# Continuous Quality Improvement and Central Intake: Enhancing Family Engagement in Home Visiting

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This work was completed with grant funding from the Health Resources and Services Administration (HRSA).







## Objectives

- Discuss Family Engagement in Home Visiting (HV)
- Describe New Jersey's Statewide HV and Central Intake (CI) System
- Review Continuous Quality Improvement (CQI) Essentials
- Learn about CQI in New Jersey with Central Intake to improve family engagement

## Family Engagement in Home Visiting

- Key to success of home visiting (HV) programs
- Challenge in HV programs across the US
  - Promoting Family Engagement is one of the ten Home Visiting Applied Research Collaborative (HARC) research priorities.
  - Home Visiting Collaborative Improvement and Innovation Network (HV CollN) identified Family Engagement as a topic area.

## Family Engagement in Home Visiting: New Jersey

- New Jersey state leaders aimed to improve family engagement.
  - NJ uses capacity as an indicator of family engagement.
  - Capacity = number of active families at end of quarter number of families expected based on contract
  - NJ HV programs are expected to maintain a capacity of at least 85%.
  - To address the challenge of meeting this capacity target, NJ adopted Central Intake and uses Continuous Quality Improvement (CQI) to improve performance.

## New Jersey's Statewide Home Visiting and Central Intake System

## **Home Visiting**

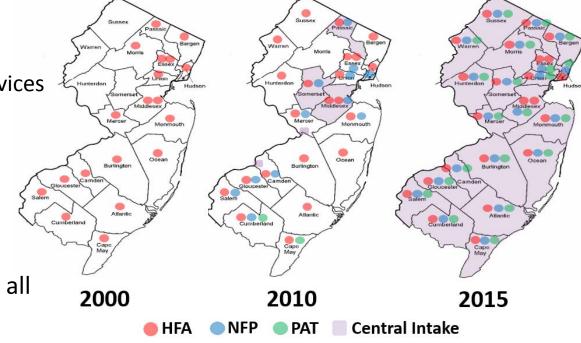
- By 2015, 65 programs in all 21 NJ counties
- Each county has 3 HV models: Healthy Families America (HFA), Nurse-Family Partnership (NFP), Parents as Teachers (PAT)

## Central Intake (CI)

Aims

 Connect families efficiently to services based on needs and eligibility

- Simplify referral process
- Maximize appropriate use of available resources
- Eliminate duplication of effort
- Improve care coordination
- Started in 2010 expanded to reach all 21 counties in Fall 2015



## Continuous Quality Improvement (CQI) Essentials

## **Principles**

- Family Focus
- Systems View
- Solution Identification
- Teamwork
- Data-driven Culture

## Tools

- Key Driver Diagram
- FOCUS Framework and PDSA cycles

McLaughlin, C.P. and Kluzny A.D. (2006) Continuous Quality Improvement in Health Care: Theory, Implementations and Applications. Sudbury, MA: Jones and Bartlett Publishers.

Ohio State University, College of Public Health, Center for Public Health Practice. Continuous Quality Improvement for Public Health: The Fundamentals. Module 1-Introduction and Principles. Available from: <a href="https://cph.osu.edu/practice/cqi-public-health-fundamentals">https://cph.osu.edu/practice/cqi-public-health-fundamentals</a>.

## CQI Tools: Key Driver Diagram

#### **Primary Drivers**

#### **Primary Driver 1:**

Competent and skilled workforce to support enrollment and retention

#### **Primary Driver 2:**

Comprehensive datatracking system

#### **Primary Driver 3:**

Prompt and appropriate enrollment of eligible families

#### **Primary Driver 4:**

Intense early engagement (i.e., during first 3 months)

#### **Primary Driver 5:**

Active involvement of families in home visiting program

#### Changes/Interventions

- 1. Support to develop interpersonal relationships and adult attachment
- 2. Clear policy and protocols for enrollment and for intense early engagement and retention for current and new home visitors
- 3. Observation by supervisor of home visits
- 4. Focused supervision on key points in home visitor (HV)-client relationship (i.e., enrollment, intense early engagement, ongoing retention)
- 5. Materials available to facilitate engagement with families
- 1. Initial and ongoing training for HVs on policies and procedures for data tracking and management
- 2. Process for reviewing and using improvement data (e.g., weekly team meeting)

#### **External Sources**

- 1. Outreach and education to referral sources for eligibility of families to home visiting (e.g., access criteria, identifying "goodness of fit")
- 2. Outreach to home visiting clients to "refer" a friend to home visiting services
- 3. Streamlined process from referral source to home visiting program (i.e., warm handoff for families)
- 4. Policy and protocol (with guidelines) for assessing and determining eligibility of families

#### Internal Processes

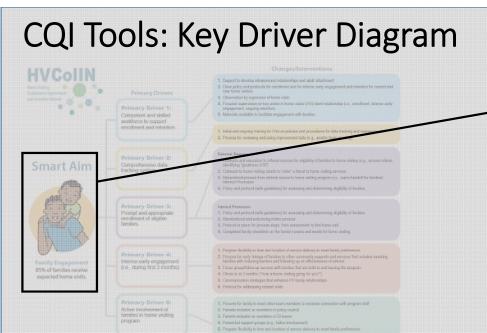
- 1. Policy and protocol (with guidelines) for assessing and determining eligibility of families
- 2. Standardized and welcoming intake process
- 3. Protocol in place for process steps, from assessment to first home visit
- 4. Completed family checklists on the family's wants and needs for home visiting
- 1. Program flexibility in time and location of service delivery to meet family preferences
- 2. Process for early linkage of families to other community supports and services that includes assisting families with reducing barriers and following up on effectiveness of referral
- 3. Focus group/follow-up surveys with families that are both in and leaving the program
- 4. Check-in at 3 months ("How is home visiting going for you?")
- 5. Communication strategies that enhance HV-family relationships
- 6. Protocol for addressing missed visits
- 1. Process for family to meet other team members to increase connection with program staff
- 2. Parents included as members of policy council
- 3. Parents included as members of QI teams
- 4. Parent-led support groups (e.g., father involvement)
- 5. Program flexibility in time and location of service delivery to meet family preferences
- 6. Reliability on the part of home visitors to schedule and keep visits (not rescheduling/cancelling frequently)
- 7. HV information routinely gathered from families about their needs, personal goals, and expectations of the program; services then provided based on this input



**Smart Aim** 

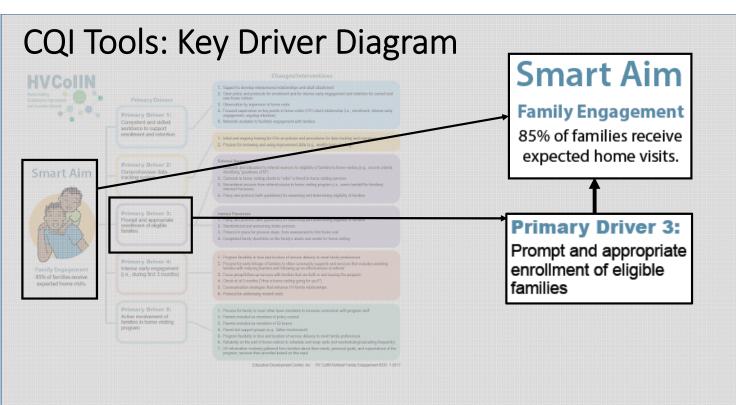


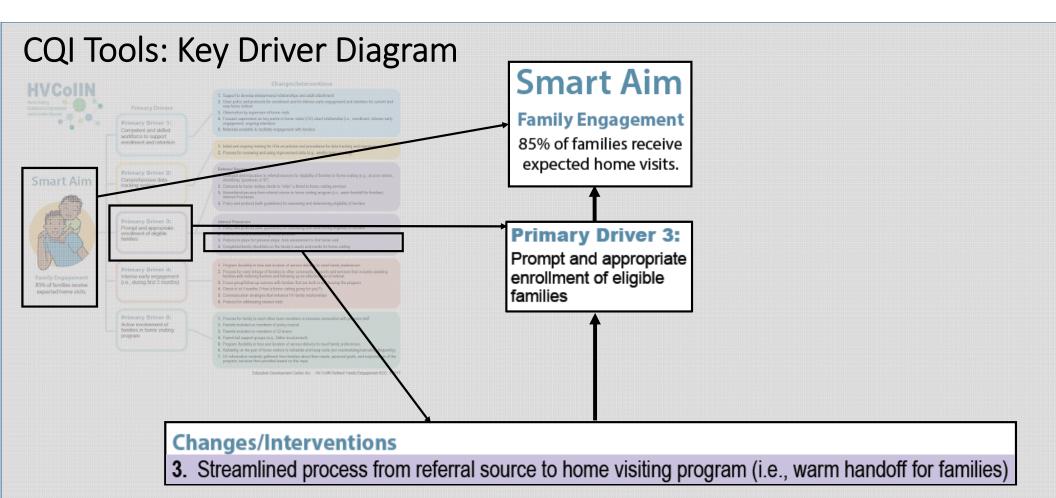
**Family Engagement** 85% of families receive expected home visits.



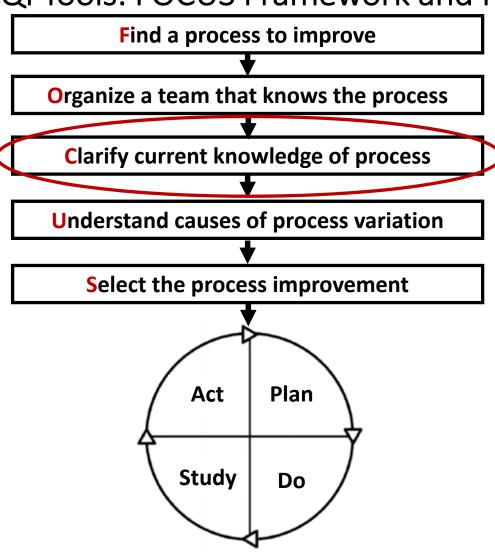
# Smart Aim Family Engagement

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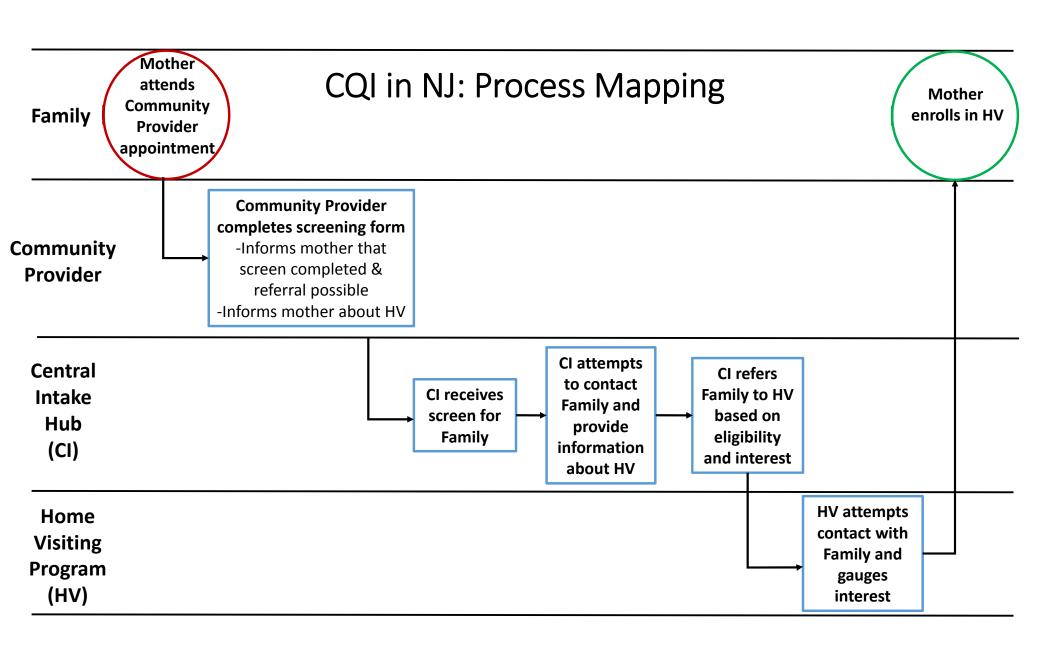


## CQI Tools: FOCUS Framework and PDSA Cycles



- An essential part of CQI is investigating the process of interest to make sure that it is correctly understood before testing occurs.
- Recommended strategies for this investigation include:
  - 1. Process mapping
  - 2. Data Analysis
  - 3. Stakeholder engagement and interviews

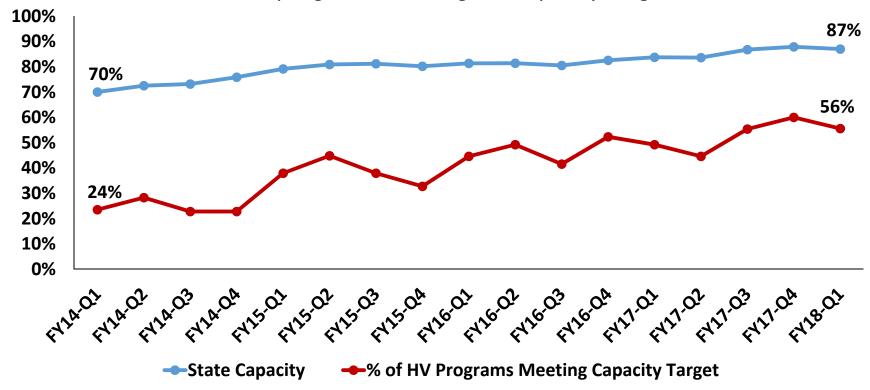
Taylor MJ, McNicholas C, Nicolay C, et al. BMJ Qual Saf 2013 doi:10.1136/bmjqs-2013-001862 Reed JE and Card AJ. BMJ Qual Saf 2015 doi: 10.1136/bmjqs-2015-005076



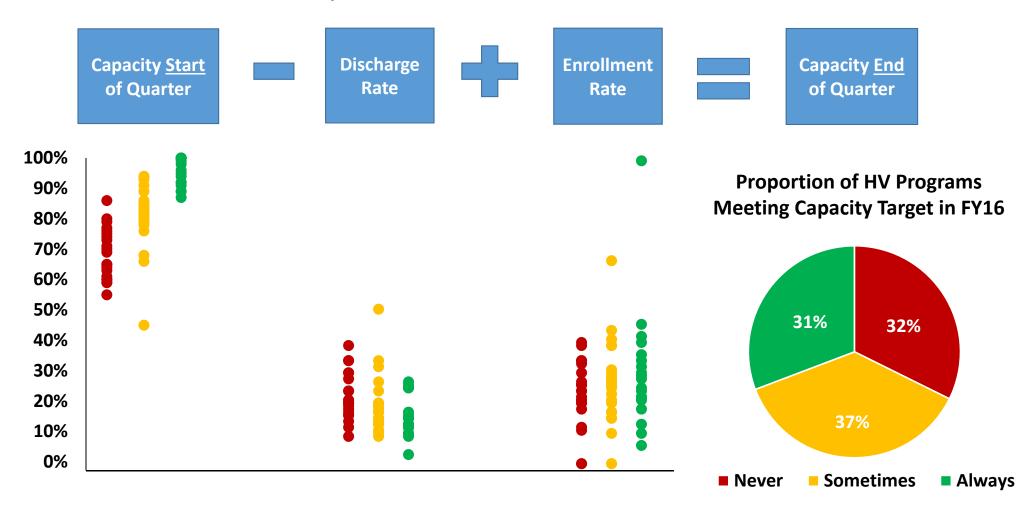
## CQI in NJ: Data Analysis

At the state level, capacity has improved over time.

However, there is still room for improvement in the proportion of programs meeting the capacity target.



# CQI in NJ: Data Analysis



- Since 2013, NJ has convened state-level CQI committee on quarterly basis.
  - Includes variety of stakeholders: Department of Children and Families, Department of Health, model representatives, local agencies implementing Central Intake and HV programs, evaluation team
  - Most recent focus: How can CQI be used to improve the efficiency of the flow of families through Central Intake into Home Visiting?



 In December 2017 and January 2018, JHU conducted interviews with 3 Central Intake Hubs and 5 HV programs with strong performance on Capacity target.

<u>Promising Practice 1</u>: Central Intake successfully contacts mothers before sending their contact information to HV programs.

Central Intake Specialist: "I only pass families along to home visiting if I had contact with the family. I have to get permission from the family to pass their name along to the home visiting program. Feels a little like a hamster wheel sometimes."

Parents as Teachers Supervisor: "Our Cl Specialist is very good at connecting. Cl has to call each family to tell them about home visitation. This is arduous, but the Parent Educators benefit from this work."

<u>Promising Practice 2</u>: Central Intake meets with <u>referring providers</u> formally and on an ad hoc basis to coordinate efforts.

Central Intake Manager: "We invite providers to our Community Advisory Board meetings, but they don't always have the time or capacity to attend, so we take the show on the road. We have ad hoc meetings where we go out to provider offices and talk to the clinical staff about what the screen is all about and we discuss with them how the screening can work best for them."

<u>Promising Practice 3</u>: Central Intake meets with <u>HV programs</u> formally and on an ad hoc basis to coordinate efforts.

Nurse-Family Partnership Supervisor: "There's a quarterly meeting where the hub staff meet with all the home visiting program supervisors in the county. We discuss what's going well, any challenges the programs are experiencing, program updates, any updated resources in the community that have become available. It gives supervisors across programs the ability to talk about where they stand with referrals and intakes, and if they're requesting a different type of referral."

<u>Promising Practice 4</u>: Referring providers shadow home visits to learn about home visiting.

Central Intake Manager: "One pediatrician in our county has all of her residents shadow a home visit. Once they have participated in a home visit, we've found that residents are more likely to talk about home visiting with their patients."

### **Nurse-Family Partnership Supervisor:**

"We have residents and nursing students from the local university shadow home visits. For us it is a recruiting tool for new nurses, but it also means that when they finish their training and are working in the community, they know what home visiting is."

# CQI in NJ: Ongoing Efforts

- Statewide CQI Committee continues to meet quarterly
- Ongoing discussion of what changes to test and how to use data to learn whether tests have led to an improvement
- Sharing lessons learned about best practices back to all CI Hubs and HV programs to improve family engagement more broadly

# Many thanks to the team and our HV and CI partners!

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