

MIECHV Continuous Quality Improvement Learning Collaborative

What are we trying to accomplish? How will we know that a change is an improvement? What change can we make that will result in improvement? Act Plan Study Do

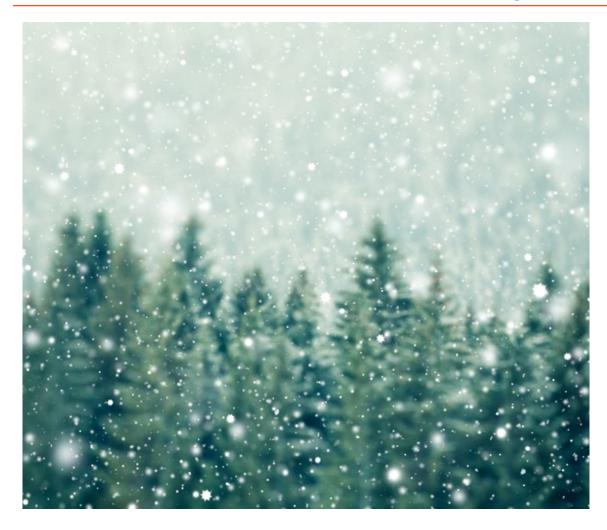
"While all changes do not lead to improvement, all improvement requires change".

-Institute for Health Improvement

Public Health Division: Family & Child Health

January 29, 2025

Commitment to Racial Equity and Trauma-Informed Spaces



Family & Child Health (FCH) works to co-create courageous spaces to share ideas respectfully. We acknowledge that a variety of backgrounds, skills, communication styles, and beliefs are present. While we acknowledge that there are power differentials among us, all attendees bring equally valuable opinions. Each participant is encouraged to provide leadership.

Welcome!

Chatterfall:

Type the following into the chat box but do not press enter until you hear the go ahead from the countdown from 3...

Name, program, role and one aspiration you have for youself (personal/professional) or your team in 2025?









Oregon MIECHV System Team







Pamela Ferguson
Home Visiting
Systems
Manager



Drew Strayer
Home Visiting
Systems Coordinator/
MIECHV Project
Director



Julie Plagenhoef NFP/Babies First State Nurse Consultant

Oregon MIECHV Data Team

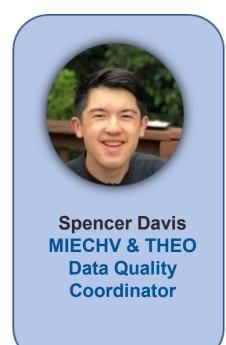


Jin Song

Research

Analyst







Agenda

Welcome!

A Look Back at FY2024

MIECHV Benchmarks & Measures: EHS & HFA FY24 CQI Measure Performance

MIECHV Form Changes & List Differences

Break + Announcements

Next Steps + Resources



FY24: Congratulations on your achievement!!! A look back....

January	February	March- April	May-June	July-Sept	Nov-Dec
1st Collaborative meeting	ASQ3 Baseline LIA level data distributed to teams; 1:1 team meetings; CQI Leads selected	FY23 LIA level baseline of screening and referral measures distributed; site visits and inperson trainings with teams; team charters completed & topics confirmed	First set of activities due to upload in Basecamp (e.g. KDD, PDSA cycles and process maps); confirmed 2 tracks for NFP vs. EHS/HFO	Distribution of LIA level mid- year data; CQI Learning Collab. webinar for statewide midyear data	1:1 team meetings on of status aim statements and statewide focus on topics from screening & referrals; OR participation in CQI Practicum for NFP/HFO Lane Co. team- more findings to be shared late FY25

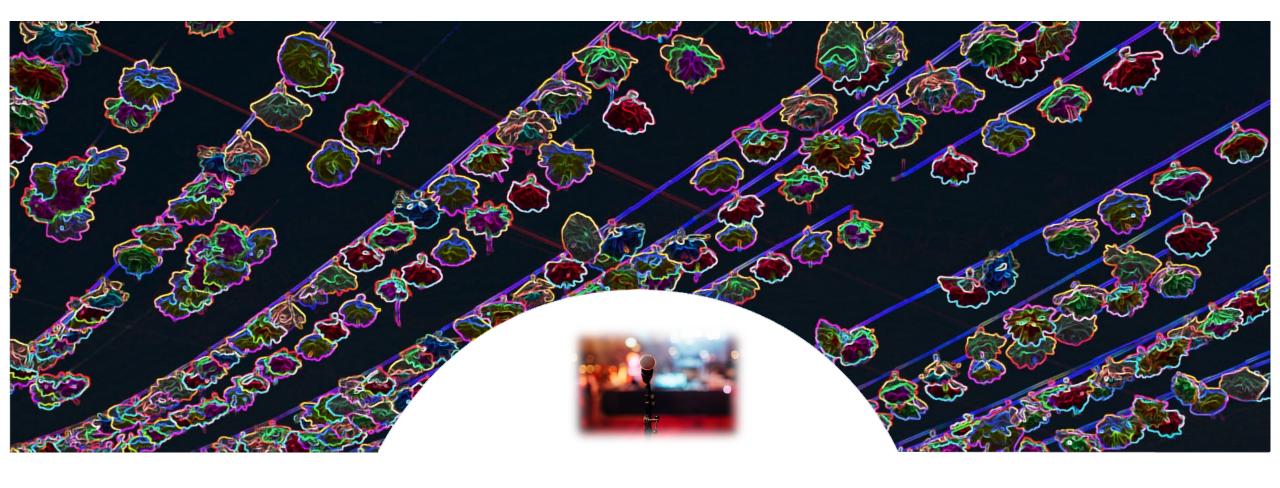
Participating Sites

- > EHS- 4 total
 - ASQ-3 Screenings 3
 - Family Goal Setting- 1
- > HFA- 11 Total
 - ASQ-3 Screenings- 11
- > PDSAs
 - Pending = 7
 - Completed = 22
- > SMART Aims
 - Pending = 2
 - Completed timeline = 12
 - Exceeded Aims = 9





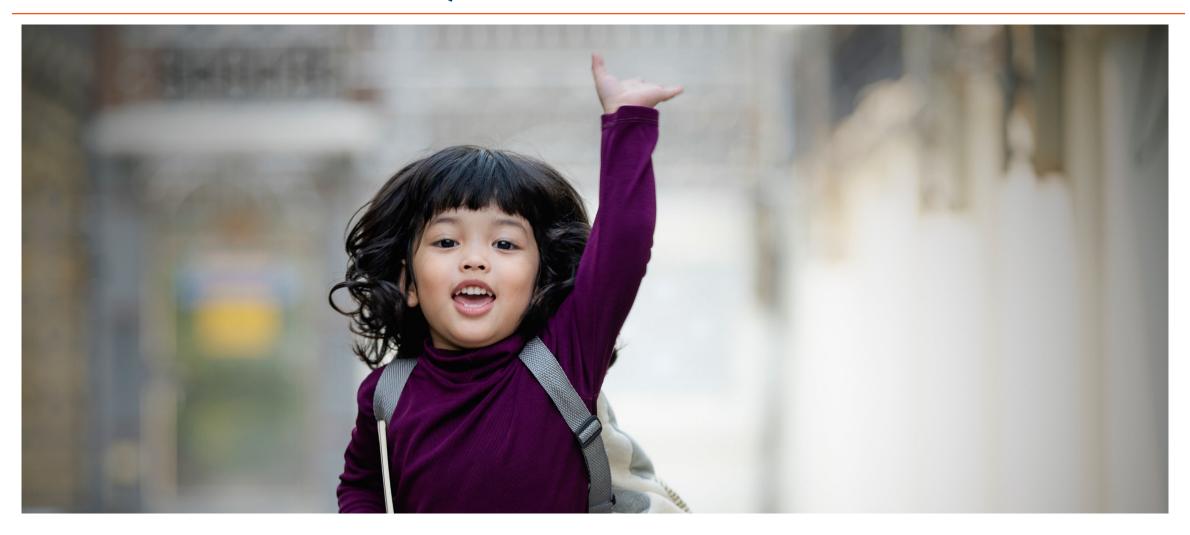
- Our statewide aim is to increase the percent of children enrolled in MIECHV home visiting programs with timely completion of ASQ-3 developmental screening <u>from 55.7% in FY23 to 60-65% for</u> FY24
 - We **exceeded** our aim to **75.3%** of timely screens!! (EHS/HFA)
 - Therefore, we are moving to other screening & referral measures to improve and/or maintain our performance

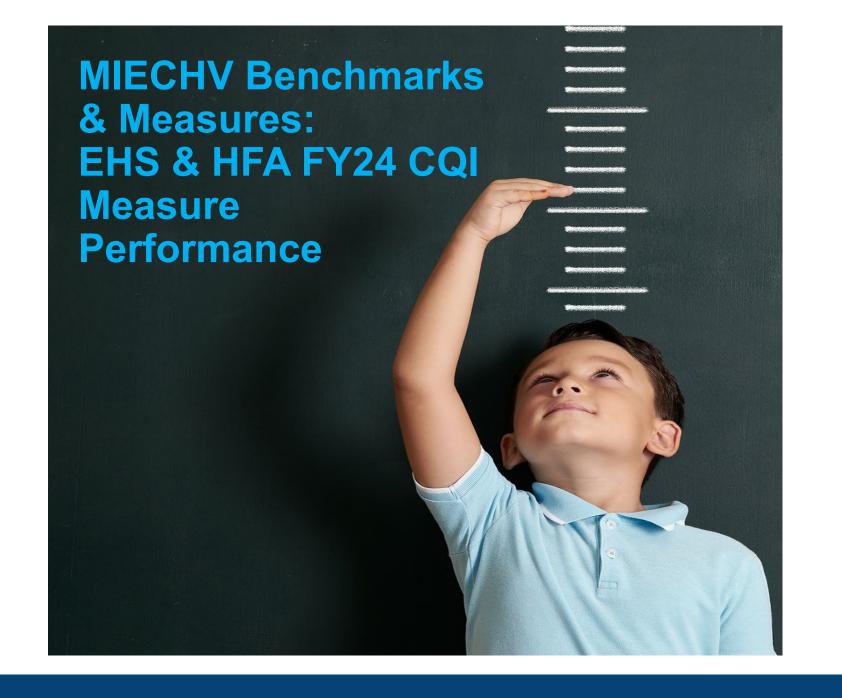


Team Spotlights!

What would your team like to share about your progress in FY24?

Questions?





BENCHMARKS



Improved maternal and newborn health

Improved school readiness and achievement



Improved family economic self-sufficiency



Reduced child injuries, abuse, and neglect



Reduced crime or domestic violence



Improved coordination and referrals for community resources

MIECHV Benchmarks

BENCHMARK TABLE

Benchmark	Maternal and Newborn Health
Measures	 Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who
	are born preterm following program enrollment.
	Percent of infants (among mothers who enrolled in home visiting prenatally) who were
	breastfed any amount at six months of age.
	3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a
	validated tool within three months of enrollment (for those not enrolled prenatally) or within
	three months of delivery (for those enrolled prenatally).
	4. Percent of children enrolled in home visiting who received the last recommended visit based on
	the American Academy of Pediatrics (AAP) schedule.
	5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who
	received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery.
	6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or
	cigarettes at enrollment and who were referred to tobacco cessation counseling services within
	three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	 Percent of infants enrolled in home visiting that are always placed to sleep on their backs,
	without bed-sharing or soft bedding.
	8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among
	children enrolled in home visiting.
	 Percent of children enrolled in home visiting with at least one investigated case of
	maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	10. Percent of primary caregivers enrolled in home visiting who receive an observation of
	caregiver-child interaction by the home visitor using a validated tool.
	11. Percent of children enrolled in home visiting with a family member who reported that during a
	typical week s/he read, told stories and/or sang songs with their child daily, every day.
	12. Percent of children enrolled in home visiting with a timely screen for developmental delays
	using a validated parent-completed tool.
	13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if
	they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal
	violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	15. Percent of primary caregivers who enrolled in home visiting without a high school degree or
	equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed
	high school or equivalent during their participation in home visiting.
	16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance
	coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	17. Percent of primary caregivers referred to services for a positive screen for depression who
	receive one or more service contacts.
	18. Percent of children enrolled in home visiting with positive screens for developmental delays
	(measured using a validated tool) who receive services in a timely manner.
	19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV
	(measured using a validated tool) who receive referral information to LEV resources.
	+

19
Performance
Measures
across
6
Benchmarks

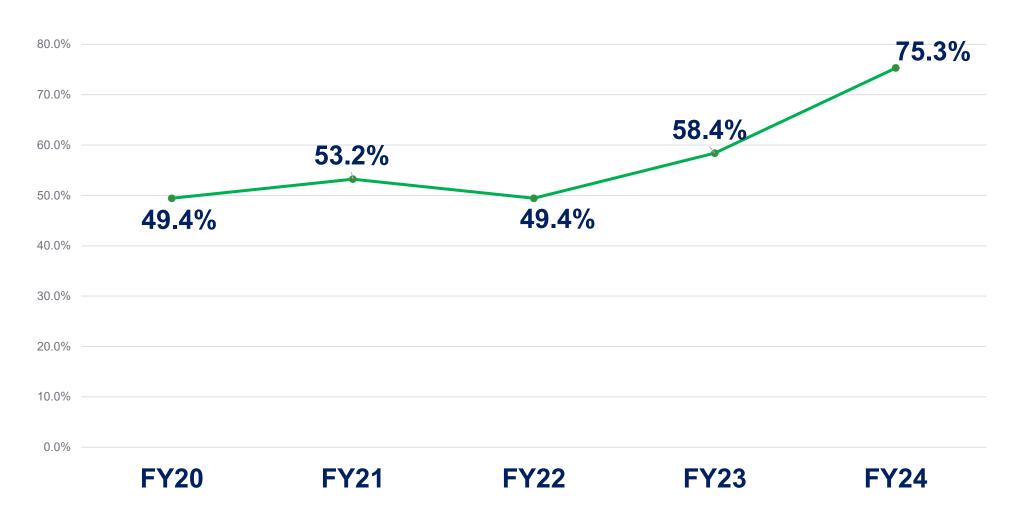
Performance Measures of FY24 - 25 CQI Focus

- Measure 12. Developmental Screening
- Measure 18. Completed Developmental Referrals
- Measure 3. Depression Screening
- Measure 17. Completed Depression Referrals
- Measure 14. Intimate Partner Violence Screening
- Measure 19. Intimate Partner Violence Referrals
- Measure 6. Tobacco Cessation Referrals

Performance Measure 12: Developmental Screening, EHS & HFA

Measure Definition	FY24
Percent of children enrolled in home visiting with a timely screen* for developmental delays using an ASQ-3 assessment tool *Within the ASQ-3 screening window relevant to each of children's ages: 9 or 10, 18, 24 and 30 months	75.3% (247/328)

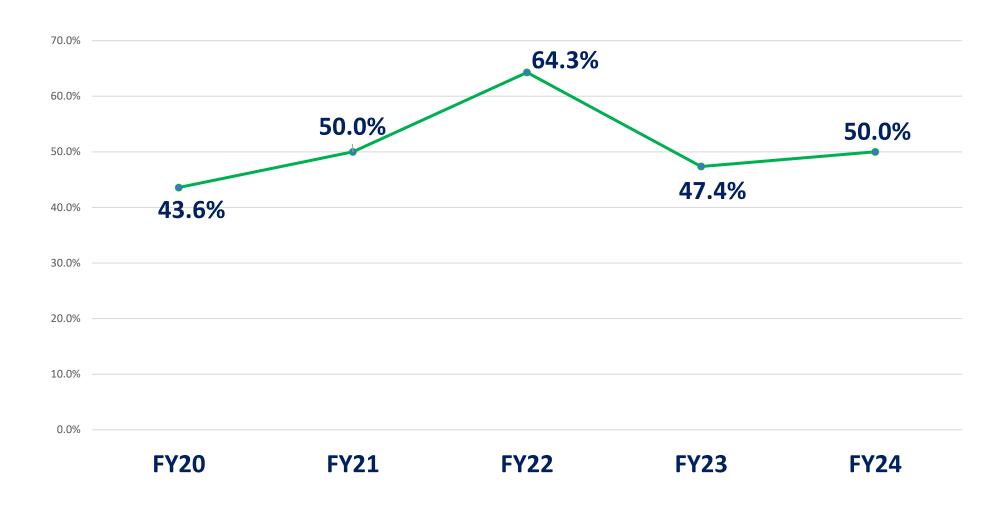
Performance Measure 12: Developmental Screening, EHS & HFA



Performance Measure 18: Completed Developmental Referrals, EHS & HFA

Measure Definition	FY24
Percent of children enrolled in home visiting with positive screens for developmental delays (measured using ASQ-3) who receive at least one of three types of services:	50.0% (23/46)
 (a) Individualized developmental support (no time constraints) (b) Referral to early intervention (EI) services and receipt of EI evaluation within 45 days of the referral (c) Referral to other community services and receipt of the service must within 30 days of the referral. 	

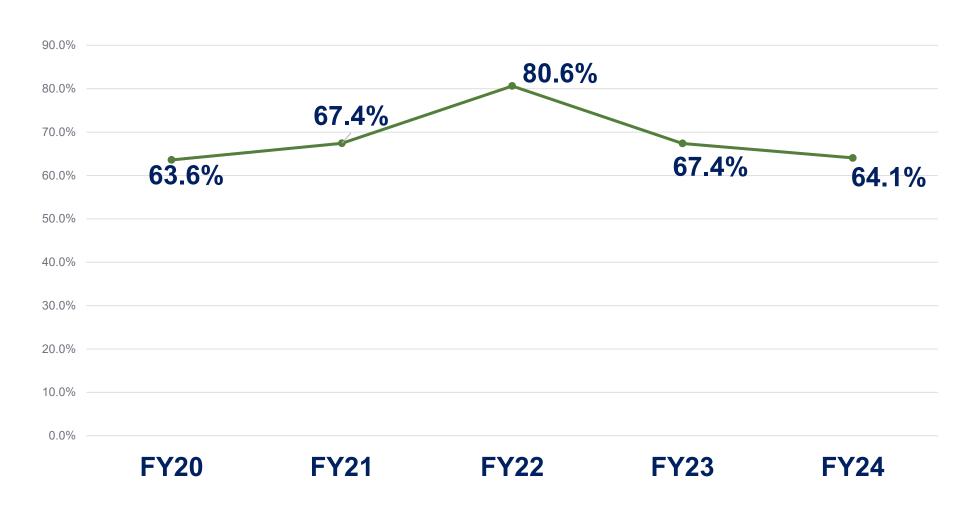
Performance Measure 18: Completed Developmental Referrals, EHS & HFA



Performance Measure 3: Depression Screening, EHS & HFA

Measure Definition	FY24
Percent of caregivers who received a timely screen* for deprusing a PHQ-9 screening tool	ession 64.1% (139/217)
*(a) within 3 months of enrollment for those not enrolled pr (b) within 3 months of delivery for those enrolled prenatally	

Performance Measure 3: Depression Screening, EHS & HFA





To be completed within 90 days of enrollment (for those not enrolled prenatally)
OR within 90 days of infant birth (for those enrolled prenatally)

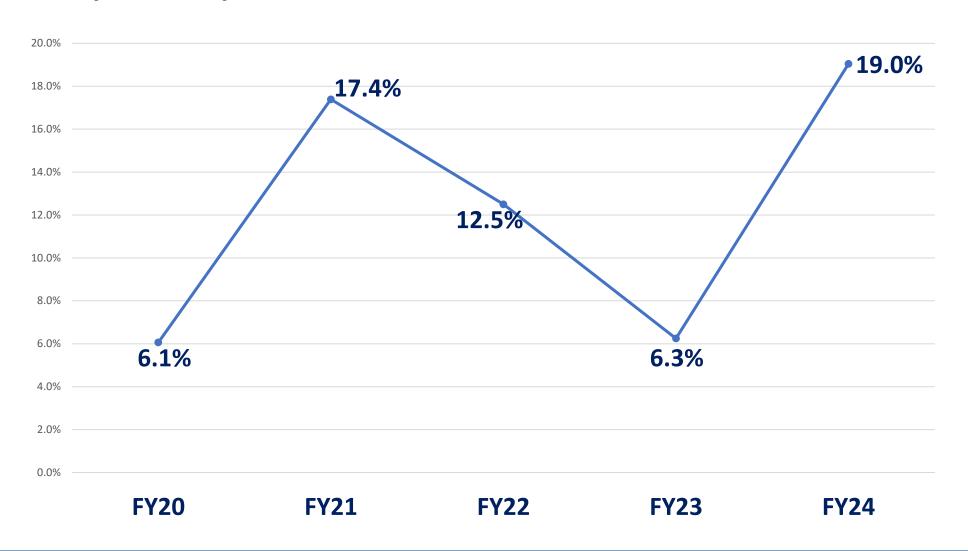
Name of Home Visitor:			<u> </u>
Home Visiting Program:	☐ Early Head Start	☐ Healthy Families Oregon	
Parent ID #:			_
Name of Index Parent:			_
Part A: Depression Screen	ing		
· · · · · · · · · · · · · · · · · · ·		a PHQ-9 screening within 90 otly receiving or have previous	<u> </u>
I. PHQ-9 completed?			
\square Yes, completed \rightarrow	Date tool complete	ed: $\underline{\hspace{1cm}/\hspace{1cm}/20}$ \rightarrow Go to Q	uestion 1a.
1a. If Yes, res	ult of PHQ-9:		
☐ Scc	re of 10 or higher \rightarrow	Go to Part B: Depression Ref	erral.
☐ Scc	re of 9 or lower		
☐ No, not completed complete another M5	→ Complete Screen	ning at future visit before the 9	0-day window closes then

Part B: Depression Referral

Performance Measure 17: Completed Depression Referrals, EHS & HFA

Measure Definition	FY24
Percent of caregivers referred to services for a positive screen	19.0%
for depression who receive one or more service contacts	(Denominator
	N < 25)

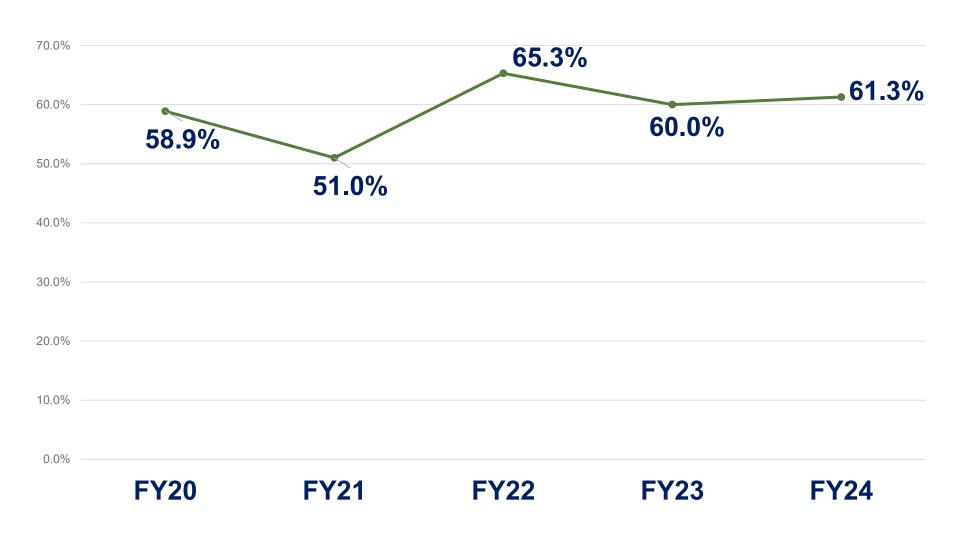
Performance Measure 17: Completed Depression Referrals, EHS & HFA



Performance Measure 14: Intimate Partner Violence Screening, EHS & HFA

Measure Definition	FY24
Percent of primary caregivers enrolled in home visiting who	61.3%
are screened for intimate partner violence (IPV) within six	(125/203)
months of enrollment, using a Futures Without Violence	
Relationship Assessment Tool.	

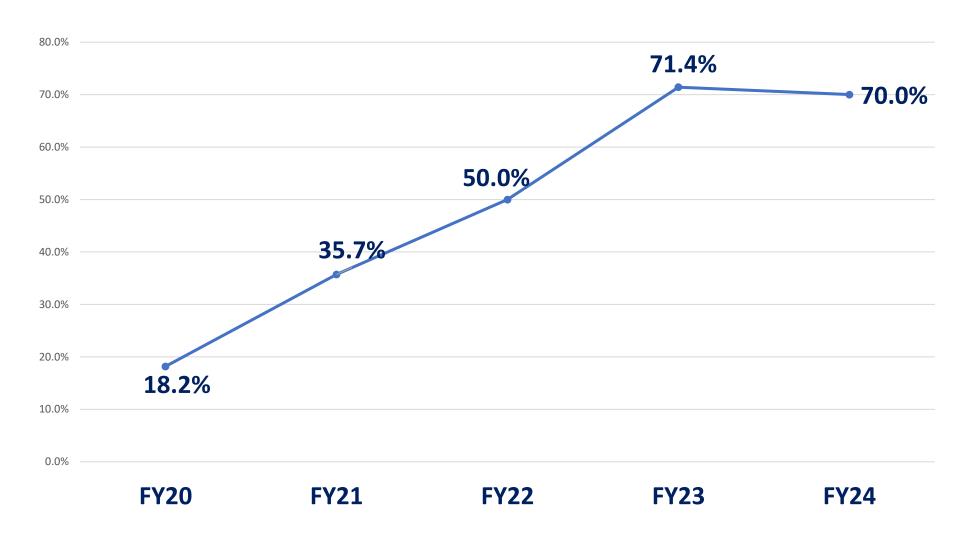
Performance Measure 14: Intimate Partner Violence Screening, EHS & HFA



Performance Measure 19: Intimate Partner Violence Referrals, EHS & HFA

Measure Definition	FY24
Percent of caregivers enrolled in home visiting with positive	70.0%
screens for intimate partner violence (IPV) who receive referral	(Denominator
information to IPV resources	N < 15)

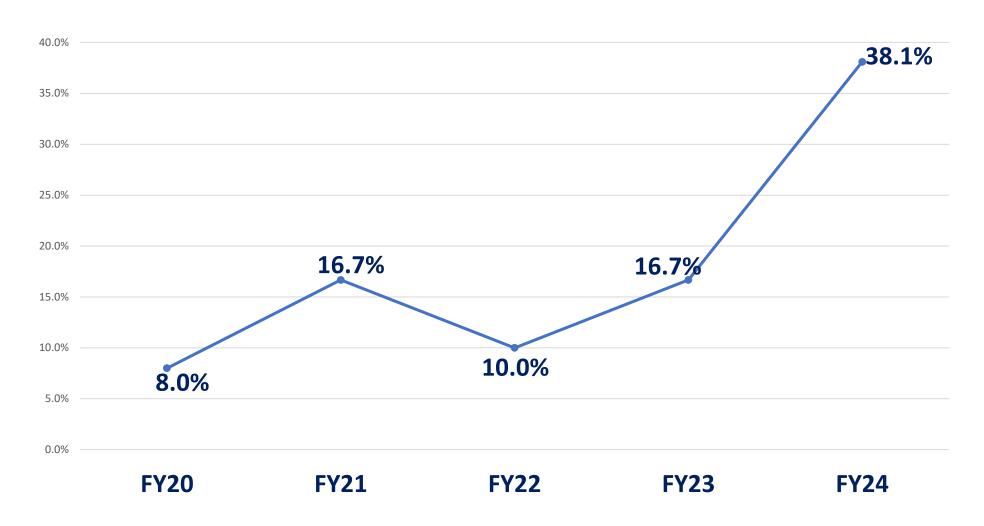
Performance Measure 19: Intimate Partner Violence Referrals, EHS & HFA



Performance Measure 6: Tobacco Cessation Referrals, EHS & HFA

Measure Definition	FY24
Percent of caregivers enrolled in home visiting who <u>reported</u> <u>using tobacco or cigarettes at enrollment</u> and who were referred to tobacco cessation counseling services within three months of enrollment.	38.1% (Denominator N < 25)
	Data missing: 30.0%

Performance Measure 6: Tobacco Cessation Referrals, EHS & HFA



M1 - THEO MIECHV ENROLLMENT Index Parent



10. Does Index Parent currently us hookahs, and bidis], non-combustible	•	ncludes combustibles [cigarettes, cigars, pipes, olvables], and ENDS)
☐ Yes→ Go to Question 10	a. \square No \rightarrow Go to Question 11.	☐ Unknown→ Go to Question 11.
10a. If yes, is parent	currently receiving tobacco cess	sation services?
☐ Yes		
☐ No ☐ Unknown		

Summary: FY24 CQI Measure Performance, EHS & HFA

> Screening-related Measures

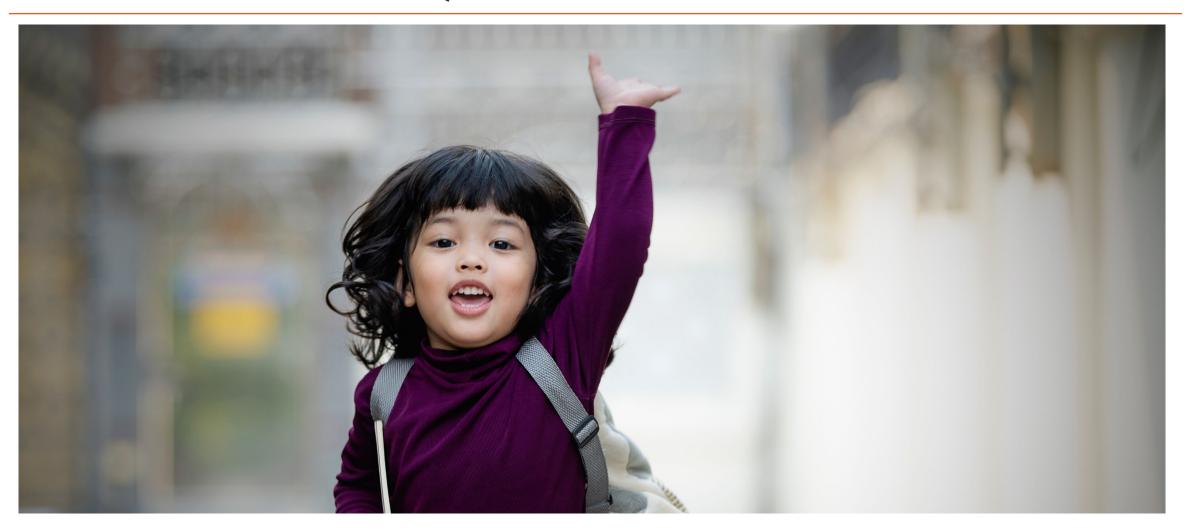
- PM 12 Developmental screening. FY24, 75%. 17 percentage-point increase from 58% in FY23. Greatest performance of the past five years.
- PM 3 Depression screening. FY24, 64%. Decrease from 67% in FY23 and 81% in FY22. Conduct screening on time for those enrolled prenatally vs. not prenatally.
- PM 14 IPV screening. FY24, 61%. Minimal increase from FY23. 65%, a top level, in FY22.

Summary: FY24 CQI Measure Performance, EHS & HFA

> Referral/follow-up Measures

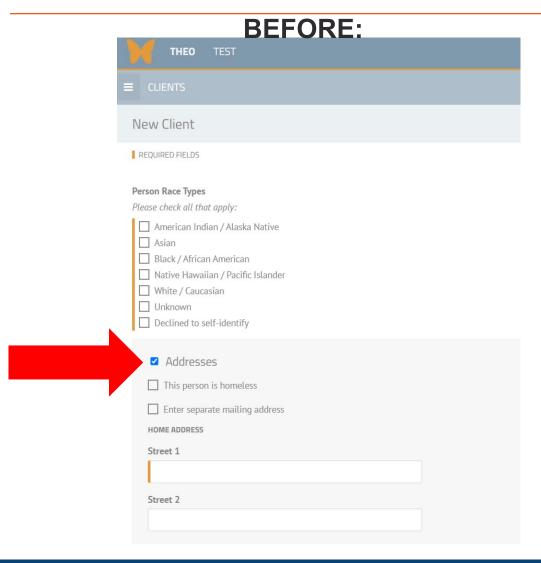
- Fluctuating performance due to small denominator N's
 - PM 17 Completed depression referrals. FY24, 19%. Greatest performance of the past five years; still needs improvement.
 - PM 18 Completed developmental referrals. FY24, 50%. Minimal increase from FY23. 64%, a top level, in FY22. Can provide individualized developmental support to more children.
 - PM19 IPV referrals. FY24, 70%. Maintained the FY23 level. Drastic increase from 18% in FY20
 - PM 6 Tobacco cessation referrals. FY24, 38%. Greatest performance of the past five years. Drastic increase from 8% in FY20.
- Utilize the lists of individual clients distributed by the state Data team

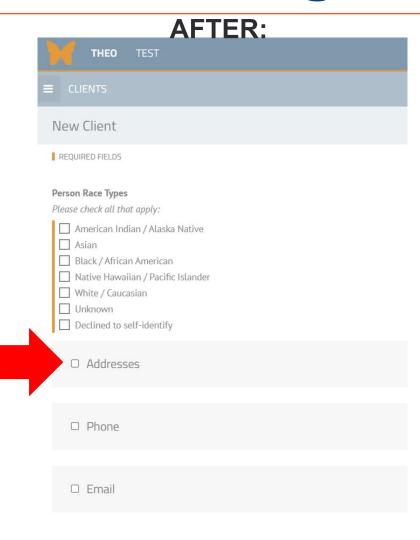
Questions?



MIECHV Form Changes & List Differences

THEO Data Entry Field Change





MIECHV Form Changes

MIECHV Form Changes

1. Well-Child Visit Question

2. Insurance Status Question

3. Relationship To Index Child Question

4. Injury Related Emergency Visits Question

Well-Child Visit Question

Form(s) Changed: M4

BEFORE:

4. Has your child had the following well-child visit? 3-5 days after birth: Yes No

AFTER:

Change: Adjusting the M4 child enrollment to allow you capturing the most recent well-child visit in situations where the child is enrolling after 1 month old.

Insurance Status Question

Form(s) Changed: M1, M4, M11, M12, M16, M17, M22, M23

BEFORE:

4.	4. Index Parent's Current Health Insurance status:				
	Not insured	State Children's Insurance Program (SCHIP)			
Private or employer's insurance TRICARE or other military health care		TRICARE or other military health care			
OHP/Medicaid Other insurance:		Other insurance:			
	CWM/CWM Plus				
AFTER:					
4.	4. Index Parent's Current Health Insurance status:				
	Not insured	State Children's Insurance Program (SCHIP)			
	Private or employer's insurar	nce TRICARE or other military health care			
	OHP/Medicaid	Other insurance			

Relationship To Index Child

Form(s) Changed: M9

BEFORE:				
3.	Relationship to Index Child: Biological mother	Biological father	Other caregiver	
	AFTER	:		
	Relationship to Index Child: Biological Parent	Other caregiver		

Injury Related Emergency Visits

Form(s) Changed: M9, M12, M14, M17, M20, M23

BEFORE:

1. In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?

NOTE: ER visits for illness should Reason: Reason:	not be noted Date://(month/day/year) Date://(month/day/year)				
Reason:	Date: / / (month/day/year)				
Reason:	Date: / / / (month/day/year)				
AFTER:					
1. In the past 6 months, have you (parent) taken your (index) child to the emergency department for an injury?					
Yes (If yes, record the date) No					
NOTE: ER visits for illness should not be noted					
Date: / / (month/day/year)					
Date: / / (month/day/year)					
NOTE: ER visits for illness should Date: / / / (month/day/year)					

MIECHV List Differences

MIECHV EHS/HFA – Comparing Lists

1. Quality Assurance / Data Correction List

2. Client Improve Services List

3. CQI Measure Performance Outcome Tables

MIECHV EHS/HFA - Comparing Lists

1. Quality Assurance / Data Correction List

2. Client Improve Services List

3. CQI Measure Performance Outcome Tables

Quality Assurance / Data Correction List

- How often is this list sent out: Quarterly (4 times a year)
- What is this list: A quality assurance check is conducted to identify missing referrals, forms, case visits, enrollment surveys, exit surveys, etc. Once these items are identified a list of data corrections are then sent to the home visitor to review and correct in THEO.
- What action is needed: Please review the list and make the listed requested corrections in THEO according to the instructions listed on them.

MIECHV EHS/HFA - Comparing Lists

1. Quality Assurance / Data Correction List

2. Client Improve Services List

3. CQI Measure Performance Outcome Tables

Client Improve Services List

How often is this list sent out: Biannually (twice a year)

- What is this list: An improving measure performance process is conducted. This entails a list of clients who are currently in the window period for not having a screening completed or who have not had a completed referral.
- What action is needed: Please review the list and follow-up on the missing services and data and/or track upcoming screening and referrals that are listed.

MIECHV EHS/HFA - Comparing Lists

1. Quality Assurance / Data Correction List

2. Client Improve Services List

3. CQI Measure Performance Outcome Tables

CQI Measure Performance Outcome Tables

- How often is this list sent out: Biannually (twice a year)
- What is this list: Reflects the measure performance, denominator and numerator.

 What action is needed: Review each measure performance table to assess measure outcomes and extent of alignment with local practice.

Questions

• For questions, comments, or concerns relating to form changes, changes to THEO, and/or differences between lists please contact me at: Spencer.K.Davis@oha.oregon.gov

Let's Take a 5 min. Stretch Break!!





Workforce Development

Book Club

- <u>Coaching in Home Visiting</u> for Supervisors
 - 3rd Thursdays at 8:00 am (Except for June)
 - 2/20, 3/20, 4/17, 5/15, 6/12, 7/17
- <u>Tackling the Tough Stuff</u> for Home Visitors
 - 3rd Fridays at 9:00 am
 - 2/21, 3/21, 4/18, 5/16, 6/20, 7/18

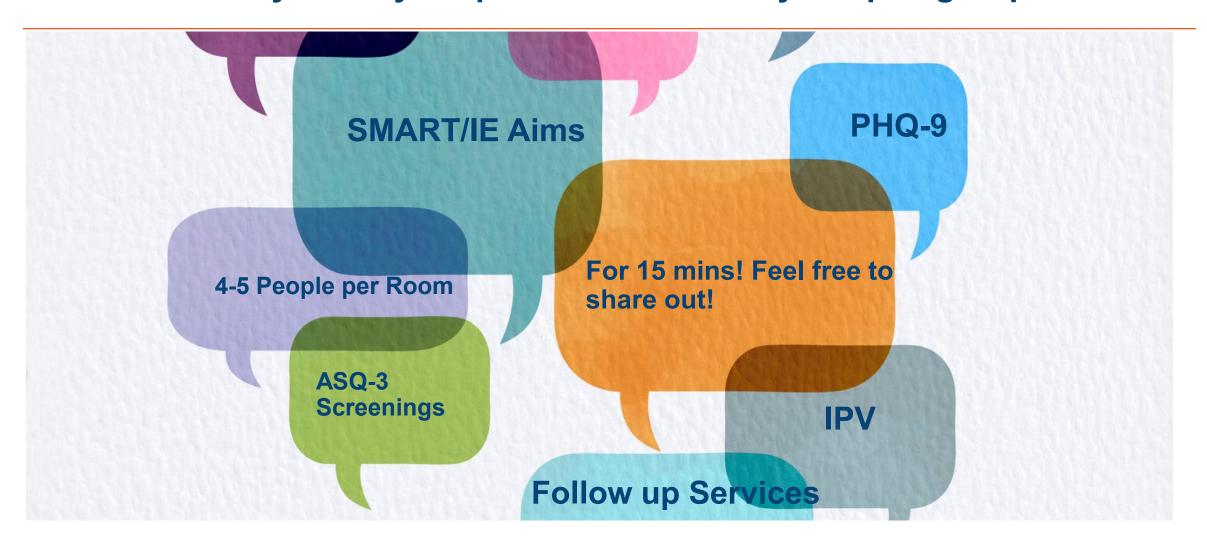
FAN

- Practitioner FAN application
 - Level 1: March 3, 4, 6 & 7
 - Level 2: Oct 2025 2 half days
- Supervisor FAN application
 - Level 1: June 3, 4, 5 & 10
 - Level 2: January 2026

Ongoing Opportunities

- Continuing Education Units and National Family Support Professional Certification
 - CEU and Certification Sponsorship Application
- Cultural and Linguistically Specific Sponsorship Application

Breakouts! Thank you for your patience as we set you up in groups



Next Steps & CQI Resources



CQI Plan in 2025: Statewide Aims

Developmental, Depression and IPV Screening/Follow-up Services

• ASQ-3:

- Screening: To maintain and/or increase the percent of children enrolled in EHA & HFA MIECHV funded home visiting programs with timely completion of ASQ-3 developmental screening at 75% from FY24, up to 75-80% for FY25.
- Referral: To increase the percent of children enrolled in EHS & HFA MIECHV funded home visiting programs with positive screens for developmental delays who receive services in a timely manner from 50% in FY24 to 60% for FY25.

Tobacco Cessation:

 For FY25, the percent of primary caregivers enrolled in MIECHV funded EHS & HFA home visiting programs who reported using tobacco or cigarettes at enrollment and referred to tobacco cessation will increase slightly from 38% in FY24 to 40-45% for FY25.

CQI Plan in 2025: Statewide Aims

Developmental, Depression and IPV Screening/Follow-up Services

• Caregiver Depression:

- Screening: To increase the percent of primary caregivers enrolled in MIECHV funded EHS & HFA home visiting programs who screened for depression will increase from 64% in FY24 to 70-75% for FY25.
- Referral: To increase the percent of primary caregivers in MIECHV funded EHS & HFA home visiting programs with a positive screens who receive one or more service contacts from 19% in FY24 to 25% for FY25.

• <u>IPV:</u>

- Screening: To increase the percent of caregivers enrolled in EHS & HFA MIECHV home visiting who are screened for interpersonal violence (PV) within six months of enrollment using a validated tool from 61% in FY24 to 70% for FY25.
- Referral: To maintain and/or increase the percent of primary caregivers enrolled in EHS & HFA MIECHV home visiting with a positive screen for IPV who receive referral information to IPV resources at 70% from FY24 to 70-75% for FY25.

^{*}Due to small numbers in referral measures, fluctuation in actual measure performance is expected. The sensitive nature of IPV referral especially lends to taking each individual situation into consideration when aiming to meet the criteria of this measure.

FY25 Topics: IPV and Depression Screening/Follow-up Services...

- ASQ-3s Timely Screens
 - Continuation of Aim or New Topic
 - Sustainability Worksheet
- Depression & IPV Screening Performance Threshold: 70% of screenings
 - Above threshold- Case by Case determination
 - Understanding your process and can it be duplicated for spread
 - Always room to learn and grow improvement
 - Another topic (screenings and referrals)
 - Below threshold- choosing either and/or both topics is strongly advised
 - Continued emphasis on timely follow up services

2025 CQI Coordination of Activities

OR MIECHV will provide:

- Organize and share more opportunities for trainings- TBA
- Quality improvement TA and support
- Communication and peer learning opportunities
- More topic specific resources, materials and tools to upload on Basecamp



LIA CQI team will:

- Review EHS/HFA CQI Activities & Updates/FY25 Expectations message posted to Basecamp and sent via email
- Update team charters
- Complete first list of activities and post by end of Feb. 2025 (reference post on Basecamp and email)
- Complete Sustainability Worksheet for FY24 topic of changes your team wants to hardwire
- Schedule next 1:1 check-in (optional)

2025 CQI Coordination of Activities

Continuation of Aim Statement vs. **Aim Met & Hardwiring/Sustaining Changes**

Update Team Charter

SUSTAINABILITY WORKSHEET

Instructions: Select up to four factors defined in Table 1 to begin building a sustainability plan. For each factor selected, note why it is important to sustaining improvement for this particular project. List key activities that will be undertaken to strengthen sustainability and the person(s) responsible for those activities.

Example: To sustain improvement in the percent of women screened for depression, our team will focus on perceived value. We believe this factor is important to sustaining our outcomes because screenings will be more likely to happen if staff and families view this as an important part of our gram's services. To strengthen this factor, we will share screening rates in quarterly staff meetings and spotlight work in this area on our agency website and family newsletter.

CQI Project Description Team Members

LEADERSHIP

Factor	Why the factor is important to sustainability	Activities to strengthen sustainability	Person(s) responsible
PERCEIVED VALUE			
MONITORING AND FEEDBACK	Oregon MIEC	HV Sustainability Workshee	

This worksheet will guide your team through approaches to hardwire a change. These will be useful resources for your team to consider as you plan how to

Instructions: Select (check) two to four strategies from the table below to begin building a sustainability plan for one of the changes you have tested. For each factor selected, write in key activities that will be undertaken to strengthen sustainability and the person(s) responsible for those activities.

ou tested that you would

Implementation Strategies to Hardwire the Change into Your Systems				
Check strategies that your team will use to	What specific activities or strategies will your	Person(s) responsible		
hardwire the change into your system.	team might try to implement the change?			
Identify a Process Owner				
☐ Clarify who has the authority to implement the				
change.				
☐ Identify who is responsible to oversee the				
change and ensure that it is sustained, including				
the data reporting.				
☐ Create support systems to identify and resolve				
problems in a timely way if they arise.				
Re-design current jobs:				
 Assess effects of this change on specific jobs. 				
Modify job descriptions.				
 Clarify expectations for job duties and 				
responsibilities.				
☐ Adjust personal performance standards for				
jobs. Include them in performance reviews.				

Oregon MIECHV 2024-2025 CQI Learning Collaborative

Screenings & Referrals Learning Collaborative Charter

▲ A. What are we trying to accomplish?

Background/Opportunity for Growth:

HRSA requires MIECHV Program grantees to collect and report data on their program's performance for demographic, service utilizations, select clinical indicators of program participants and six statutorily defined benchmark areas. The MIECHV performance measurement system includes a total

FY25 High-level Timeline for CQI Activities

January-February	February- June	July	August-Sept	October- December
FY25 1st CQI Learning Collaborative- FY24 LIA level comparison data distribution; teams choose between ASQs, Depression or IPV screens; sustainability plan to hardwire ASQs in writing	PDSAs Active Testing uploaded; testing	CQI Learning Collab. webinar; Midyear data sharing of statewide & LIA level; emerging topic(s) for FY26 (fall);	Active PDSA Testing FY25 ends	FY26 begins- start of new CQI topic(s) Kick-off Training and baseline data distributed



CQI Resources, Materials & Tools



Trainings

- OR MIECHV Website (Resource Library)
 CQI Overview Recording
- 1:1 w/team and/or QI Leads
- Virtual office hours (stay tuned for Feb's date & topic)
- Learning Collaboratives
- Ex. PDSA Template per LIA
- Data Collection Schedule Tool

Basecamp

- IPV & Depression Screens (change packages- PDSAs)
- Promising PDSAs on ASQ-3s
- Statewide measure performance outcomes & method analysis sheets
- New MIECHV Timeline Resource Page on Smartsheet



Thank you! Please contact us.

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Adejoke.babatunde2@oha.oregon.gov | Laura.a.zukowski@oha.oregon.gov

Please take the remaining time of today's meeting to fill out the after-meeting survey.



Thank you!

Visit Oregon MIECHV's webpage and the Home Visiting Resource Library for more information on CQI