2012, the Idaho MIECHV program submitted a technical assistance request to support work with the Office of Head Start to develop a plan for partnering to monitor local implementation agency’s model fidelity. The Idaho

MIECHV program anticipates submitting similar TA requests to work with Parents as Teachers and Nurse-Family Partnership to monitor model fidelity in collaboration in the coming year.

### ***Progress Toward Meeting Legislatively Mandated Reporting on Benchmark Areas***

The Idaho MIECHV program has dedicated a significant amount of time and resources to continue development and implementation of the data collection plan over the past 18 months. Idaho's benchmark plan was approved in April 2012 after local implementation agencies were identified and began pre-implementation planning. During the benchmarks plan approval process, the Idaho MIECHV program began to develop standard data collection forms for the Early Head Start and Parents as Teachers programs and working with Nurse-Family Partnership for an approved variance for data collection. In July, local implementation agencies began utilizing the following Idaho MIECHV program forms in addition to the standardized assessment and screening tools:

- Home Visit Encounter Form (Every home visit)
- Child Health Form (Intake and every 6 months)
- Maternal Health Form (Intake and every 6 months)
- Demographics Intake Form and Demographics Update Form (Intake and annually)
- Ages and Stages Questionnaire – 3<sup>rd</sup> (Intake, if child is 6 months, and every 6 months)
- Ages and States Questionnaire – SE (Intake, if child is 6 months, and every 6 months)
- Home Inventory Form (Intake, if child is 6 months, and annually)
- Everyday Stressors Index (Intake and annually)
- Edinburgh Postnatal Depression Scale (45 days postpartum)
- Relationship Assessment Tool (Within 3 months of participation)

Timing, pace, and sequence of activities have all been challenges to assuring implementation of the benchmarks plan. Simultaneously, the Idaho MIECHV program was developing and finalizing the benchmarks plan, data collection forms, and Social Solutions Efforts to Outcomes data system to capture and maintain data for all local implementation agencies. In June and July 2012, local implementation agencies were utilizing interim data collection forms. In August 2012, data collection forms were finalized. In October 2012, the Efforts to Outcomes data system became available for local implementation agencies. With many moving parts and extenuating factors, including rapidly changing information, local implementation agency feedback, and lengthy data system configuration and testing, all contributed to a challenging initial implementation of the benchmarks plan for the Idaho MIECHV program. Additionally, the MIECHV program has been compiling benchmarks data from a variety of sources, which is a very complex and intricate process. Sources for the benchmarks data are from a variety of sources including: local implementation agency reports, participant data collection forms, state administrative data systems, and participant screening and assessment tools. The Idaho MIECHV program continues to extract, clean, and analyze data for the first year benchmarks plan report.

Despite challenges, the Idaho MIECHV program has had a number of successes implementing the benchmark data and collection plan. Local implementation agencies are utilizing uniform data collection forms and have been engaged in providing feedback to inform the MIECHV program. Feedback from local implementation agencies has informed the format and question construction of the data collection forms to encourage valid data collection. The Idaho MIECHV program and the Idaho Child Welfare Program established a memorandum of understanding for data in early 2012 and began the process of data sharing in the summer 2012. In October 2012, the Idaho MIECHV program's Efforts to Outcomes data system went live. Between September and December 2012, the Idaho MIECHV program provided

ongoing training on the use of the Efforts to Outcomes data system. In December 2012, the MIECHV state lead began extracting data from the Efforts to Outcomes data system to monitor data quality and to inform continuous quality improvement. The MIECHV state lead acts as the Efforts to Outcomes data system administrator. As the data system administrator, the MIECHV state lead can run reports and extract data from multiple levels: participant, home visitor, agency, target community, or statewide. Additionally, the data system administrator has the ability to modify components of the data system, develop and run reports, and monitor data entry and data quality. The Idaho MIECHV program is well positioned to continue high quality data collection at the frequency outlined in the approved benchmarks plan.

### ***State Home Visiting Program CQI Efforts***

#### *Updated CQI Progress*

Throughout the first few months of work with Idaho's local MIECHV programs, the MIECHV program has been working with the local MIECHV programs to understand where organizations are on the continuum of implementation. The National Implementation Research Network (NIRN) has outlined stages of implementation: exploration, installation, initial implementation, or full implementation of an evidence-based program. To help us identify where the local MIECHV programs were on this continuum of implementation, the MIECHV program conducted the following activities: organizational capacity assessment, community meetings, on-site discovery visits, program orientation, and on-site readiness assessments. Through these and other activities and interactions, the Idaho MIECHV program has identified a need for training and skills development in data use and integration of continuous quality improvement into ongoing performance management. Using data effectively is a critical component in assessing model fidelity, client progress, program performance, and informing the CQI process.

Additionally, the evaluation team interviewed each of the local MIECHV programs prior to program implementation to establish a baseline of qualitative information regarding organizational priorities including CQI, capacity for reflective supervision, and community partnerships. In these interviews, the evaluation team learned that only one of the four programs had some form of CQI team in place. Two programs are newly providing home visiting services through the MIECHV program and hence do not have a CQI team in place. Another program had an informal CQI team, and the director of one program stated that all staff members participated in the informal CQI process. All four local MIECHV programs are using data in some way. However, all four programs expressed the need for additional training to better understand how data can be used to drive the decision-making processes. For example, when asked whether data is used to produce meaningful results, one person said, "Yes and no. We are looking at what we should be looking at but wonder if there is anything else that we should be looking at." One program uses data primarily to fulfill grant requirements. Another challenge is staff capacity (personnel time) at both the state and local levels because positions are limited due to the size of the program and the limited staff time available at both levels. Local implementation agencies are obligated to develop and implement a CQI plan and process.

In response to the need for CQI training, the Idaho MIECHV program submitted a technical assistance request to develop a series of interactive, skill building modules and workshops that utilize a variety of communication mediums including: web-based, didactic, and collaborative group learning for local MIECHV program staff. The content of this series of learning modules should gradually build competence in using data for performance management in a CQI process. Some key elements of this CQI training series are: Becoming Knowledgeable Consumers of Data (Data points), Utilizing Data to Manage Change (Business process and data flow), and Improving Outcomes (data in a systemic context).

Additionally, the state MIECHV program anticipates developing tools or workshops to guide development of local CQI teams in the coming year. To support development of CQI teams and tools, the state MIECHV program has established quarterly supervisor roundtable calls that began in December 2012, in which much focus will be on CQI plans and processes.

#### *Updated CQI Plan*

The Idaho MIECHV program began establishing ongoing mechanisms for evaluating program processes and outcomes to assess performance improvement opportunities and to enable efficient and effective service delivery, including the development of CQI learning modules for implementation agencies. The CQI plan allows benchmarking of processes and outcomes, data-driven decision-making, site specific improvement plans, monitoring local contractor progress towards contractual objectives, assessing program implementation and delivery, identification of potential training opportunities, and revisions of processes to meet needs and improve performance.

Implementation of the CQI process at the state level and local level is in development and may occur in development of two CQI teams: state CQI team and local CQI teams. Composition of these teams is to be determined. The local CQI teams will include, but not limited to, home visitors, a family participant, supervisors, and evaluators. The state CQI team will include local implementation agency supervisors or program directors, the MIECHV state lead, evaluators, model developers (when available), and partners. Buy-in and participation from all levels of the program will be instrumental in creating and guiding a culture of quality.

Parents as Teachers, Nurse-Family Partnership and Early Head Start conduct quality assurance or monitoring through onsite visits to grantees/affiliates. Because the MIECHV program provides ongoing performance monitoring and coordinates technical assistance and training with the local implementation agencies, the Idaho MIECHV program has been cultivating partnerships with national model developers to align monitoring activities and determine methods for developing CQI plans and process in accordance with expected process and outcomes.

When the CQI teams are established, the teams will be oriented to the “Plan-Do-Check-Act” framework and sequence for implementing a CQI process:

#### *1. Identification of Performance Indicators*

A performance indicator is a measure used as a tool that quantitatively describes the degree to which a process or outcome is meeting desired expectations. For the MIECHV program, most of the performance indicators for CQI will align with the constructs in required benchmark areas. Some indicators likely assessed during initial CQI process include:

- PPD screening
- Breastfeeding behaviors
- Well-child visits
- Domestic violence screening
- Referrals for domestic violence
- MOU's within community partners
- Completed referrals
- Attempted but incomplete visits

#### *2. Assessment*

Benchmark data is being collected utilizing a variety of methods including data from enrolled families during home visits, administrative data on participating families from state agency data systems, and operational processes at the state and local levels. Data analysis and reporting for initial implementation has begun; and in the coming months, additional analysis will occur to assess differences between current performance and desired performance based on targets. The Idaho MIECHV data system (Efforts

to Outcomes) is robust reporting functionality to facilitate the assessment stage. Those processes or outcomes not meeting target will be flagged and prioritized for follow-up with the “Plan-Do-Check-Act” process with state/local administrators, model developers, and the CQI team.

### 3. Initiative

The MIECHV CQI teams will address performance improvement opportunities using the “Plan-Do-Check-Act” framework, which provides a continuous and methodical approach to identify performance problems and possible causes, then outline and prioritize strategies for improvement. The MIECHV program will provide technical assistance to local contractors related to the PDCA approach for CQI, and provide tools to assist in identifying problems and solutions.

Local implementation agencies are contractually obligated to submit a CQI report every six months (pictured below). The first CQI reports were submitted in July 2012 prior to enrolling families in service delivery. The following topics were identified for an improvement process by local implementation agencies: hiring home visitors in a frontier community, home visitor training, community partnership development, and availability of dental and mental health providers in rural and frontier communities. Performance interventions will be documented and monitored by the CQI team for improvement in specified processes and outcomes, as well as adherence to model standards.

### 4. Evaluation

The Idaho MIECHV program requires local implementation agencies to submit an annual performance evaluation. The performance before evaluation will summarize the goals and objectives of the CQI plan, progress made toward goals and objectives, adherence to model-specific standards, and performance improvement interventions conducted over the year, including the performance indicators.

### Idaho MIECHV Program CQI Report

MIECHV Program Continuous Quality Improvement (CQI) Report <small>Report due: Every 6 months by the 15<sup>th</sup> July &amp; January</small>			
Contract Number:	Date of Report Submitted:	Dates of Report:	
Contractor Name:		From:	To:
Contact Name:			
Contact E-mail:			
Contact Phone:			

**Part 1: Continuous Quality Improvement Plan and Staff:**  
**Instructions:** Briefly describe the progress and challenges faced implementing the Continuous Quality Improvement plan. Indicate persons responsible for and engaged in the CQI plan.

**Part 2: Progress on Continuous Quality Improvement Plan**  
**Instructions:** Referring to the PDCA Framework, briefly describe processes and activities implemented in Table 1: Continuous Quality Improvement.

**PDCA Cycle Framework**

- Plan:** identifying and analyzing the problem.
- Do:** developing and testing a potential solution.
- Check:** measuring how effective the test solution was, and analyzing whether it could be improved.
- Act:** implementing the improved solution fully.

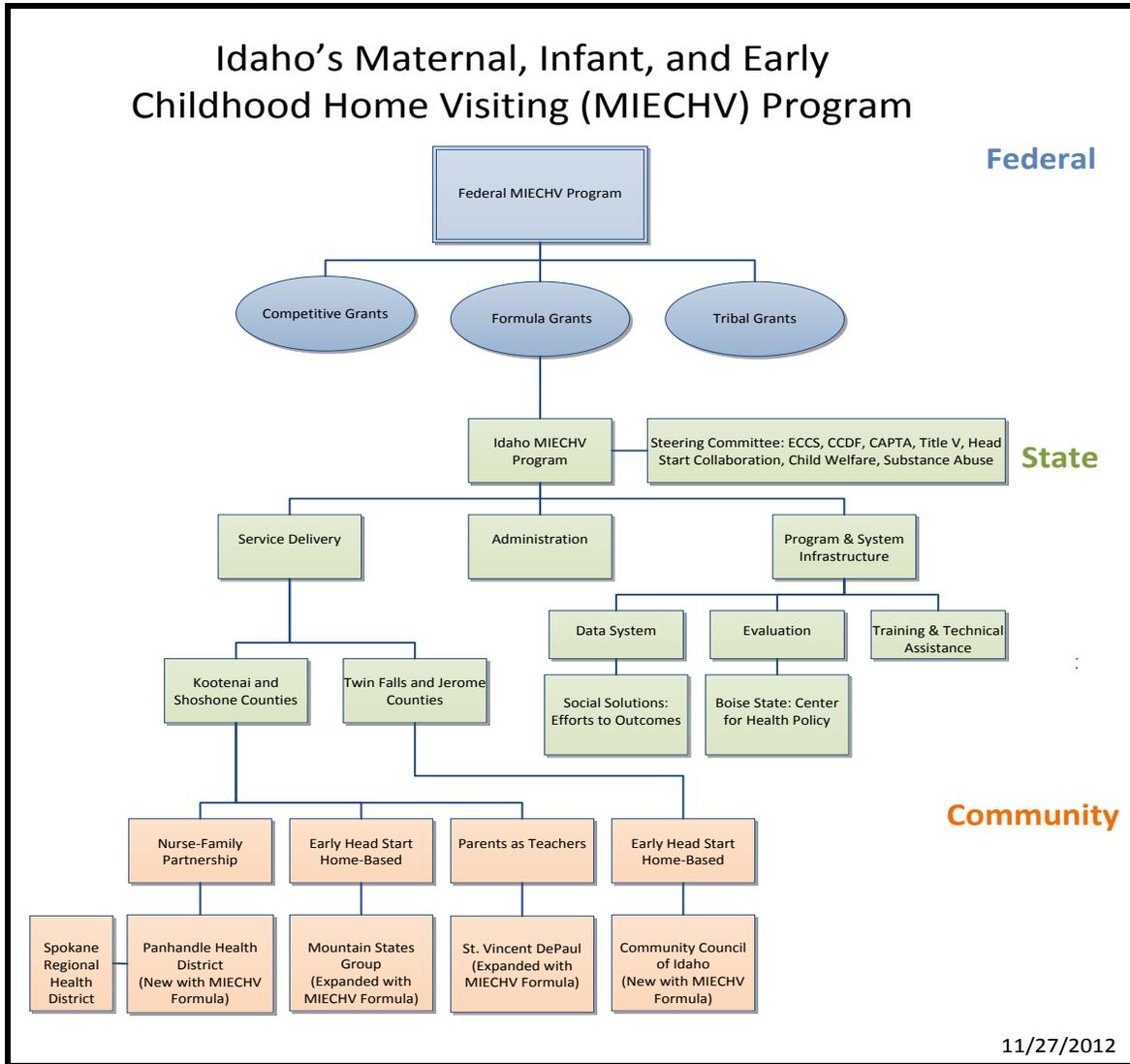
1. **Plan:** Identify the problem or issue that needs to be addressed. This may require process mapping or key informant interviews to get to the root of the problem.
2. **Do:** Generate solutions to the issues or problems and select the most likely solution(s). Implement a pilot project or policy to test the solution. The “Do” phase is the test phase.
3. **Check:** Measure the success of the pilot solutions before full implementation. Gather lessons learned and determine what may have made the pilot better. Incorporate improvements for additional pilots or full implementation.
4. **Act:** Implement the solution broadly and continue assessment of success of the solution. Then seek further areas in need of improvement.

5-16-12
5-16-12

Table 1: Continuous Quality Improvement

Topic 1:	
<b>Plan:</b> Issue/topic	
<b>Do:</b> Action taken to address issue, include dates and timelines	
<b>Check:</b> Analysis of improvement due to the action taken	
<b>Act:</b> Changes needed to maintain or continue improvement	
<b>Persons Involved:</b>	
Topic 2:	
<b>Plan:</b> Issue/topic	
<b>Do:</b> Action taken to address issue, include dates and timelines	
<b>Check:</b> Analysis of improvement due to the action taken	
<b>Act:</b> Changes needed to maintain or continue improvement	
<b>Persons Involved:</b>	
Topic 3:	
<b>Plan:</b> Issue/topic	
<b>Do:</b> Action taken to address issue, include dates and timelines	
<b>Check:</b> Analysis of improvement due to the action taken	
<b>Act:</b> Changes needed to maintain or continue improvement	
<b>Persons Involved:</b>	

Updated Program Organizational Chart



**Idaho Maternal, Infant and Early Childhood Home Visiting Program  
Continuous Quality Improvement Plan**



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**Summary**

Like all state MIECHV programs, the Idaho MIECHV program is required to develop and implement a robust and detailed continuous quality improvement (CQI) plan to monitor and improve program performance and participant outcomes. With support from MIECHV program technical assistance providers, the Idaho MIECHV program has begun to solidify the CQI plan, which is materializing into two overarching objectives: improved individual capacity to utilize data to understand, inform, and improved service delivery and improved organizational and infrastructure capacity to support integration of a CQI process into regular business processes and performance improvement activities. Developing and implementing CQI through the MIECHV program will certainly prove informative and useful in the short- and long-term. However, it will almost certainly not be without challenge as change, (any change: changing processes, changing practice, changing behaviors) and challenging the status quo is inevitably difficult. With practice, effort, and continued dedication to improving practice to best serve children and families, this change process will yield gains and improvement far greater than initial investments.

The Idaho MIECHV program anticipates continued development and refinement of the CQI plans described in this document with support from technical assistance providers, consultants, local implementation agencies, and other stakeholders and partners.

<b>Individual Skill Development</b>	<b>Organizational and Infrastructure Development</b>
<ul style="list-style-type: none"> <li>- March – June, 2013: Six session training in understanding and interpreting data for home visitors and supervisors</li> <li>- June, 2013: CQI Workshop</li> <li>- 2013: Ongoing coaching and consultation</li> </ul>	<ul style="list-style-type: none"> <li>- April – June, 2013: CQI Toolkit Development (guidance/resources for integrating CQI into home visiting program)</li> <li>- June, 2013: CQI Workshop</li> <li>- July – August, 2013: CQI Team Development (Local and State Level Teams)</li> <li>- 2013: Ongoing coaching and consultation</li> </ul>

## Supplemental Information Request #2 – Updated State Plan

### Section 2: Home Visiting Program Goals and Objectives

**Goal 1:** Support community-based organizations to implement evidence-based home visiting programs in communities at-risk.

*Objective 1.B:* By June 1, 2012 support implementing organizations in identification of specific performance objectives and indicators for Continuous Quality Improvement.

### Section 3: Selection of Proposed Home Visiting Models to Meet Community Needs

#### *Plan to Ensure Model Fidelity*

The Idaho MIECHV program anticipates supporting implementing organizations in a multitude of methods by building fidelity measures into an application process, developing and monitoring contract performance measures, coordinating training and technical assistance, data systems development or procurement and development of resources and tools as necessary. The following outline indicates the steps to ensure fidelity to the evidence-based home visiting model. Please see Implementation Plan and Continuous Quality Improvement for additional description of maintaining model fidelity and continuous quality improvement.

1. Ongoing Monitoring and Continuous Quality Improvement:

Organizations implementing will also be contractually obligated to participate in continuous quality improvement (CQI) to assess processes and performance. Please see the Continuous Quality Improvement Plan for additional details. Some of the indicators programs may assess in the CQI processes include:

- Prenatal Care
- Post-Partum Depression Screening
- Breastfeeding education
- Well-child visits
- Injury prevention education
- Domestic Violence screening
- Referrals made for families identified with Domestic Violence
- Number families identified for necessary services
- Number of families receiving referral to necessary referral
- Number Memorandums of Understanding (MOUs) within community
- Point of contact in agency responsible for connecting to other community-based organizations
- Number of completed referrals

Successful implementation hinges on a number of different factors including an understanding of the organizational, staffing, community and leadership drivers of the program (Fixsen, D., Naoom, S.F., Blase, D.A., Friedman, R.M., Wallace, F., 2005). Each of the following factors impacts the

implementation with fidelity: organizational capacity to implement fit to organization and community, need of community, resource availability, evidence of efficacy and intervention readiness for replication (NIRM, 2009). The Idaho MIECHV Program recognizes the importance of ongoing monitoring of policy and practice at every level including the state, implementing organization and model developers to assure quality and fidelity to the evidence-based home visiting model. Please see the Implementation Plan for plan to partner with model developers in quality assurance, continuous quality improvement and monitoring activities.

#### *Anticipated Challenges and Technical Assistance Needs*

There are a number of challenges that may occur during implementation and evaluation of the MIECHV program. Currently, there are few existing evidence-based home visiting programs, with limited reach throughout the state. A systematic effort to support and advance multiple evidence-based home visiting programs will be a new experience for the state of Idaho. In addition to the geographic barriers, there may be political barriers to implementation of evidence-based home visiting systems. Because agencies that may be implementing the MIECHV program may be existing or new programs, technical assistance for both types of programs will be necessary. MIECHV program will likely need technical assistance in at least the following areas:

1. Continuous quality improvement

### **Section 4: Implementation Plan for Proposed State Home Visiting Program**

#### *Policies and Standards*

In the response to the funding opportunity to implement evidence-based home visiting for MIECHV program, applicants should describe a plan for ongoing program evaluation which should include the monitoring of program implementation (including model fidelity through continuous quality improvement). Implementing organizations will be required to report on these standards, which will be incorporated into contract performance metrics bi-annually to facilitate continuous quality improvement and assurance of contract

#### *Training and Professional Development*

There are various topics for training that may be available to the subcontractors in the state of Idaho. Some topics of training potentially offered through coordination of the Idaho MIECHV program include:

- Screening and referral for domestic violence
- Mandatory reporting: identifying and reporting child abuse and neglect
- Home safety, injury and poison prevention
- Plan, Do, Check, Act Continuous Quality Improvement evaluation

#### *Monitoring Model Fidelity and Quality Assurance*

Idaho MIECHV program understands that there are multiple areas of assessment of model fidelity, including areas both at the state and local level. The Plan for Continuous Quality Improvement outlines the State's approach to monitoring performance and model fidelity. Each program must adhere to model specific standards, as well as MIECHV program standards. The MIECHV program anticipates partnering with the model developer to assure that state monitoring activities can be conducted in conjunction with monitoring conducted by the model developer. Both Parents as Teachers and Early Head Start conduct quality assurance or monitoring through on-site monitoring visits to grantees/affiliates. As the MIECHV program provides ongoing monitoring and coordinates technical assistance and training, it will be critical to partner with the model developer to align monitoring activities to avoid duplication and to present information in a continuous and integrated manner for subcontractors.

## **Section 5: Plan for Meeting Legislatively – Mandated Benchmarks**

### *Benchmarks and Continuous Quality Improvement*

A number of the benchmarks will be utilized for continuous quality improvement, both process and outcome data. Please see Section 7 Plan for Continuous Quality Improvement. After the programs have established a baseline of data for each of the constructs, the MIECHV program intends to partner with local contractors to determine potential benchmarks and goals for each year of the program. Using the Plan, Do, Check Act Method, constructs can be prioritized based on a number of factors with an action plan for achieving improvement on priority constructs. The following is an example of a timeline in conducting a continuous quality improvement at both the local contractor and state level. Conducting a successful continuous quality improvement plan will require partnership from local contractor, state and evaluation partners.

- 0-6 months: Establish a baseline for constructs
- 6-12 months: Assess initial trends for constructs
- 12-18 months: Determine constructs that are priority for improvement, research variables influencing priority construct(s)
- 18-24 months: Introduce training, resources, activities or other strategies to improve constructs
- 24-36 months: Assess trends, variables, and performance improvement and set new goals
- 36-38 months: Continue cycle of establishing and assessing constructs for improvement

## **Section 7: Plan for Continuous Quality Improvement**

The Idaho MIECHV program recognizes the importance of establishing an ongoing mechanism for evaluating program processes and outcomes to assess performance improvement opportunities, which will enable efficient and effective service delivery to families and monitoring model fidelity. The CQI plan will allow benchmarking of processes and outcomes, data-driven decision-making, adopting location specific policies and practices while adhering to model fidelity, monitoring of implementing organizations' progress towards meeting contractual objectives and scope of work, assessing program

implementation and delivery, identifying potential training opportunities and revising organizational processes to meet needs and improve performance.

Implementation of the CQI plan will take place both at the state level and local level. Subcontractors will have contractual obligations to plan and fulfill CQI activities. Each program must adhere to model specific standards, as well as MIECHV program standards. The MIECHV program anticipates partnering with the model developer to assure that state monitoring activities can be conducted in conjunction with monitoring conducted by the model developer. Both Parents as Teachers and Early Head Start conduct quality assurance or monitoring through onsite monitoring visits to grantees/affiliates. Because the MIECHV program will provide ongoing performance monitoring and will coordinate technical assistance and training to the subcontractor, it is critical to partner with model developers in aligning monitoring activities to present information in a continuous and integrated manner and to avoid duplication.

In addition to collaborating with model developers, the MIECHV program plans to assemble a CQI team that will guide assessment and decision-making. The team will consist of key players from all levels of the home visiting program including, but not limited to, a home visitor, a family participant, a home visitor supervisor, an evaluator, program managers, program directors, and model developers. The Idaho MIECHV program understands that having buy-in and participation from all levels of the home visiting program will be instrumental in creating and guiding a culture of quality. Being that CQI will be a new process for the MIECHV program, the program plans on contracting with an evaluator for the duration of the implementation of the program that will assist with CQI activities.

### *1. Identification of Performance Indicators*

A performance indicator is a measure used as a tool that quantitatively describes the degree to which a process or outcome is meeting desired expectations. For the MIECHV program, most of the performance indicators for CQI will align with the data elements for the required benchmark areas. Please see Section 5: Plan for Meeting Legislatively-Mandated Benchmarks for further information about benchmarks.

Some of the indicators that may be assessed during the CQI process include:

- Prenatal care
- PPD screening
- Breastfeeding behaviors
- Well-child visits
- Injury prevention education
- Domestic violence screening
- Referrals for domestic violence
- Number of families identified for necessary services
- Number of MOU's within community service agencies

- Number of completed referrals
- Number of incomplete visits

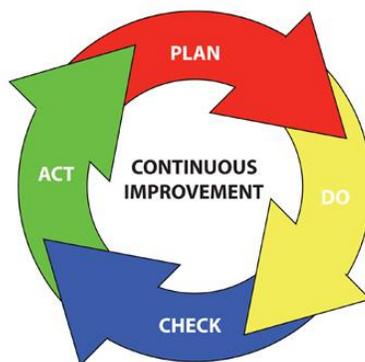
## 2. Assessment

Benchmark data will be collected utilizing a variety of methods including data from enrolled families during home visits, administrative data on participating families from state agency data systems, and operational processes at the state and local levels. Data will be aggregated and analyzed, and assessed for differences between current performance and desired performance based on indicator targets. Data analysis will most likely be built into the data and case management information system utilized by subcontractors, and data will be summarized using programmed report templates. Those processes or outcomes that are not meeting target expectations will be flagged and prioritized for follow-up with Plan-Do-Check-Act process with state/local administrators, model developers and the CQI team.

## 3. Initiative

Those performance indicators identified as falling short of desired expectations will be considered as opportunities for performance improvement. The MIECHV CQI team will address performance improvement opportunities using the “Plan-Do-Check-Act” framework, which provides a continuous and methodical approach to identify performance problems and possible causes, then outline and prioritize corrective actions. The MIECHV program will provide technical assistance to implementing agencies related to utilizing the PDCA approach for CQI, as well as provide tools to assist in identifying problems and viable solutions. The subcontractor will be required to report on performance indicators, which will be incorporated into contract performance metrics bi-annually to facilitate continuous quality improvement and assurance of contract compliance. Similar reports will be generated at the state level to monitor programmatic operations. The CQI team will determine which types of reports should be generated and provided to key players to facilitate a culture of quality. Performance interventions will be documented and monitored by the CQI team for improvement in specified processes and outcomes, as well as adherence to model standards.

### Plan-Do-Check-Act



#### 4. Evaluation

The MIECHV program will require subcontractors to conduct and submit an annual performance evaluation. The performance evaluation should summarize the goals and objectives of the CQI plan, progress made toward goals and objectives, adherence to model-specific standards, and performance improvement interventions conducted over the year, including the performance indicators, data analysis results, targets, and specific initiatives implemented in response to the PDCA approach.

#### **Section 8: Technical Assistance Needs**

Local MIECHV Grantee Anticipated Technical Assistance Needs:

1. Continuous Quality Improvement
2. Implementing with Model Fidelity
3. Referral Networks: Building and Tracking Referrals

**Request for Technical Assistance (TA)**

Idaho Maternal, Infant, and Early Childhood Home Visiting Program

Submitted by: Laura Alfani  
Submitted on: September 25, 2012

**Develop and Execute Series of Training Workshops for local MIECHV program staff on data use and continuous quality improvement (CQI).**

The Idaho Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program is submitting a technical assistance request the Health Resources and Services Agency (HRSA) and Zero to Three Technical Assistance Coordinating Center (TACC) seeking support to design a series of training workshops on the topics of data use and CQI for local MIECHV programs. The Idaho MIECHV program has identified a need for skills development for local MIECHV programs related to data use and CQI.

*The Supplemental Information Request #2 Updated State Plans defined CQI as follows:*

<b>Continuous Quality Improvement</b>	A systematic approach to improving processes and outcomes through regular data collection, examination of performance relative to pre-determined targets, review of practices that promote or impede improvement, and application of changes in practices that may lead to improvements in performance.
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*The Supplemental Information Request #2 Updated State Plans outlined the following CQI requirements:*

**Section 7: Plan for Continuous Quality Improvement:** States must propose a plan describing how continuous quality improvement strategies will be utilized at the local and State levels.

- The Updated State Plan must identify strategies for enhancing staffing and administrative structures at the State and community levels to ensure continuous quality improvement, implement data systems, and develop high-quality ongoing training and supervision of program staff.
- Discuss how the proposed model meets the legislative requirements of being in existence for at least three years, is grounded in relevant empirically-based knowledge, is linked to program-determined outcomes, and is associated with a national organization or institution of higher education that has comprehensive home visiting program standards that ensure high quality service delivery and continuous quality improvement.
- A plan for obtaining or modifying data systems for ongoing continuous quality improvement (CQI)...

Widespread use of the CQI approach in the prevention field has been encouraged for several reasons. A CQI approach has the potential to:

- Provide a means for community-based programs to benchmark their processes and outcomes and thus document results in the absence of comparison groups;
- Inform the adaptation of evidence-based home visiting models to the unique community settings in which they are implemented, taking advantage of local insights;
- Develop and incorporate new knowledge and practices in a data-driven manner;
- Inform programs about training and technical assistance needs;

- Help monitor fidelity of program implementation;
- Strengthen referral networks to support families;
- Provide rapid information on a small scale about how change occurs;
- Identify key components of effective interventions; and
- Empower home visitors and program administrators to seek information about their own practices through the provision of regular reports which summarize performance on a variety of indicators associated with their processes and outcomes.<sup>1</sup>

The use of CQI methods in the MIECHV Program is likely to result in more effective program implementation and improved participant outcomes. Through the collection and regular use of data, home visiting programs can identify and rectify impediments to effective performance as well as document changes and improvements. For these reasons, it is expected that the State will benefit from applying a CQI approach to any evidence-based and promising home visiting models proposed. The State must discuss a plan for Continuous Quality Improvement in the Updated State Plan. Technical assistance will be provided as needed on CQI strategies.

### **Background and Justification:**

The Idaho MIECHV program established contracts with four local organizations to provide evidence-based home visiting in February and April, 2012. Throughout the first few months of work with Idaho's local MIECHV programs, the MIECHV program has working with the local MIECHV programs to understand where organizations are on the continuum of implementation. The National Implementation Research Network (NIRN) has outlined stages of implementation. In the implementation stages organizations may be in exploration, installation, initial implementation, or full implementation of an evidence-based program. To help us identify where the local MIECHV programs were on this continuum of implementation, the MIECHV program conducted the following activities: organizational capacity assessment, community meetings, on-site discovery visits, program orientation, and on-site readiness assessments. Through these and other activities and interactions, the Idaho MIECHV program has identified a need for training and skills development in data use and integration of continuous quality improvement into ongoing performance management. Using data effectively is a critical component in assessing model fidelity, client progress, program performance, and informing the CQI process.

Additionally, in September 2011, Idaho MIECHV program has contracted with the Boise State University (BSU) Center for Health Policy (CHP) to conduct an evaluation of the Idaho MIECHV program in addition to providing training and technical assistance, supporting Benchmark plan development, and conducting a cost analysis. As part of the evaluation, the BSU CHP interviewed each of the local MIECHV programs prior to program implementation to establish a baseline of qualitative information regarding organizational priorities including CQI, capacity for reflective supervision, and community partnerships. In these interviews, the CHP evaluation team learned that only one of the four programs had some form of CQI team in place. Two programs are newly providing home visiting services through the MIECHV program and hence do not have a CQI team in place. Another program had an informal CQI team, and the director of one program stated that all staff members participated in the informal CQI process. All four local MIECHV programs are using data in some way. However, all four programs expressed the

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<sup>1</sup> Ammerman et al: "Development and Implementation of a Quality Assurance Infrastructure in a Multisite Home Visitation Program in Ohio and Kentucky." *Journal of Prevention and Intervention in the Community*. Vol 34. No.1/2. 2007.

need for additional training to better understand how data can be used to drive the decision-making processes. For example, when asked whether used data is to produce meaningful results, one person said, "Yes and no; We are looking at what we should be looking at, but wonder if there is anything else that we should be looking at." One program uses data primarily to fulfill grant requirements. The following is an table of local MIECHV programs.

Community	Organization	Home Visiting Program	New	# Clients
Kootenai and Shoshone counties	Mountain States Group	Early Head Start	Since 1996	11
	St. Vincent de Paul ICARE	Parents as Teachers	Since 1998	30-40
	Panhandle Health District	Nurse-Family Partnership	New	50
Twin Falls and Jerome counties	Community Council of Idaho	Early Head Start	New	18

In response to this need the Idaho MIECHV program would like to develop a series of interactive, skilling building modules and workshops that utilize a variety of communication mediums including: web-based, didactic, and collaborative group learning for local MIECHV program staff. The content of this series of learning modules should gradually build competence in using data for performance management in a CQI process. We have drafted some key elements of this CQI training series in the document embedded below. We utilized material and key findings from the New Jersey Department of Children and Families data fellows program. Additionally, we have found very useful the report *New Jersey Department of Children and Families "Manage by Data" National Promising Practice Findings* from June 2010. This report compiled examples of CQI and performance management systems from several state child welfare agencies to inform the development of CQI and performance management. This report can be found at:

<http://muskie.usm.maine.edu/ncic/assets/Final%20Managing%20by%20Data%20Promising%20Practice%20Report%20June%2016%202010.pdf>.



Idaho MIECHV CQI Plan.docx

The Idaho MIECHV program requires local MIECHV programs submit a CQI report every six months. The first CQI report was due in July, 2012. Largely issues identified in the CQI report were related to staffing, community partnerships, and outreach because services were not being provided. The CQI report is embedded below.



MIECHV Program CQI Report 4-26-201

Objectives of TA:

- Support in development of training/workshop content
- Support in development of training/workshop format
- Support in identification of potential partner to deliver training/workshops

**2013 Plan for Continuous Quality Improvement and Data Use**

2013	Individual Capacity Development	Organizational and Infrastructure Capacity Development
January	<p>Idaho MIECHV State lead to work Kate, Lance, Georgia (DOHVE) to develop curriculum for local implementation agency staff on data use</p> <p>Idaho MIECHV State lead notifies and invites local implementation agencies to identify staff to participate in training.</p> <p>Idaho MIECHV program state lead develops contract requirements for consultant contractor to provide data use training and ongoing consultation.</p>	<p>Idaho MIECHV State Lead to work with Maria Gehl (TACC) to develop and refine organizational and infrastructure capacity development plan for 2013.</p>
February	<p>DOHVE team and Idaho MIECHV state lead finalize training/curriculum for data use.</p> <p>Idaho MIECHV State lead identifies consultant/contractor to implement training with local agencies and provide ongoing consultation and mentorship for until Spring, 2014 through request for quote process.</p> <p>Idaho MIECHV State lead or contractor/consultant to coordinate training schedule/location.</p>	<p>Idaho MIECHV program state lead drafts CQI toolkit (MIECHV specific guidance detailing expectations and tips for local implementation and general CQI toolkit with definitions, charts, etc.) for TACC/DOHVE review:</p> <ul style="list-style-type: none"> <li>a) What does CQI look like for home visiting programs (examples of indicators)</li> <li>b) How do home visiting programs integrate CQI into their business and program operations?</li> <li>c) CQI Teams: Who should participate, what does the CQI team do (purpose and power), when should a CQI team meet (Tier 1: Local CQI Teams, Tier 2: State CQI Team)</li> <li>d) CQI Toolkit outline below (as developed by Lance Till (DOHVE))</li> </ul>
March	<p>Pre-test evaluation for skill level, knowledge, confidence, etc.</p> <p>One to two training sessions</p>	<p>Supervisor Roundtable on March 20, Supervisors will continue discussion of home visit completion with seven months of data. Confirm definition of home visit completion, establish targets for home visit completion and home visit attempts</p>
April	<p>Two training sessions (Online/Face-to-Face??)</p>	<p>Finalize CQI Tool kit to be shared at Idaho MIECHV Annual Two-Day Meeting in June. Communicate with local implementation agencies the need for CQI teams and team member attendance at the Idaho MIECHV Annual Two-Day Meeting in June to participate in the one-date CQI workshop.</p>

2013	Individual Capacity Development	Organizational and Infrastructure Capacity Development
		State MIECHV lead identifies members of state CQI team (Tier 2) and invites Tier 2 CQI team to participate in the CQI workshop at the Idaho MIECHV Annual Two-Day Meeting.
May	<p>Two training sessions (<i>Online/Face-to-Face??</i>)</p> <p>Post-test evaluation for skill level, knowledge, confidence, etc.</p>	<p>Idaho MIECHV program conducts one day, on-site monitoring visits to assess compliance with contract requirements with each local implementation agency (including CQI contract requirements).</p> <p>Contract Requirements related to CQI:</p> <ol style="list-style-type: none"> <li>a. Implement continuous quality improvement policies and practices utilizing a CQI Plan. The Plan should outline activities to be performed throughout implementation in accordance with the PDCA (or other equivalent framework).</li> <li>b. Ensure qualified person(s) or teams are responsible for implementing CQI plan (persons responsible for data collection, data entry, data analysis, plan and policies)</li> <li>c. Coordinate with IDHW and Evaluation Team to inform CQI processes</li> <li>d. Use participant feedback to improve service delivery and business practices as a part of CQI.</li> </ol>
June	<p>Trainees attend the Idaho MIECHV Annual Two-Day Meeting. All local implementation agency staff and CQI team members convene in Boise to participate in a two day meeting. One full day includes CQI and data use workshop.</p> <p><i>Afternoon:</i></p> <ol style="list-style-type: none"> <li>a) Case study with fake relevant data</li> <li>b) Organizational break-outs for CQI teams with mentors (Eval Team, State Lead, Consultant, DHW Analysts): Review of organizational specific data on up to three indicators as selected by state lead, evaluation team, and organizational leaders.</li> </ol> <p>Next Steps and Discussion of</p>	<p>Idaho MIECHV Annual Two-Day Meeting: all local implementation agency staff and CQI team members convene in Boise to participate in a two day meeting. One full day includes CQI and data use workshop.</p> <p><i>Morning:</i></p> <ol style="list-style-type: none"> <li>c) Presentation of Continuous Quality Improvement (CQI) Toolkit <ol style="list-style-type: none"> <li>a. What is CQI?</li> <li>b. What are the benefits of CQI?</li> <li>c. How is this different from Process Improvement or Quality Assurance?</li> <li>d. Methodologies</li> <li>e. CQI Flowchart</li> </ol> </li> <li>d) CQI Teams <ol style="list-style-type: none"> <li>a. Roles and Responsibilities</li> <li>b. Organizational Chart</li> </ol> </li> <li>e) Creating a Culture of Quality <ol style="list-style-type: none"> <li>a. Attitude</li> <li>b. Transparency</li> <li>c. Data</li> <li>d. Commitment</li> <li>e. Current Culture</li> <li>f. Outcomes</li> </ol> </li> <li>f) Quality Improvement Tools <ol style="list-style-type: none"> <li>a. Charts/Figures to Examine Quality <ol style="list-style-type: none"> <li>i. Pareto Charts</li> <li>ii. Histograms</li> <li>iii. Control Charts</li> <li>iv. Trend Analyses</li> </ol> </li> <li>b. Root Cause Analysis/Drivers</li> </ol> </li> </ol>

2013	Individual Capacity Development	Organizational and Infrastructure Capacity Development
	Continuous Quality Improvement (CQI) MIECHV expectations	<ul style="list-style-type: none"> <li>i. Fishbone/Ishikawa Diagram</li> <li>ii. Mind Mapping</li> <li>iii. 5 Whys</li> <li>c. Process Maps/Flowcharts <ul style="list-style-type: none"> <li>i. Target Setting</li> <li>ii. Baselines</li> <li>iii. Using other data (i.e., HP2020, state data)</li> </ul> </li> <li>g) Plan-Do-Study-Act (or Plan-Do-Check-Act)</li> </ul> <p><i>Afternoon:</i></p> <ul style="list-style-type: none"> <li>h) Case study with fake relevant data</li> <li>i) Organizational break-outs for CQI teams with mentors (Eval Team, State Lead, Consultant, DHW Analysts): Review of organizational specific data on up to three indicators as selected by state lead, evaluation team, and organizational leaders.</li> <li>j) Next Steps and Discussion of Continuous Quality Improvement (CQI) MIECHV expectations</li> </ul>
July	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Local implementation agencies to submit CQI Report to state MIECHV program. In CQI Report local organizations confirm members of CQI team (Tier 1) and initial two to three topics the organization will address in the coming six months through a CQI process.
August	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Tier 2 CQI Meeting: Roles and Responsibilities, Data Overview, Identification of one to two CQI topics
September	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Supervisor Roundtable: Supervisors will continue discussion of home visit completion with 10 months of data. Identify second CQI topic and determine how
October	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Ongoing communication with local implementation agencies to discuss progress on Tier 1 CQI teams and activities. Provide TA and follow-up as necessary.
November	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Tier 2 CQI Meeting: Review Data, Outline PDCA activities and timeline for one to two topics identified in August Tier 2 Meeting.
December	Consultant/Contractor provides ongoing consultation and mentorship to trainees and local implementation agencies	Supervisor Roundtable

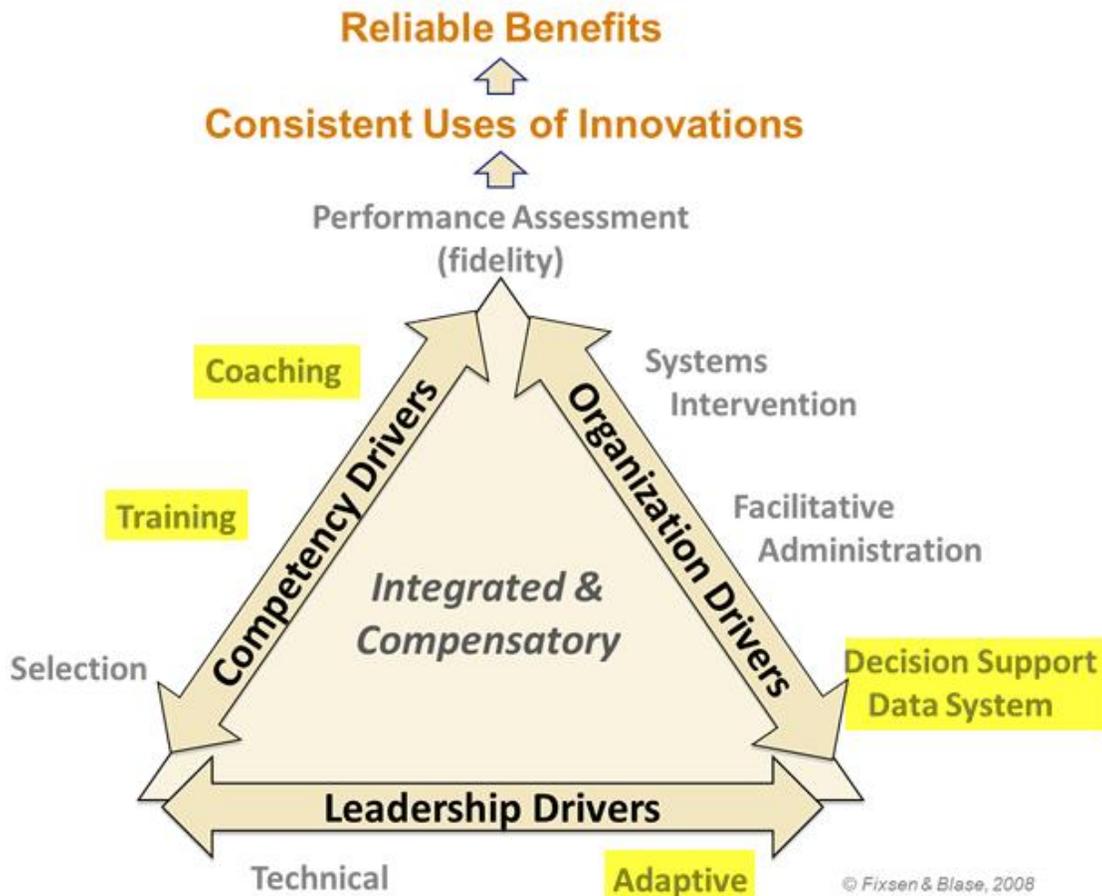
## Draft Outline for Using Data Effectively (Understanding and Interpreting Data) Training

Topic	Resources
1. Overview of Training	
2. Why Use Data	Bob's team, National Quality Center – UDLIA slide 6, GUDHCQI ch. 2
3. Types of Data	
a. Quantitative and qualitative	
b. Ordinal, nominal, categorical, etc.	BIDHCQI, Kansas University
4. What is quality data	Baseman, GUDHCQI p. 27
5. Basic statistics	
a. Counts and sums, ratios, rates, and percentages (use example of dropouts)	Baseman, Urban Institute, GUDHCQI, Hospice
b. Mean, median, and mode (when to use each and what an average will tell you and not tell you)	Baseman, GUDHCQI
c. Range, standard deviation	Baseman, GUDHCQI
d. Incidence and prevalence	Baseman
6. Calculating the extent of clients' change or final condition (use examples from benchmarks)	Urban Institute
7. Making Comparisons	Urban Institute
a. Comparing latest data with data from previous time periods	
b. Comparing data with targets	
c. Cross-tabulations – by demographic group, service characteristics, two-way breakouts	
d. Comparison of outcomes with targets for subgroups of clients	
8. Examining findings across outcomes	Urban Institute
9. Presenting data (Should we focus on how to effectively present data or how to interpret/consume data in tables, charts, etc.?)	
a. Frequency tables	Baseman, GUDHCQI p. 40, UWEX – Don't Average Words
b. Line graphs/trend charts, pie charts, bar charts, scatter plots, box plots, histograms	Baseman, GUDHCQI, Minter
c. When to use each graph	GUDHCQI p. 42, Minter p. 6
10. Highlighting findings that need attention (red, yellow, green)	Urban Institute



## Implementation Driver's Framework

Implementation and integration of a CQI process into home visiting programs and infrastructure as an intervention and innovation can be viewed through the lens of the Implementation Science Framework and literature. Competency, organizational, and leadership drivers all contribute to the effectiveness of the implementation, long-term integration, and adoption of CQI into organizational practices. Idaho MIECHV program CQI plan and activities for 2013 target training, coaching, adaptive leadership, decision support for data system, and systems intervention.



Retrieved from <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers> on January 16, 2013. The National Implementation Research Network, FPG Child Development Institute, University of North Carolina, Chapel Hill.