

FY 2020 Maternal, Infant, and Early Childhood Home Visiting Program

Continuous Quality Improvement Plan Update

Provided in the HRSA Recommended Format as described in the Instructions and Recommended Template update December 2019

Date: February 27, 2020

State/Territory Awardee: Indiana

Part 1. Updates on Prior CQI Activities since Last Update

1. What was your CQI Topic(s)?

From February 2019 through January 2020 Indiana provided Indiana Maternal Infant and Early Childhood Home Visiting (MIECHV) funded home visiting services to Indiana families through nine¹ (9) local implementing agencies (LIAs), each of which was required to conduct continuous quality improvement (CQI) projects specific to identified needs and priorities of their local community and home visiting service provision.

The following table includes CQI topics addressed during this timeframe.

CQI Topic	Local Implementing Agencies
Breastfeeding	Goodwill of Central and Southern Indiana HealthNet
Documentation	Family Service Society Marion County Health Department
Early Language and Literacy	Family and Children's Center
Infancy Retention	Goodwill of Central and Southern Indiana
Mental Health	Goodwill of Central and Southern Indiana
Outreach/ Enrollment/Engagement	Child and Parent Services (CAPS) Dunebrook Family and Children's Center HealthNet New Hope Services
Parent Child Interaction	Mental Health America of Northwest Indiana
Parent Groups	Family and Children's Center
Retention	Mental Health America of Northwest Indiana
Safe Sleep	Goodwill of Central and Southern Indiana Marion County Health Department
Supervision	Dunebrook Marion County Health Department

2. What was your SMART Aim(s)?

The following table includes SMART Aims that guided LIAs improvement efforts between February 2019 and January 2020.

¹ Note that in Indiana's 2019 CQI Plan, it was noted that the Eskenazi HFI and Marion County Health Department HFI LIAs merged into a single LIA effective October 1, 2018.

LIA	SMART Aim
Child and Parent Services (CAPS)	By October 2019, the Healthy Families Elkhart County (HFEC) FRS staff member will decrease the number of pre-enrollment terminations from 2 to 1 per month.
Dunebrook	By May 31, 2019, Healthy Families LaPorte County will increase the percent of enrolled Hispanic Families in the Healthy Families Program by 5%.
	Healthy Families LaPorte County will increase the number of home visitors who feel prepared for the Maternal Infant Early Childhood (MIEC) Supervision from to four to ten by September 30, 2019.
Family and Children’s Center	By March 1, 2019, Healthy Families St. Joseph County (HFJSC) will increase the average number of families who receive referrals to local library services from .05% to .1%.
	By May 2019, HFSCJ will increase the percent of families who report reading to their children on a regular basis from 85% to 90%.
	By November 4, 2019, HFSJC will increase the percent of families who meet with the assessment worker on the 1st scheduled appointment from 58% to 63% (a 5% increase).
	By January 1, 2020, increase parent attendance in HFA St. Joseph County Parenting Group from 1 family attending to 3 families attending.
Family Service Society Inc.	By April 2019, each FSS will increase documenting efforts of challenging issues ongoing in 8 out of 10 of their families home visits.
Goodwill of Central and Southern Indiana	By June 1, 2019, Goodwill NFP nurses will increase the CLC/CLS exam passing percentage rate from 80% to 95%.
	By December 31, 2018 team 2 nurses will increase their infancy retention by 1-2%.
	Improve the knowledge, comfort, and confidence in using mental health facilitators, the NFP resource map, and the mental health toolkit on the HUB.
	By April 16, 2019, at least 90% of Marion County NHVs will report an increase in competency related to safe sleep knowledge.
HealthNet	By February 1, 2019 HealthNet Healthy Families program will increase the HV Acceptance Rate from 57% to 60%.
	By November 2019, HealthNet Healthy Families program will increase staff knowledge and confidence in breastfeeding support from pre to post-test assessment.
Marion County Health Department	By February 15, 2019, the safe sleep survey response rate will increase by 20%.
	Marion County Public Health Department Healthy Families home visitors and assessment workers will increase confidence and competence in administration of the safety plan form by 5% by 6/1/19.
	Marion County Public Health Department Healthy Families Supervisors will increase completion of Staff Development Notes from 87% to 92% by 11/15/2019.
	Healthy Families Lake County will increase 3-month family retention from 53% to 65% by August 2019.

Mental Health America of Northwest Indiana	By July 2019, The CHEERS Team Leaders will increase the completion of the CCI tool from 0% to 25%.
New Hope Services	Program will increase referrals sent to Bartholomew, Jackson, Jennings, Floyd, Scott, Jefferson, and Clark Counties by 25% in the identified counties by April 30, 2019.

3. *Did you meet your SMART Aim(s)?*

The following table includes SMART Aims that guided LIAs improvement efforts between February 2019 and January 2020, whether they were met or not, and if they were not met, an explanation for why.

LIA	SMART Aim	Was the SMART aim met? (Yes or No)	If no, explanation:
Child and Parent Services (CAPS)	By October 2019, the HFEC FRS staff member will decrease the number of pre-enrollment terminations from 2 to 1 per month.	No	Based on the data, the LIA reported that there was no significant impact on pre-enrollment terminations. (The LIA had two terminations in August, four in September, and two in October.)
Dunebrook	By May 31, 2019, Healthy Families LaPorte County will increase the percent of enrolled Hispanic Families in the Healthy Families Program by 5%.	Yes	
	Healthy Families LaPorte County will increase the number of home visitors who feel prepared for MIEC Supervision from to four to ten by September 30, 2019.	Yes	
Family and Children's Center	By March 1, 2019, HFJSC will increase the average number of families who receive referrals to local library services from .05% to .1%.	Yes	
	By May 2019, HFSCJ will increase the percent of families who report reading to their children on a regular basis from 85% to 90%.	No	LIA continues to work towards early literacy with the families they serve.
	By November 4, 2019, HFSJC will increase the percent of families who meet with the assessment worker on the 1st scheduled appointment from 58% to 63% (a 5% increase).	Yes	

	By January 1, 2020, increase parent attendance in HFA St. Joseph County Parenting Group from 1 family attending to 3 families attending.	No	LIA is no longer able to fund parenting groups.
Family Service Society Inc.	By April 2019, each FSS will increase documenting efforts of challenging issues ongoing in 8 out of 10 of their families home visits.	Yes	
Goodwill of Central and Southern Indiana	By June 1, 2019, Goodwill NFP nurses will increase the CLC/CLS exam passing percentage rate from 80% to 95%.	Yes	
	By December 31, 2018 team 2 nurses will increase their infancy retention by 1-2%.	Yes	
	Improve the knowledge, comfort, and confidence in using mental health facilitators, the NFP resource map, and the mental health toolkit on the HUB.	Yes	
	By April 16, 2019, at least 90% of Marion County NHVs will report an increase in competency related to safe sleep knowledge.	Yes	
HealthNet	By February 1, 2019 HealthNet Healthy Families program will increase the HV Acceptance Rate from 57% to 60%.	No	LIA decided to abandon the change that they tested due to the challenges experienced when using the data system. The agency was unable to determine if the home visiting acceptance rate increased as a result of their efforts through this PDSA cycle.
	By November 2019, HealthNet Healthy Families program will increase staff knowledge and confidence in breastfeeding support from pre to post-test assessment.	Yes	
Marion County Health Department	By February 15, 2019, the safe sleep survey response rate will increase by 20%.	Yes	
	Marion County Public Health Department Healthy Families home visitors and assessment workers will increase confidence and competence in administration	Yes	

	of the safety plan form by 5% by 6/1/19.		
	Marion County Public Health Department Healthy Families Supervisors will increase completion of Staff Development Notes from 87% to 92% by 11/15/2019.	Yes	
Mental Health America of Northwest Indiana	Healthy Families Lake County will increase 3-month family retention from 53% to 65% by August 2019.	Yes	
	By July 2019, The CHEERS Team Leaders will increase the completion of the CCI tool from 0% to 25%.	Yes	
New Hope Services	Program will increase referrals sent to Bartholomew, Jackson, Jennings, Floyd, Scott, Jefferson, and Clark Counties by 25% in the identified counties by April 30, 2019.	No	LIA fell a bit short of their goal of 25% but were able to accomplish a 21.6% increase in referrals. After reflection, LIA determined that their goal was higher than necessary and 21.6% was a successful increase.

4. *What progress can you report from the CQI project?*

Across LIAs progress was made in regard to organizational systems and supports for CQI, discovering successful changes or interventions tested through PDSA cycles, methods and tools to support CQI work, measurement and data collection processes, and monitoring and assessing progress.

To support organizational systems for CQI, each LIA participated in monthly coaching with their MPHI QI Coach and received an in-person, half-day support visit from their MPHI coach to provide just-in-time, tailored coaching support for current and future improvement efforts. Additionally, ongoing virtual and in-person QI training opportunities were offered to all LIAs throughout the time period reflected in this plan report to support beginner, intermediate, and advanced training needs. Finally, in late 2019 QI Community of Learning (CoL) gatherings were started to provide a regular opportunity for LIAs to share with and learn from one another.

Using the information learned through coaching and trainings, LIAs were able to utilize new QI tools for their PDSA cycles. These included tree diagrams for identifying a root cause and solutions, five whys for identifying a root cause, and different data visualization methods such as run charts, stacked bar chart, etc. In addition to using some newer tools to support their improvement efforts, LIAs continued using team charters, process maps, fishbone diagrams, affinity diagrams, and story boards for documenting, understanding, and sharing progress to support their PDSA cycles.

The following successful changes or interventions were tested through PDSA cycles between February 2019 and January 2020:

- Distribute Healthy Families fliers in multiple languages at community events
- Email Maternal Infant Early Childhood (MIEC) Clinician three days before supervision with families to discuss
- Provide a calendar of local library events to families

- Provide incentives to families to encourage participation in initial Healthy Families assessment
- Focus home visit activities (scrapbook and/or values exercises) on moms during the first 3 visits
- Utilize a Tool Tracker to reflect when CHEERs Check In (CCI) tool is due
- Provide early and ongoing education opportunities and resources to home visitors on topics such as breastfeeding, mental health, and barriers faced by families
- Access families safe sleep practices prior to safe sleep education provided by program and post via survey
- Develop and utilize a uniform safety plan form to support depression screenings that fall in an area of concern
- Provide guidance to supervisors on what needs to be included in staff development notes (Healthy Families)

Measurement and data collection was (and is) an on-going challenge for all LIAs. LIAs have been accustomed to relying on model data systems for data for improvement efforts in the past, and while these systems are adequate for most typical data measures, LIAs have learned that the data in these systems is often challenging to extract for small-scale improvement efforts and does not lend itself to informing creative tests of change. MPHI QI Coaches worked diligently with LIAs to identify measures that aligned with what LIAs were hoping to learn through their improvement efforts, and appropriate data collection mechanisms to track data for measures overtime. Check sheets, simple Excel tracking worksheets, pre- post-assessments, surveys, etc. are all examples of ways LIAs are working to collect and compile data for their PDSA cycles. Overall, the data collection methods LIAs used were simple and designed to not be a burden on staff time.

LIAs reported taking lessons learned and using them as they move forward into future PDSA cycles. Many of the LIAs also report continued monitoring of the change tested in previous PDSA cycles to ensure gains made were sustained.

5. *Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational systems and support, engagement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, etc.)?*

The following table includes SMART Aims that guided LIAs improvement efforts between February 2019 and January 2020, whether or not challenges were encountered within the PDSA cycle, and if challenges were encountered, an explanation for why.

LIA	SMART Aim	Challenges encountered? (Yes or No)	If yes, explanation of challenges encountered.
Child and Parent Services (CAPS)	By October 2019, the HFEC FRS staff member will decrease the number of pre-enrollment terminations from 2 to 1 per month.	Yes	LIA did not review the baseline data closely before moving forward with the project. This led to the LIA selecting a problem that was not really a problem.
Dunebrook	By May 31, 2019, Healthy Families LaPorte County will increase the percent of enrolled Hispanic	Yes	LIA noted a lack of staff time available to focus on improvement efforts. LIA has only one spanish speaking

	Families in the Healthy Families Program by 5%.		staff member who translated fliers and completed outreach on top of her other required duties and responsibilities.
	Healthy Families LaPorte County will increase the number of home visitors who feel prepared for MIEC Supervision from to four to ten by September 30, 2019.	No	
Family and Children's Center	By March 1, 2019, HFJSC will increase the average number of families who receive referrals to local library services from .05% to .1%.	Yes	The library that the LIA was working with is currently closed for renovations.
	By May 2019, HFSCJ will increase the percent of families who report reading to their children on a regular basis from 85% to 90%.	Yes	LIA experienced difficulty pulling reports after the data system changed over.
	By November 4, 2019, HFSJC will increase the percent of families who meet with the assessment worker on the 1st scheduled appointment from 58% to 63% (a 5% increase).	Yes	LIA experienced high turnover of assessment staff during PDSA Cycle.
	By January 1, 2020, increase parent attendance in HFSJC Parenting Group from 1 family attending to 3 families attending.	Yes	LIA experienced various challenges throughout the PDSA cycle including unexpected school closures on the day of parenting group and the timing of the group was also difficult for families to juggle as it fell just prior to lunch time.
Family Service Society Inc.	By April 2019, each Family Support Specialist (FSS) will increase documenting efforts of challenging issues ongoing in 8 out of 10 of their families home visits.	Yes	LIA staff felt they lacked training to be fully capable of implementing the PDSA cycle.
Goodwill of Central and Southern Indiana	By June 1, 2019, Goodwill NFP nurses will increase the Certified Lactation Counselor/ Certified Lactation Specialist (CLC/CLS) exam passing percentage rate from 80% to 95%.	Yes	LIA experienced weather-related challenges, which caused the initial training to be rescheduled for a few months later.
	By December 31, 2018 team 2 nurses will increase their infancy retention by 1-2%.	Yes	LIA experienced challenges with getting in touch with clients.

	Improve the knowledge, comfort, and confidence in using mental health facilitators, the NFP resource map, and the mental health toolkit on the HUB (internal shared drive).	Yes	LIA experienced a few challenges including a decrease in the number of team meetings due to holidays, inconsistency when testing, staff not able to attend staff meeting, and challenges related to supporting each of the teams testing the change.
	By April 16, 2019, at least 90% of Marion County NHVs will report an increase in competency related to safe sleep knowledge.	Yes	LIA was unsure how to measure the change. However, with support from MPHI the team decided to collect data using a pre- and post-survey.
HealthNet	By February 1, 2019 HealthNet Healthy Families program will increase the HV Acceptance Rate from 57% to 60%.	Yes	LIA was unable to report data from the program database (database was switched during this PDSA cycle). This challenge brought about learnings regarding measurement for future cycles. Specifically, LIA will ensure data for future cycles is tracked outside of the database so timely and accurate data can be maintained throughout the course of the PDSA cycle.
	By November 2019, HealthNet Healthy Families program will increase staff knowledge and confidence in breastfeeding support from pre- to post- assessment.	Yes	LIA identified this area for improvement based on looking at breastfeeding data for enrolled families. After exploring root cause, LIA determined that the data they started out using as baseline did not align with what the LIA hoped to improve through this cycle. LIA needed to develop a new method for collecting and compiling data reflective of the improvement effort. Designing a pre- post-assessment was a new experience for the LIA and they leaned on their MPHI coach for support.

Marion County Health Department	By February 15, 2019, the safe sleep survey response rate will increase by 20%.	No	
	Marion County Public Health Department Healthy Families home visitors and assessment workers will increase confidence and competence in administration of the safety plan form by 5% by 6/1/19.	No	
	Marion County Public Health Department Healthy Families Supervisors will increase completion of Staff Development Notes from 87% to 92% by 11/15/2019.	Yes	LIA noted that the time of year contributed to challenges in communication and participation with supervisors.
Mental Health America of Northwest Indiana	Healthy Families Lake County will increase 3-month family retention from 53% to 65% by August 2019.	Yes	LIA noted that data collection continues to be a challenge. LIA utilized hand tracking as they could not pull the required data from the program database.
	By July 2019, The CHEERS Team Leaders will increase the completion of the CHEERS Check In (CCI) tool from 0% to 25%.	No	
New Hope Services	Program will increase referrals sent to Bartholomew, Jackson, Jennings, Floyd, Scott, Jefferson, and Clark Counties by 25% in the identified counties by April 30, 2019.	Yes	LIA identified data collection to be a barrier with the statewide database change.

6. *Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV CoIIN 2.0 or CQI Practicum) for the purposes of improving practices and methods related to CQI?*

Yes, Indiana contracted with Michigan Public Health Institute (MPHI) to provide technical assistance and coaching related to quality improvement efforts at both the LIA and state team level.

- a. *If yes, describe the format (e.g., coaching, training, resource document) and successful outcome of TA or participation.*

MPHI has provided and continues to provide:

- One-on-one monthly QI coaching calls with LIAs. Each LIA has an assigned MPHI QI Coach to support their ongoing improvement efforts. Coaching support is tailored to each LIA to best meet them where they are in their improvement journey. QI coaching calls are scheduled at a time that is convenient for both the LIA and MPHI QI Coach and often involves the CQI lead(s) and/or LIA CQI team members. Many calls take place during already scheduled CQI team meetings to maximize the support that can be provided to all staff participating in improvement efforts.

- Ongoing QI coaching support to LIAs. In addition to monthly QI coaching calls, LIAs can reach out to their MPHI QI Coach at any time with questions. Examples of this “just-in-time” technical assistance may include:
 - review of the QI team charter,
 - review or assistance with QI tools the team has worked through such as a process map, fishbone diagram, affinity diagram, etc.,
 - review or assistance with story board – telling the story of the QI project or understanding outcomes and next steps,
 - workshop a part of the LIA’s improvement effort where the team is stuck via phone/Zoom,
 - supportive discussions to assist teams in selecting projects that are data driven as well as meaningful to local teams.
- Monthly check-in calls with the Indiana state team. These calls provide an overview of LIA projects and activities, consultation around prioritization of training for LIAs, and development of training to meet LIA needs.
- Comprehensive two-day in-person QI workshops. Workshops provide new LIA staff and State team members with beginning QI training so staff can actively engage in QI efforts. A 2-day Beginning CQI workshop was provided during FY 2019 in May.
- “Just-in-time” training. In-person workshops and virtual webinar-based training are available to address QI training needs as they arise across LIAs. For example, the following in-person workshops were provided at the Spring/ Fall 2019 Institute for Strengthening Families:
 - Getting from A to B: Understanding your Current Process to Support Improvement and Beyond
 - Tools, Tools, and More Tools! Applications of QI Tools in Improvement Efforts and Beyond
 - Tools, tools, and more tools! Using QI Tools to move from problem-solving to Identifying potential solutions
 - Making your Data Count! Using Data for Quality Improvement and Beyond.
- Support Visits. During the fall of 2019, in-person support visits were provided to each of the LIAs by MPHI. Visits were tailored to each LIAs needs to support them in furthering their knowledge and skills in QI, as well as furthering current and/or new QI efforts within their LIA.
- Overall support and guidance to the Indiana team. MPHI supports the Indiana state team on QI in general (practices and methods) and with regards to growing and nurturing the culture of quality at both state and local levels.

Overall, MPHI is an integral part of the Indiana MIECHV team, providing specialized support in CQI. The support MPHI has provided to date has helped LIAs move QI efforts forward, further hone their skills in applying QI methods and tools, recognize that PDSA cycles can be small in scale, strengthen understanding of and use of data for improvement, supported LIAs in wrapping up improvement efforts and documenting activities.

7. *What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?*

The following table outlines what each LIA is doing to sustain the gains from the PDSA cycle(s) they completed.

LIA	SMART Aim	What are you doing to sustain gains from this PDSA cycle?
Child and Parent Services (CAPS)	By October 2019, the HFEC FRS staff member will decrease the number of pre-enrollment	Even though the LIA’s test was not successful, the home visiting staff reported feeling more supported and connected with

	terminations from 2 to 1 per month.	new families with the new process. LIA opted to adapt the change for all home visiting staff.
Dunebrook	By May 31, 2019, Healthy Families LaPorte County will increase the percent of enrolled Hispanic Families in the Healthy Families Program by 5%.	LIA will provide on-going monitoring and continued outreach to the Hispanic community.
	Healthy Families LaPorte County will increase the number of home visitors who feel prepared for MIEC Supervision from to four to ten by September 30, 2019.	LIA integrated the new process into staff trainings by informing new staff of the email process before the MIEC supervision. Also, the LIA will provide on-going monitoring and check-in with staff.
Family and Children's Center	By March 1, 2019, HFJSC will increase the average number of families who receive referrals to local library services from .05% to .1%.	LIA continued to provide library activity guide to families. Additionally, some Home Visitors have also been offering to meet at the library for part of visits.
	By May 2019, HFSCJ will increase the percent of families who report reading to their children on a regular basis from 85% to 90%.	LIA home visitors are signing all families up for imagination library.
	By November 4, 2019, HFSJC will increase the percent of families who meet with the assessment worker on the 1st scheduled appointment from 58% to 63% (a 5% increase).	LIA assessment workers offer a sleep sack to all parents at assessment.
	By January 1, 2020, increase parent attendance in HFSJC Parenting Group from 1 family attending to 3 families attending.	LIA could not secure funding to continue parenting group.
Family Service Society Inc.	By April 2019, each FSS will increase documenting efforts of challenging issues ongoing in 8 out of 10 of their families home visits.	LIA has continued efforts by reviewing home visits monthly.
Goodwill of Central and Southern Indiana	By June 1, 2019, Goodwill NFP nurses will increase the CLC/CLS exam passing percentage rate from 80% to 95%.	LIA will continue the yearly Community of Practice breastfeeding staff education. Also based on feedback from nurses, the LIA will be doing another PDSA cycle around providing each nurse with their own breastfeeding box and training them on how to use box contents to educate clients.

	By December 31, 2018 team 2 nurses will increase their infancy retention by 1-2%.	LIA integrated the process into their nurse visit policy.
	Improve the knowledge, comfort, and confidence in using mental health facilitators, the NFP resource map, and the mental health toolkit on the HUB.	LIA decided to adapt this change and will continue to improve knowledge and comfort through separate PDSA cycles.
	By April 16, 2019, at least 90% of Marion County NHVs will report an increase in competency related to safe sleep knowledge.	LIA is currently working on how to sustain the knowledge gained from the safe sleep education session for all nurses, including new hires.
HealthNet	By February 1, 2019 HealthNet Healthy Families program will increase the HV Acceptance Rate from 57% to 60%.	LIA abandoned this PDSA cycle and determined there were not any lessons learned from the effort that should be sustained. .
	By November 2019, HealthNet Healthy Families program will increase staff knowledge and confidence in breastfeeding support from pre to post-test assessment.	LIA scheduled a Breastfeeding in-service to share resources gained during the project to ensure all staff are aware of resources that exist and to support sustaining the gains of this improvement effort.
Marion County Health Department	By February 15, 2019, the safe sleep survey response rate will increase by 20%.	LIA is no longer implementing the safe sleep initiative that prompted the surveys and therefore have no sustained efforts from this PDSA cycle.
	Marion County Public Health Department Healthy Families home visitors and assessment workers will increase confidence and competence in administration of the safety plan form by 5% by 6/1/19.	LIA is implementing new safety plan form that resulted from this improvement effort and utilized it as a method to train all new staff. Additionally, the form has been translated into languages and dialects beyond English, including Spanish and Burmese, to meet the needs of our diverse staff and service population. LIA supervisors are continuing to check in and provide ongoing education on the forms during weekly supervision meetings.
	Marion County Public Health Department Healthy Families Supervisors will increase completion of Staff Development Notes from 87% to 92% by 11/15/2019.	LIA is monitoring staff Development note completion monthly in one-on-one supervision meetings. LIA supervisors will be trained on this form and how to complete it effectively within the desired timeframe. Additionally, LIA

		created a check box for note completion that has been added to each supervisor's weekly supervision log.
Mental Health America of Northwest Indiana	Healthy Families Lake County will increase 3-month family retention from 53% to 65% by August 2019.	LIA trained all staff in using the baby book activity as an early engagement tool with newly enrolled moms. The materials were purchased and booklets pre-assembled for ease of use.
	By July 2019, The CHEERS Team Leaders will increase the completion of the CCI tool from 0% to 25%.	LIA staff and supervisors utilize the updated Tool Tracker. LIA supervisors document CCI tool due dates and together with staff monitor due date of upcoming CCI tools.
New Hope Services	Program will increase referrals sent to Bartholomew, Jackson, Jennings, Floyd, Scott, Jefferson, and Clark Counties by 25% in the identified counties by April 30, 2019.	LIA is continuing outreach efforts with partners, to maintain strong name recognition and rapport.

8. *Please explain the method(s) that you used to spread successful CQI activities to other LIAs? Please send as separate attachments any resources that were used to disseminate results.*

As LIAs complete PDSA cycles, they assemble a story board to share the story of their improvement effort as it unfolded. Story boards align with the stages and steps of the PDSA cycle and include any tools the LIA CQI team worked with to progress through their improvement effort. For HFI LIAs, story boards go through an approval process with the DCS Data Governance Committee before they are shared beyond the immediate CQI team.

As PDSA cycles were completed and appropriate approvals were received as needed, individual LIAs looked for opportunities to share their improvement efforts beyond the immediate project team. LIAs report sharing lessons learned during agency staff meetings, agency management meetings, with Advisory Boards, and with other relevant committees that had a stake or interest in the improvement efforts.

QI Coaches from MPHI stayed attune to topic areas LIAs were selecting for improvement and shared, when applicable, information from other Indiana MIECHV LIAs who had engaged in or were currently engaging in a similar improvement effort in the same topic area. While this did not necessarily result in the spread of testing successful change ideas beyond the original LIA who tested the idea, it began to support LIAs in thinking about how to potentially collaborate with one another when working in the same or similar topic areas.

In late 2019 a QI Community of Learning (CoL) was established for the LIAs. The first two QI CoL gatherings were held virtually via Zoom in December 2019 and January 2020 respectively. The purpose of the QI CoL gatherings is to foster collaborative learning and support the spread of successful change ideas as well as the sharing of ideas that did not work as planned so LIAs can learn from one another. Thus far, LIAs have enjoyed this space and determined that moving into FY 2020 they would like to gather virtually or in-person (as opportunity allows) on a once-per-quarter basis for 90 minutes.

9. *What lessons learned will you apply to your FY 2020 CQI plan?*

As each Indiana MIECHV LIA identifies their own topic areas for improvement based on what their program and/or MIECHV performance measure data are telling them about opportunities for improvement that exist, they also identify lessons learned from their improvement efforts that are important to apply to future improvement efforts. The following table outlines lessons learned that were identified by LIAs that will be applied as LIAs move into their FY 2020 CQI efforts.

Lesson Learned	Local Implementing Agency(ies) who plan to Apply Lesson Learned to Future Improvement Efforts
<p>Focus on completing small PDSA cycles - small scale projects, which are more manageable for staff, that occur on a shorter timeframe.</p>	<p>Goodwill of Central and Southern Indiana Mental Health America of Northwest Indiana</p>
<p>Improve organization of CQI team – Meeting on a consistent basis (ensuring that meetings are not too far apart) so that team does not lose focus.</p>	<p>Mental Health America of Northwest Indiana</p>
<p>Tailor improvement effort to population needs – consider the population being targeted, ensuring that resources are tailored, accessible, and available in spaces that best reach the population.</p>	<p>Dunebrook Goodwill NFP Family and Children’s Center</p>
<p>Increased utilization of CQI tools - process map, tools for root cause analysis (fishbone diagrams, force field analysis, tree diagram, five whys), tools for brainstorming potential solutions (affinity diagrams, tree diagram, prioritization matrix), etc.</p> <p>Making good use of important CQI tools will support the team in working through their improvement efforts in a productive manner and ensure change ideas that are tested align well with what the team is hoping to improve.</p>	<p>Family Service Society, Inc. Marion County Health Department</p>
<p>Strengthen staff buy-in - Maintain regular, open communication regarding CQI efforts with all staff to support momentum and excitement with improvement efforts.</p> <p>Provide staff with the opportunity to strengthen their CQI knowledge through virtual and in-person trainings.</p> <p>Provide all staff the opportunity to participate on a CQI team.</p>	<p>Marion County Health Department HealthNet</p>
<p>Examining and collecting the data Examine the baseline data thoroughly before deciding on a particular problem area for the PDSA cycle.</p> <p>Consider various methods for collecting and compiling data – check sheets, pre- post-assessments, surveys, asking a follow up questions or two within a home visit, etc.</p>	<p>Child & Parent Services (CAPS) Dunebrook HealthNet Marion County Health Department New Hope Services</p>

Ensure that a staff member who understands data is part of the team to help support data tracking and making data-driven decisions.	
Determine if Change is Improvement A change can be positive even if the numbers do not change significantly.	Child & Parent Services (CAPS)

10. *What successful innovations, tested during the course of your project, could be shared with other awardees?*

Each Indiana MIECHV LIA embarks on and completes PDSA cycles in topic areas that align with where the LIA determines improvement is warranted based on data and information they have at hand from their data systems and quarterly MIECHV performance measure reviews. Change ideas LIAs test are born out of the work the LIA does during the Plan stage of the PDSA cycle to review baseline data, examine their current process(es), explore root cause, and identify potential solutions that will best address the root cause of the problem/challenge they have at hand. LIAs are encouraged to look to promising and best practices as they engage in improvement work; however, most of change ideas LIAs test are unique ideas the LIA developed based on the efforts carried out during the Plan stage of their PDSA cycle. The table below outlines successful change ideas tested by Indiana MIECHV LIAs that other awardees may find of interest.

Local Implementing Agency	Successful Innovation Tested
Child and Parent Services (CAPS)	LIA shared the name and number of the home visitor assigned to the family before the home visitor reached out. While this did not result in decreasing pre-enrollment terminations, home visiting staff appreciated the change.
Dunebrook	LIA found emailing the MIEC clinician with what families were to be discussed before scheduled monthly MIEC supervision helped to ensure the home visitor and Clinician were more prepared for the supervision.
Family and Children’s Center	LIA utilized community resources as additional way of promoting parent-child interaction among families served.
Family Service Society Inc.	LIA found that really delving into the process map helped bring about a positive movement toward completing a PDSA cycle.
Goodwill of Central and Southern Indiana	LIA utilized lessons learned from previous PDSA cycles to build from. LIA practices intentional contacting for rescheduling and uses “Building on Campaigns with Conversations” to help support families.
HealthNet	LIA noted that taking a deeper dive into their current processes helped identify inconsistencies that exist.
Marion County Health Department	LIA identified utilizing electronic surveys for data collected improved response rate. LIA also found that eliciting feedback from staff during PDSA cycles leads to more ownership in the process.
Mental Health America of Northwest Indiana (MHA)	LIA found that completing hands on activities with moms early in their enrollment period helped to build the relationship and increase retention.
New Hope Services	LIA noted the importance of continuing and maintaining relationships with community partners.

11. The following continuum can help you assess your organization’s current CQI capacity, with higher stages indicating greater CQI capacity. For each stage listed below, check all elements that apply, and rate your organization on a scale of 1 to 3 with: 1 – no or few elements currently in place; 2 – most elements currently in place; or 3 – all elements currently in place.

The following table outlines details of Indiana MIECHV’s current CQI capacity in each of the stages provided for the continuum. Each element has been assigned a rating and includes notes as to why the element was assigned the specific rating.

Stage	CQI Continuum Rating	Notes
Stage 1: Basic Data Collection and Report Usage	3	Elements are in place to support data collection and report usage.
<i>A culture of quality exists in the organization whereby data are valued and striving for process improvement and optimal outcomes is a shared vision of all members including both front-line staff and management.</i>	2	<i>LIAs are at various stages of culture of quality. Indiana strives to create an environment where LIAs are charged with the development of appropriate culture of quality specific to their agency and community while contributing to the overall goal of continuous quality improvement within MIECHV Performance Measures and home visiting services. All LIAs participate in quarterly data review, Performance Measure monitoring and minimizing missing data.</i>
<i>Data collection is sufficient to document benchmarks and facilitate CQI.</i>	3	<i>Data collections systems for LIAs include real time access to data as well as many reports that assist LIAs in monitoring components specific to MIECHV Performance Measures.</i>
<i>Management Information Systems (MIS) are sufficient to allow for collection and storage of required performance measures.</i>	3	<i>Many CQI projects are able to utilize system data to monitor tests of change.</i>
<i>Reports are produced on a regular basis and reflect important aspects of service provision (processes) and outcomes.</i>	3	<i>In addition to real time access and customizable reports, each LIA receives site specific Performance Measure outcomes each quarter that include missing data and necessary elements to address missing data when appropriate.</i>
<i>Reports are used by key stakeholders to track performance and outcomes.</i>	3	<i>Quarterly data reviews are attended by LIA representatives (typically Program Management and/or data manager), state MIECHV team members, CQI contractor, evaluation contractor, and data system representatives.</i>
<i>Staff are trained in the basic concepts of quality improvement.</i>	3	<i>Foundational 2-day training is available for all LIA staff members at least once each year. Topic specific training is available at various formal training opportunities, webinars are being offered frequently (most months),</i>

Stage	CQI Continuum Rating	Notes
		<i>MPHI staff are readily available for technical assistance, and informal support is available from Indiana MIECHV team members, seasoned home visiting staff, and MPHI coaches</i>
Stage 2: More Advanced Reporting and Systematic Improvement Efforts	2	More advance reporting and systematic improvement efforts are in place. Data burden is a barrier to quintessential success in systematic improvement efforts.
<i>Data collection is expanded to cover a wider range of outcomes and service delivery elements.</i>	3	<i>LIAs collect data to a point of burden to home visitors, supervisors, and program management, well beyond MIECHV Performance Measure.</i>
<i>MIS are larger, more flexible, and serve multiple purposes.</i>	3	<i>Data collection systems support home visiting models and the collection of data that does not require duplicate entry to meet MIECHV Performance Measures.</i>
<i>Reports are produced on a regular basis and are used to inform decisions at all levels of the organization.</i>	3	<i>In addition to many customizable reports that can be pulled locally from the data systems, quarterly data reports are provided to each LIA with Performance Measure outcomes specific to their local community. These reports highlight success and opportunity in order to inform practice in a more timely manner than annual reporting would provide.</i>
<i>Deep understanding of processes and outcomes is achieved through systematic inquiry.</i>	1	<i>LIAs tend to focus on model specific outcomes for their families. Systematic inquiry is present in the form of Quarterly data reviews. However, until data collection burden can be eased and home visitor focus can be maximized on addressing specific family need, achieving “deep understanding” of processes may be difficult to achieve.</i>
<i>New strategies and approaches are systematically tested and evaluated.</i>	2	<i>New strategies and approaches are systematically tested and evaluated within fidelity to home visiting model and family service expectations.</i>
<i>Effective strategies and approaches are disseminated throughout the organization and monitored.</i>	2	<i>Effective strategies and approaches are disseminated throughout local organizations. Over time, some monitoring may fall to lower priority as other improvement activities become the focus. Data burden contributes to the need to prioritize the monitoring of data. A Community of Learning was implemented in late 2019 that will assist in the dissemination of strategies across communities and models.</i>

Stage	CQI Continuum Rating	Notes
<i>Staff receive ongoing training and coaching.</i>	3	<i>Staff have access to “just in time” coaching from MPHI as well as local trainers who completed train-the-trainer workshops specific to CQI. The Community of Learning implemented in 2019 will also contribute to ongoing training, as well as frequent (most months) opportunities for webinar based training.</i>
Stage 3: Additional elements of quality improvement are integral to day to day work, such as critical incident monitoring	2	Many elements of Stage 3 are in place to support culture of quality at local level for CQI as part of daily work activities.
<i>Dedicated professional CQI staff are part of the team.</i>	2	<i>MPHI provides “just in time” availability to all Indiana MIECHV CQI teams.</i>
<i>Experimental tests of change are implemented.</i>	2	<i>Tests of change are not mandated by state or model expectations.</i>
<i>Constant efforts to accelerate improvement.</i>	2	<i>Most teams operate continuously moving from one project to another with a goal of achieving a minimum of 2 PDSA cycles each reporting period.</i>
<i>Home visiting families are engaged in CQI efforts.</i>	1	<i>Most teams do not have elements in place to solicit family participation in CQI team meetings, however, family input and perspective is considered for most projects via specific family survey or anecdotal perspective provided by home visitors serving the families impacted by the project.</i>
<i>Regular opportunities exist for peer-to-peer learning.</i>	2.5	<i>Indiana strives to provide professional development opportunities that include the space for peer-to-peer learning. The Community of Learning that was launched in late 2019 will be focused on peer-to-peer learning. In support of Indiana’s view of Culture of Quality, these opportunities are not compulsory.</i>

Part 2. CQI Plan Updates for FY 2020

Organizational System and Support

Awardee Level

1. *Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2020?*

No significant modifications related to personnel have been made for FY2020. Note that the personnel for the MPHI team has changed: Lauren LaPine is no longer part of the team supporting Indiana LIAs and Alaina Dequaine is now one of the MPHI team members conducting coaching and support. Please note that the Grant

County HFI LIA (Family Service Society) is no longer serving MIECHV-funded families as of October 1, 2019, this LIA is not included in the FY2020 portion of this plan for CQI activities.

- In FY 2020, will you make modifications to the method and/or frequency of CQI trainings you provide to local teams? This may include training to strengthen CQI competencies or to understand and interpret data collected for CQI projects.*

No significant modifications and/or frequency of CQI trainings are planned for Indiana's 2020 CQI plan. Please note the 2019 Request for Proposal (RFP) process for NFP services resulted in a new LIA that will be serving LaPorte, St. Joseph and Elkhart counties. This LIA will not be expected to conduct CQI projects during the implementation period, but will be participating in a 2-day Beginning CQI training that Indiana anticipates happening in St. Joseph county in July 2020. The new NFP LIA – Goodwill Industries of Michiana – will be embarking on CQI activities in the latter portion of 2020 following this training, with the same coaching support from MPHI that has been afforded to the rest of the Indiana MIECHV LIAs.

- Will you make changes in the level of financial support (e.g. allocation of resources and staff time at the state/territory level and allocation of staff time) for CQI in FY 2020? If participating in HV CoIIN 2.0, please indicate any changes in percent of staff time and dollars dedicated to support these activities (e.g., attendance at in-person Learning Session, coaching of LIAs, incorporation of experts and family leaders on CQI teams).*

No significant modifications related to FTE resources dedicated to CQI teams will be made at the state level. No modifications or additional funding will be provided in LIA contracts specific to CQI dollars.

- Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2020 (e.g., HV-PM/CQI, HV CoIIN 2.0, HV-ImpACT, etc.).*

Indiana will engage with technical assistance providers as needs arise in FY 2020 and beyond. We plan to participate in learning opportunities offered by HV-PM/CQI and HV-ImpACT, as appropriate, to strengthen the support we provide to the LIAs.

Local Level

- Describe the resources and strategies in place to involve home visiting clients in local CQI teams.*

Each LIA considers family involvement when planning CQI efforts. Indiana MIECHV LIAs are at various levels of family involvement with their improvement work. Most teams are currently engaging families by asking for their feedback through surveys or post service interviews which places them in the early stage of family involvement in CQI efforts.

In FY 2020, the CQI Provider, MPHI, will assist Indiana MIECHV LIA teams in understanding at what stage² they are partnering with families and how teams can continue to make tangible strides towards the latter stages of involvement. Indiana MIECHV recognizes that there are important supports needed for physical family participation on CQI teams such as supports that enable families to participate (child care, transportation, financial compensation for time, etc.), orientation to QI, orientation to the role they can provide in improvement efforts through participation on the team, and so forth. It's anticipated physical participation of a home visiting client on LIA teams may not be realistic in FY 2020 since many LIAs are still in the early stages of family involvement and that it takes time to build the infrastructure to fully support authentic family engagement in CQI teams. However, it is expected that each team will make strides towards physical participation of a home visiting client through the work carried out in this plan.

² Based on the Stages of Family Partnership Engagement presented in the "Partnering With Families in Continuous Quality Improvement: The Maternal, Infant, and Early Childhood Home Visiting Program" Tip Sheet, August 2017

Each LIA has provided a statement of family involvement included in the table below.

LIA	Plans for Family Involvement in Quality Improvement
Child & Parent Services (CAPS)	<i>"We have not had home visiting clients involved in CQI projects in the past. We will do this moving forward; we think they would provide essential input and suggestions."</i>
Dunebrook	<i>"HFLC will try to engage a participant to participate in a project, if applicable. This could include direct involvement or a questionnaire to follow up on any questions and/or to gain any input needed. Surveys to capture feedback are another way HFLC can gain input from home visiting clients. Our purpose of implementing our projects will be to have a positive effect on families in our county who need and could benefit from Healthy Families services."</i>
Family & Children's Center	<i>"Home visiting clients will be involved in the data collection. For example, home visitors will follow up with the families to see if they were able to read a nursery rhyme brought by the home visitor in the previous week."</i>
Goodwill of Central and Southern Indiana	<i>Safe Sleep: "We are seeking input from clients related to our safe sleep boxes to determine if the contents aid in helping them learn about safe sleep and if it helps address common barriers that families face." Breastfeeding: "Our team will reach out to staff and ask if they have a client that would be interested in joining our BF committee."</i>
HealthNet	<i>"The management team believes that at this stage of our CQI project that it would not be appropriate to involve our clients in our internal development and analysis of our CQI projects. We are hopeful that our clients will benefit from the results of the projects due to receiving consistent home visiting services and support and, most importantly, would not decline services as they feel we can be trusted."</i>
Marion County Health Department	<i>"In past projects, clients were involved in providing feedback on interventions. We would expect this to continue in FY20."</i>
Mental Health America of Northwest Indiana	<i>When appropriate, CQI Teams at MHANWI use surveys to understand client perspectives. We are open to guidance on how to include a family in the PDSA cycle.</i>
New Hope Services	<i>"We do not have a plan to involve clients currently. Our current project will not require nor support this involvement."</i>

6. Describe the extent to which local implementing agency (LIA) management will support direct involvement in CQI activities and allocation of staff time (for those LIAs participating in CQI efforts).

Each LIA serving MIECHV-funded families has provided a statement of management support, as indicated in the table below.

LIA	Statement of Management Support
Child & Parent Services (CAPS)	<i>"CAPS, our umbrella agency is committed to continuous quality improvement. Healthy Families Elkhart County has two staff trained in the CQI process and plan to train at least one more in 2020. We are excited to see positive changes in our culture of serving families and our community. CAPS supports Healthy Families to be intentional about growth and improvement." Ellen Graber-McCrae, Senior Director</i>

LIA	Statement of Management Support
Dunebrook	<p><i>"It is with pleasure that I send you this note confirming my support of the Continuous Quality Improvement efforts of Ms. Gabby Ginther, the Healthy Families CQI committee and the Staff of Healthy Families. In order to grow this program, the committee meets to brainstorm ideas, staff improvement, sets goals and action plans to meet those goals. As Executive Director, I fully support these efforts and look forward to seeing the program develop. The CQI efforts also complement our strategic plan, mission and vision of Dunebrook." - Jeanne Ann Cannon</i></p>
Family & Children's Center	<p><i>"As the executive, I am fully supportive of CQI. Leah and her staff are supported in spending time and resources working on and completing their CQI Projects. These projects help to strengthen our program, our agency, and most importantly, the families that we serve. Being CQI trained myself, I see the importance of this process and building a culture of CQI." – Roxanne Ultz</i></p>
Goodwill of Central and Southern Indiana	<p><i>"Continuous Quality Improvement is a part of the Nursing Process, and is strongly supported by leadership, both in Nurse-Family Partnership and within the Goodwill executive team. Together with the National Service Office (NSO), Nurse-Family Partnership implemented by Goodwill of Central and Southern Indiana, monitors quality at every phase of the program by focusing on program implementation, outcome achievement and client interaction. Goodwill utilizes a product called Disease Management Coordination Network (DMCN), a complete electronic documentation system that is robust in its query operations, and is approved by the NSO. Data collected with DMCN is uploaded to the NFP database nightly. The NSO's Business Intelligence (BI) Portal allows our team to evaluate several key performance indicators and compare them to national rates. It also provides quarterly standard reports that includes the Outcomes, Fidelity and Quarterly cumulative reports. Within the past few years, the NSO has released the Mastery Assessment and Plan (MAP) tool that is "a reliable way to express the progress and growth that nurses make as they master the model and develop ever more refined skills and knowledge." Supervisors utilize this tool with nurses, in conjunction with a joint visit, to evaluate continued growth in their NFP practice and to identify opportunities to continue that growth over time. This holistic approach to quality assurance and improvement allows our site to successfully implement NFP as designed, and work towards achieving and maintaining targeted outcomes with fidelity to the model."</i></p>
HealthNet	<p><i>"As the Program Director, I support continuous quality improvement activities at this site that results in quality in daily work and enhanced service to families." – Denise Kaspar</i></p>
Marion County Health Department	<p><i>"The mission of the Marion County Public Health Department (MCPHD) is to promote physical, mental, and environment health. In addition, the health department strives to prevent and protect against disease, injury and disability. In working towards the achievement of this mission we must always be working towards improving our processes and different</i></p>

LIA	Statement of Management Support
	<i>program areas and departments within MCPHD. Continuous Quality Improvement is one way we work towards meeting our goals and serving our clients in a way that best meets their needs.” – Jennifer Long, Administrator, community Based Care, Marion County Health Department</i>
Mental Health America of Northwest Indiana	<i>“Mental Health America of Lake County administration is fully committed to CQI and sustaining a culture of quality within the organization. The Vice President of Operations, the Senior Director of Programs and Partnerships and the Program Director have all received intensive training in CQI using the Plan, Do, Study, Act method. Agency executive staff have approved involvement of staff at all levels for CQI work. The CQI teams plan their staff time as needed per project, with full support. CQI progress and results are shared throughout the organization and updates are provided to the board of directors.” – Wendy Hensley</i>
New Hope Services	<i>“New Hope Services management is invested in the Success of our Continuous Quality Improvement Team. Currently the team has both the Healthy Families Assistant Program Manager and the Program Manager in the lead positions. The Team Sponsor is the Director of Family Services. New Hope has supported travel and training related to this endeavor. Outcomes from projects are shared across our 3 Advisory Boards. Current project outcomes are reviewed quarterly by the Senior Management team.”</i>

7. *Have modifications been made to financial support for CQI, including allocation of resources and staff time at the LIA level?*

LIAs determine resources necessary to meet the expectation of participating in quality improvement activities based on their local culture of quality. The following table represents a self-report from each LIA regarding leadership and resources committed for the 2020 reporting period.

LIA	LIA Management Lead	Approx. FTE	Approx. Staff Hours/Month
Child & Parent Services (CAPS)	Ellen Graber-McCrae	.50 FTE	45 staff hours
Dunebrook	Gabrielle Ginther- Program Director	.21 FTE	45 staff hours
Family and Children’s Center	Leah Kurz, Program Manager Nicole Haggin, Sup Lynne Walker, Sup Janelle Pauls, Sup Andrea Digregorio, Sup	.30 FTE	50 hours
Goodwill of Central and Southern Indiana	Lynn Baldwin	0.375 FTE	60 staff hours
HealthNet	Brianne Biancardi	.07 FTE	11 staff hours
Marion County Health Department	Mackenzie Porter	.25 FTE	40 staff hours

LIA	LIA Management Lead	Approx. FTE	Approx. Staff Hours/Month
Mental Health America of Northwest Indiana	Wendy Hensley, Senior Director of Programs & Partnerships	.10 FTE	16 staff hours
	Terany Collins, Program Director	.13 FTE	18 staff hours
New Hope	Sheila Haffner, Program Manager Elizabeth Boyd, Director	.15 FTE	40 staff hours

CQI Priority(s)

8. Will topic(s) of focus for each LIA participating in CQI change from your FY2019 CQI plan?

Topics of focus for LIAs are determined at the local level by LIAs to meet their quality improvement needs within the local culture of quality, while addressing MIECHV related and Indiana priorities.

LIA Participating in CQI (List name)	Topics selected for CQI	Why were these topic(s) chosen? (For example, was the need identified from performance data, self-assessments, or other methods? Did clients provide input on areas for strengthening services?)	How does the topic(s) align with State priorities?
Child & Parent Services (CAPS)	Incomplete Documentation	LIA identified the need based on file audits. LIA did not get input from clients on areas for strengthening services.	This topic is vital to quality assurance for the Healthy Families model and reporting necessary data for MIECHV.
Dunebrook	Post-Partum Visits	LIA noticed a lack of documentation for post-partum visits in health log.	LIA wants to reduce the amount of missing data in performance measures.
Goodwill of Central and Southern Indiana	Safe sleep	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #7.
	Tobacco Cessation	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #6.
	Breastfeeding	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measure #2
	Mental Health	Identified as a priority within LIA and at state and national levels.	Identified as priority at the state level. Relates to MIECHV Performance Measures #3 and #17
	Subsequent Pregnancies (Family Planning)	Identified as a priority within LIA and NSO.	Identified as a priority with the NSO.

HealthNet	Initial engagement and Home visit Acceptance	LIA Leadership Team identified the need to increase engagement and acceptance of services aligned with their site's Quality Assurance goal.	LIA topic would increase the number of families receiving long-term services through Healthy Families Indiana in Marion County. The state would in turn be able to provide prevention services to more families in targeted counties.
Marion County Health Department	Documentation of Postpartum Visit	LIA identified the need for improvement based on their low performance data.	Relates to MIECHV Performance Measure #5.
Mental Health America of Lake County	Co-sleeping	Healthy Families Lake County (HFLC) found that too many families were reporting co-sleeping with baby.	LIA topic aligns with MIECHV Performance Measure.
New Hope Services	Acceptance of Long-Term Home Visitation Services	LIA discovered family acceptance rates were lower than desired due to a lack of FRS involvement in the assessment process.	LIA aims to meet the program goal of maintaining a full as possible caseload by targeting the handoff between Family Resource Specialists (FRS) and Family Support Specialists (FSS).

How does the topic(s) address health equity goals in your State / Territory?

Health equity is when everyone has a fair and just opportunity to be as healthy as possible. To achieve health equity, obstacles to health must be removed- such as poverty, discrimination, and deep power imbalances- and their consequences including lack of access to jobs with fair pay, quality education and housing, safe environments, and affordable healthcare.

The above CQI topics address Indiana's health equity goals, specifically the [Indiana State Department of Health's strategic](#) plan goals. One key action from ISDH's strategic plan is to "actively pursue and intervene in root causes of health inequity and disparity to include social determinants of health". Indiana's CQI priority areas directly or indirectly address at least one social determinant of health. By working to improve program processes related to post-partum visits, breastfeeding, mental health, co-sleeping, and more, LIAs can improve service delivery to their clients, who are typically impacted by health inequities.

In late 2019, the State MIECHV team embarked on an improvement effort to support improvement at the systems-level with respect to MIECHV performance measures – specifically focusing on data quality. Details pertaining to the State improvement effort are in the table that follows.

Topics selected for CQI	Why were these topic(s) chosen? (For example, was the need identified from performance data, self- assessments, or other methods? Did clients provide input on areas for strengthening services?)	How does the topic(s) align with State priorities?
Data Quality – Performance Measure #6 and Table 14 (Tobacco Use in the Home)	<p>This topic was chosen based on Indiana MIECHV’s annual FY 2019 HRSA Home Visiting Information System (HVIS) reporting. A lack of confidence in data quality across several of the performance measures exists which is preventing the state team in adequately supporting LIAs in performance improvement. Missing data for several measures is posing challenges in being able to assess where the state truly is with respect to outcomes.</p> <p>The team assembled for this improvement effort includes State team members from ISDH and IDCS, staff from a HFI and NFP LIAs, and data system partners who work with/develop data systems in use and those who analyze data on an ongoing basis. This diverse, well-rounded team allows for all customer perspectives to come together and provide input.</p>	Data quality is vital to Indiana MIECHV’s efforts. Indiana MIECHV is committed to ensuring the story told by the data reported reflect the services being provided in the communities who receive MIECHV funding. Further, Indiana MIECHV is committed to preparing for and meeting HRSA’s definition of improvement.

Goals and Objectives

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2020?

Yes. Each Indiana MIECHV LIA embarks on and completes PDSA cycles in topic areas that align with where the LIA determines improvement is warranted based on data and information they have at hand from their data systems and quarterly MIECHV performance measure reviews. An initial SMART aim is developed at the beginning of the Plan stage and modified as the team learns more about the current process they working to improvement, root cause, and baseline data. SMART aims are revised throughout the Plan stage as needed and finalized before moving to the Do stage of the PDSA cycle. PDSA cycles begin and end at timeframes determined by the LIAs. LIAs are encouraged and supported to run short, rapid PDSA cycles as applicable.

The following table includes current SMART aims for each LIA. Note that in some cases, LIAs are still determining the time frame or rate of improvement for their project, as indicated by “XX”.

Local Implementing Agency	SMART Aim Statement
Child and Parent Services (CAPS)	LIA does not currently have a complete aim statement but is working to finalize after reviewing data. The initial aim statement is: By February 2020, Healthy Families will decrease the percent of incomplete paperwork from XX% to XX%.
Dunebrook	LIA does not currently have a complete aim statement but is working to finalize after reviewing data. The initial aim statement is: By May 2020, Healthy Families La Porte County home visitors will increase the percent of MOB post-partum visits that are documented in the health log from XX% to XX%.
Family and Children’s Center	LIA has already completed a minimum of two PDSA cycles for the fiscal year per requirements outlined in their contract. (Both completed by January 2020.) MPHI QI Coach is working to support the LIA in continuing to grow their knowledge and skills in QI and will support the LIA in using QI methods and tools through the remainder of the fiscal year to grow/ nurture their culture of quality.
Goodwill of Central and Southern Indiana	LIA team does not currently have a complete aim statement but is working to finalize after reviewing data. The initial aim statement is: By XX, Goodwill NFP will educate/train 100% of NHV in Marion County on how to use breastfeeding boxes. <i>(Breastfeeding)</i>
	LIA has a team that is in the beginning of the Plan Stage and has not yet developed an aim statement. The team will be focusing on the lack of knowledge available about mental health resources. <i>(Mental Health)</i>
	By March 15, 2020, Goodwill NFP (Marion County) Subsequent Pregnancy team will increase the % of Nurse Home Visitor who feel they have the knowledge they need to provide clients with accurate and consistent family planning education from 52% to 75%. <i>(Subsequent Pregnancy)</i>
	By 2/28/2020, Goodwill NHVs will complete the Massachusetts General Hospital (MGH) smoking assessment with 5 moms. <i>(Tobacco)</i>
HealthNet	By July 2019, HealthNet Healthy Families program will increase their Home Visit Acceptance Rate by 3%.
Marion County Health Department	LIA has identified documentation of the postpartum visit as their next topic for improvement. LIA is in the beginning of the Plan Stage and has not yet developed an aim statement.
Mental Health America of Northwest Indiana (MHA)	LIA is in the beginning of the Plan Stage and has not yet developed an aim statement. The LIA will be focusing on reducing the percent of mothers who report co-sleeping with their baby.
New Hope Services	Home visiting acceptance will increase in Bartholomew County by five percent, by May 31, 2020.

Additionally, the State MIECHV team is working toward the following SMART aim:

- By the second quarterly data review (April 2020), IN MIECHV will reduce missing data for tobacco measures (PM6 (referrals) and Table 14 (Form 1- use in home)) to under 10% missing.

Changes to Be Tested

10. What changes will teams test out to achieve the goals and objectives of the CQI project? If your changes need further input and development, describe how you will accomplish that.

Local Implementing Agency	Improvement Theory
Child and Parent Services (CAPS)	LIA is in the beginning of the Plan Stage and has not yet developed an improvement theory.
Dunebrook	If the team updates the tracking form to include a place for the post-partum care visit date and inform staff of the change, then there will be an increase in the percent of MOB post-partum visits that are documented in the health log.
Family and Children's Center	LIA has already completed a minimum of two PDSA cycles for the fiscal year per requirements outlined in their contract. (Both completed by January 2020.) MPHI QI Coach is working to support the LIA in continuing to grow their knowledge and skills in QI and will support the LIA in using QI methods and tools through the remainder of the fiscal year to grow/ nurture their culture of quality.
Goodwill of Central and Southern Indiana	If we train and educate all NHV in Marion County on how to use resources to support clients with breastfeeding, then all NHV will understand how to use the breastfeeding box. <i>(Breastfeeding)</i>
	LIA team is in the beginning of the Plan Stage and has not yet developed an improvement theory. <i>(Mental Health)</i>
	If Goodwill NFP provides an in-service opportunity that includes: reviewing current data (unplanned pregnancies; NSO data), NFP facilitators related to family planning, the new birth control boxes/kits, speakers from Planned Parenthood and Bell Flower to address topics related to family planning (e.g. contraceptive methods), and roleplay, Then a higher percentage of Nurse Home Visitors will share through the post-survey that they feel they have the knowledge they need to provide clients with accurate and consistent family planning education. <i>(Subsequent Pregnancy)</i>
HealthNet	If we pilot the tobacco assessment, then we will have completed the assessment with five moms. <i>(Tobacco)</i>
HealthNet	LIA is in the beginning of the Plan Stage and has not yet developed an improvement theory.
Marion County Health Department	LIA is in the beginning of the Plan Stage and has not yet developed an aim statement.
Mental Health America of Northwest Indiana (MHA)	LIA is in the beginning of the Plan Stage and has not yet developed an improvement theory.
New Hope Services	If the FRS provides a warm handoff to the FSS through an introduction text message, then more families will accept home visiting services.

Additionally, the State MIECHV team is testing the following improvement theory:

- If we clearly identify and educate LIAs of all data fields currently being used for Tobacco Use analysis, then IN MIECHV will reduce missing data for tobacco measures (PM6 (referrals) and Table 14 (Form 1- use in home)) to under 10% missing.

Methods and Tools

11. *Identify the CQI tools below that will be utilized by LIA teams in FY 2020 in the optional table format on page 9 or in a discussion in the text.*

Indiana MIECHV LIA teams will use the following CQI tools in FY 2020:

- Team Charter that outlines the scope of the CQI project
- Process mapping or flow charts
- Root-cause analysis – fishbone diagram, force field analysis, tree diagram, five whys
- Brainstorming potential solutions – affinity diagram, tree diagram, prioritization matrix
- Data charts – tables, run charts, bar charts, pie charts, etc.
- Story board

12. *Identify the methods below that will be utilized by LIA teams in FY 2020 in the optional table format on page 8 or in a discussion in the text.*

- All Indiana MIECHV LIAs utilize Plan-Do-Study-Act.

Measurement and Data Collection

13. *Will you make changes in CQI data systems at the local level, including plans for how CQI data will be collected in an appropriately frequent manner (e.g., monthly) in FY 2020?*

No, Indiana will not make changes to current methods of measurement and data collection related to quality improvement efforts.

14. *Will you make changes in the mechanisms available to CQI teams and home visitors at the local level to track progress, determine if change ideas tested result in improvement, identify the need for course corrections, and use data to drive decision making in FY 2020?*

No, Indiana will not make changes to the mechanisms available to CQI teams.

Sustaining the Gains

15. *Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.).*

Each LIA has an assigned QI Coach from the Michigan Public Health Institute. QI Coaches support LIAs in wrapping up their QI efforts and determining how to act on what they learned through their PDSA cycle. A critical component of the Act stage of the PDSA cycle is determining how any gains made through the improvement effort will be sustained. Gains may be sustained by revising processes, updating protocols and policies, training additional LIA staff on the change that was tested, regular monitoring of data to ensure improvement is maintained/continues, and so forth. Strategies used to sustain gains will be tailored to each LIA's PDSA cycle outcomes. Each LIA's QI Coach will work with the LIA to determine how gains achieved can be sustained and what ongoing support MPH and DCS/ISDH can provide to ensure gains are sustained so the LIA's improvement efforts live on and continue to benefit the program.

Spread and Scale

16. *Describe the methods and strategies you will use to spread and scale successful interventions and lessons learned to additional LIAs.*

Indiana MIECHV plans to use two main methods/ strategies to support spread and scale of successful interventions and lessons learned to additional LIAs.

First, MPHI QI Coaches will continue to stay attune to the efforts each LIA is engaged in and connect LIAs who are embarking on improvement efforts in similar topic areas via email. Indiana MIECHV has engaged in using this method since MPHI started supporting LIAs improvement efforts and has started to learn and see the benefits of these connections. For example, an HFI and NFP LIA both engaged in improvement efforts focused in the area of breastfeeding this past year and were able to connect with one another to share resources and glean learnings.

Second, virtual and in-person (as resources allow) QI Community of Learning gatherings will continue to be convened on a once per quarter basis for ninety minutes. The primary purpose of these gatherings is to foster collaborative learning and support the spread of successful change ideas as well as the sharing of ideas that did not work as planned so LIAs can learn from one another. Time for the gatherings will be intentionally planned to ensure LIAs have the opportunity to spread successful change ideas to one another in a timely manner.

Spread and scale of successful improvement efforts and lessons learned is something Indiana MIECHV is committed to focusing on in this FY 2020 plan. Indiana MIECHV will continue to learn from how the two above strategies are working as well as brainstorm other methods/ strategies may be beneficial to employ in the future, working closely with the CQI provider, MPHI. Indiana LIAs will be a key resource in this exploration, too.

17. What infrastructure elements do you have in place to support spread and scale up of successful CQI projects?

Indiana MIECHV has a few key infrastructure elements in place to support the spread and scale up of successful QI efforts, including:

- QI Provider: Indiana MIECHV's QI provider, MPHI, will be instrumental in supporting these efforts given their close work with each LIA and their PDSA cycles. MPHI will stay attune to efforts happening across LIAs and directly connect LIAs as like topics of focus arise.
- QI Documentation: Indiana MIECHV LIAs maintain QI Team Charters and complete Story Boards for each of their improvement efforts. Both pieces of documentation support spread and scale of successful improvement efforts from one LIA to the next as key pieces of information that can be replicated are detailed in each.
- QI Community of Learning Gatherings: These formal, primarily virtual, gatherings provide protected time and space for LIAs to share improvement efforts with one another allowing for spread and scale of successful change ideas.

Communication

18. Describe processes for assessing progress and providing support to LIAs when needed.

Each LIA has an assigned QI Coach from the Michigan Public Health Institute (MPHI) that they can access at any time. QI Coaches communicate on an ongoing basis (at least once per month) with LIAs to support their work through guidance, material review, just-in-time training on key QI concepts and tools, and as requested by the LIA or the Indiana state team. QI Coaches support LIA teams in telling the story of their improvement efforts via a QI story board. Story boards are then shared with DCS and ISDH for review and approval. MPHI QI Coaches maintain a tracking document that houses information regarding coaching calls with each LIA, key aspects of current and past PDSA cycles, QI topic areas being addressed across LIAs, and story boards that exist by topic area. The coaching tracker is shared and discussed with the Indiana state team once per month and additional follow up support is provided to LIA teams as needed.