

Screening & Referrals Collaborative Charter

Overview of Continuous Quality Improvement (CQI) Activities and Technical Assistance

The Minnesota Department of Health (MDH) Family Home Visiting (FHV) program offers Maternal, Infant and Early Childhood Home Visiting (MIECHV) funded Local Implementing Agencies (LIAs) assistance in using Continuous Quality Improvement (CQI) methods to improve the delivery of FHV services to families in Minnesota.

Starting January 2017, MIECHV funded LIAs will be required to participate in peer learning activities as part of their CQI efforts. MIECHV funded LIAs may choose to work on CQI through one of the following options:

- Participate in an MDH-led Learning Collaborative, or
- Participate in a self-organized Learning Collaborative, Community of Practice, or Learning Community where three or more local CQI teams come together at least two times between January 2017 – September 2017 to share their progress, successes, challenges, outcomes, and lessons learned on a single common CQI project topic. LIAs that participate in a self-organized Learning Collaborative need to all be working on the same CQI topic at the same time as part of the collaborative.

MIECHV funded LIAs that choose **not** to participate in the MDH-led Learning Collaborative, which is described later in this document, must plan to:

- Complete at least one CQI project annually.
- Establish a CQI team that is comprised of at least one supervisor/manager, one data entry person, and one home visitor. LIAs are also strongly encouraged to include client/parent partners and community service providers. LIAs are asked to provide an updated list of all CQI team members and roles annually or when there has been a change in membership.
- Hold regular and ongoing CQI team meetings.
- Participate in a self-organized Learning Collaborative, Community of Practice, or Learning Community as described above.
- Perform tests of change using the Plan-Do-Study-Act (PDSA) cycle.
- Participate in quarterly check-ins with the MDH FHV CQI Coordinator.
- Collect, review, and share data specific to the CQI project on a quarterly basis. LIAs will document PDSA cycles, use run charts to track progress over time, share progress with other CQI teams, and report progress on CQI efforts to MDH at least quarterly.

MDH staff will provide CQI technical assistance and support to all MIECHV-funded LIAs, including those who choose not to participate in the MDH-led Learning Collaborative.

The remainder of this document provides information about the Learning Collaborative that will be led by MDH. **MIECHV-funded LIAs are strongly encouraged to participate in the MDH-led Learning Collaborative.**

Introduction to a Collaborative

For LIAs that choose to participate in the MDH-led Learning Collaborative, MDH will be using the Institute of Healthcare Improvement's Model for Improvement and Breakthrough Series as a framework for CQI in FHV. The Early Identification and Connection to Services Learning Collaborative will involve many LIA teams working together for approximately 9 months. During the collaborative, participants will engage in two in-person Learning Sessions, and maintain continual contact with other teams and MDH staff via site visits, webinars, conference calls, and e-mail. A Change Package, defined as a collection of evidence-based ideas and tools, will be developed and given to all participating organizations.

What Are We Trying to Accomplish?

Early Childhood Development

Research demonstrates that early identification of developmental and social-emotional issues and the use of appropriate intervention supports and services significantly improve a child's school readiness, academic success, and overall well-being. Investments in early identification and intervention often reduce the high costs and long-term consequences for health, education, child welfare, and juvenile justice systems.¹ However, many children enter school with significant delays and missed opportunities for intervention due to under identification and lack of timely referral to and receipt of necessary services. For example, less than 50% of children with developmental or behavioral disabilities are identified before children start school.² Across home visiting programs serving children at high risk for developmental and social-emotional delays, there are gaps between what we know works – to identify and connect families to appropriate services – and actual practice, with large variations in performance across the system.

Maternal Mental Health

Similar to the importance of early identification of developmental and social-emotional issues in young children, identifying early and treating depression in pregnant women and women who have recently given birth leads to improved outcomes for women and children. Postpartum depression occurs in 10 – 20% of women who have recently given birth, but fewer than half of cases are recognized.³ Maternal depression is a multi-faceted illness that can have varying consequences for a woman's mental health, the family's functioning, and her child's development. Improved routine, standardized screening, referral, and connection to treatment and resources will lead to earlier identification and better outcomes.

Mission

From January 2017 through September 2017, the mission of the Early Identification and Connection to Services Collaborative is to improve referrals, connection to services, and follow-up for clients after a developmental, social-emotional, and/or maternal depression screening has been completed and indicates a need for referral. The participating LIA teams, in partnership with MDH, will implement changes that lead to: 1) standardized processes for referral, treatment, and follow-up; 2) families engaged in promoting healthy development, including actively using information and resources; and 3) effective data systems for tracking, analyzing and improving clients' screening periodicity, results, referral, timeliness of referral and receipt of services.

Home visiting programs have a unique opportunity to reach vulnerable families and to incorporate evidence-based and practice-informed strategies to improve screening, referral and connection to services.

Collaborative Expectations

Participating LIAs are expected to:

- Establish a CQI team that is comprised of at least one supervisor/manager, one data entry person, and one home visitor. LIAs are also strongly encouraged to include client/parent partners and community service providers. LIAs are asked to provide an updated list of all CQI team members and roles annually or when there has been a change in membership.
- Hold regular and ongoing CQI team meetings.
- Send a team of 2-5 members to two, one-day, in-person Learning Sessions where participating teams will have an opportunity to learn about the project topic, best practices, increase knowledge of CQI methods, plan tests of change with their team, and learn from other LIAs.
- Perform tests of change using the Plan-Do-Study-Act (PDSA) cycle.
- Participate in monthly webinars facilitated by MDH. Webinars will focus on emerging issues related to the project topic and implementation process. LIAs will present and share their progress with peers.
- Participate in quarterly check-ins with the MDH FHV CQI Coordinator.
- Collect, review, and share data specific to the CQI project on a monthly basis. LIAs will document PDSA cycles, use run charts to track progress over time, and complete brief surveys throughout the Learning Collaborative.
- Learn, share, and have fun!

MDH and project staff will provide:

- Information on subject matter, application of content, and methods for quality improvement both during and between Learning Sessions.
- Coaching and technical assistance to LIAs to facilitate improvements in family home visiting.

- Communication strategies and peer learning opportunities for LIAs to stay connected with each other and with MDH.
- Assistance with monthly data collection, reporting, and analysis.
- Funding made available directly to client/parent partners participating on a LIA CQI team for costs associated with travel, child care, their time and contributions to CQI activities.

Methods

Our aim statement reflects our goals of improving referrals and connection to services:

By September 30, 2017, we will improve child development through developmental, social emotional and/or caregiver depression screening so that 95% or more of those with a positive screen or concern are referred, and 95% or more of those referred receive further evaluation.

Measures will be used to assess progress toward achieving collaborative goals. LIAs will learn an improvement strategy that includes breakthrough goals and a method to develop, test, and implement changes to their systems. LIAs will be expected to collect monthly data that relate to the aim and plot them over time for the duration of the collaborative. An annotated time series will be used to assess the impact of changes. MDH will provide guidance to participating LIAs in testing and implementing best practices.

Learning Sessions are the major integrative events of the collaborative. Through plenary sessions and team meetings, attendees have the opportunity to:

- Learn from colleagues and faculty.
- Receive individual coaching from MDH and other project staff and faculty.
- Gather new knowledge on the subject matter and quality improvement.
- Share experiences and build collaboration on improvement strategies.

The time between Learning Sessions is called an **Action Period**. During Action Periods, collaborative participants work within their organizations toward improvement. Although LIAs focus on their own programs, they remain in contact with other collaborative LIAs and MDH staff. In addition, participating LIAs share the results of their improvement efforts in monthly reports.

Learning Collaborative Timetable

The following is an estimated timeline of the major Early Identification and Connection to Services Learning Collaborative activities. Dates are tentative and are subject to change.

December 2016:	LIAs notify MDH of their intent to participate in Learning Collaborative
Jan - Feb 2017:	Participating LIAs complete pre-work
March 7, 2017:	Kick-off Learning Session
April - May 2017:	Monthly collaborative webinars
June 2, 2017:	Learning Session

July - Sep 2017: Monthly collaborative webinars

Preparation for the March Learning Session

The March Learning Session is the first in-person event for the collaborative. LIAs will be more successful if they come to this meeting well prepared. To prepare your team for the first Learning Session, we expect each LIA to complete the following tasks:

1. Notify MDH of your LIA's intent to participate in the MDH-led Learning Collaborative
 - a. Complete and return the *MIECHV CQI Participation Agreement* by Monday, December 19, 2016 to Health.FHVdata@state.mn.us.
2. Assemble your team
 - a. You should come to the Learning Session with your team already formed. It should include at least one supervisor/manager, one data entry person, one home visitor, one client/parent partner and community service provider partner (i.e. mental health provider, school district/early intervention staff, primary care provider, etc.). The same 2-5 members of your LIA's CQI team should plan to attend both of the in-person Learning Sessions. Your LIA's CQI team that meets regularly may be larger than the team that attends the Learning Sessions.
 - b. Schedule regular and ongoing meetings for your LIA's CQI team throughout the duration of the Learning Collaborative.
3. Complete the pre-work
 - a. Review your program's current policies and practices around early identification, referral, and follow-up with regard to developmental, social-emotional and maternal depression screening.
 - b. Review your program's data on current referral and follow-up rates.
 - c. Create your first storyboard to present at the Learning Session. More information about what should be included in the storyboard, as well as a template to use for the storyboard will be sent to participating LIAs.
4. Plan for travel to attend the Learning Session
 - a. Depending on where the Learning Session is held, your team may need to arrange for travel and overnight accommodations. MDH will notify LIAs participating in the Learning Collaborative of the Learning Session location as soon as possible once it is confirmed. MDH will not provide additional funding to LIAs for travel costs related to CQI activities with the exception of funding available for client/parent partners.

References

¹[Birth to Five, Watch Me Thrive](#)

²National Academy for State Health Policy. (2012). [Making the Case](#).

³Gjerdingen DK, Yawn BP. Postpartum depression screening: importance, methods, barriers, and recommendations for practice. *J Am Board Fam Med*. 2007 May-Jun;20(3):280-8.

Glossary of Terms

An **Aim** is a written, measurable, and time sensitive statement of the expected results of an improvement process. It addresses how much, what, and by when.

Continuous Quality Improvement (CQI) is an ongoing process where service delivery teams monitor and evaluate their daily work processes to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

A **Learning Collaborative** brings together groups of practitioners from different organizations to work in a structured way to improve one aspect of the quality of their service. Groups participate in a series of meetings, including learning sessions, webinars and in-person support, to learn about best practice in the area chosen, about quality improvement methods and change ideas, and to share their experiences of making changes in their own local setting.

A **Learning Session** is a single or multiday meeting that teams attend to learn improvement techniques from experts and share their experiences implementing new practices with one another. Between Learning Sessions, teams implement changes in their own organizations using Plan-Do-Study-Act cycles in which they investigate quality problems, develop and implement small-scale changes, measure the effects, and make various changes for improvement.

Plan-Do-Study-Act (PDSA) Cycle is a structured four stage model for planning and testing small practice change. Just as a circle has no end, the PDSA cycle should be repeated again and again for continuous improvement.

A **Run Chart** is a graph of data over time and are used in assessing the effectiveness of change. Run charts help determine when changes are truly improvements and give direction in improvement as changes are tested.