


MIECHV Continuous Quality Improvement Learning Collaborative

January 23rd, 2024



Commitment
to racial
equity and
trauma-
informed
spaces

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





Agenda

- **Welcome/Introductions**
- **MIECHV Benchmarks, Demonstration of Improvement and Screening & Referral Measures**
- **CQI Practicum: ASQ-3 Developmental Screenings**
 - **Impact NW Team Sharing**
- **CQI Survey Highlights & 2024 Plan**
- **Next Steps**



Welcome!

Let's take a moment to listen and respond...



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Fiscal Analyst



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Workforce
Development
Coordinator



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CQI
Coordinator



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Consultant

Oregon MIECHV System Team



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Director



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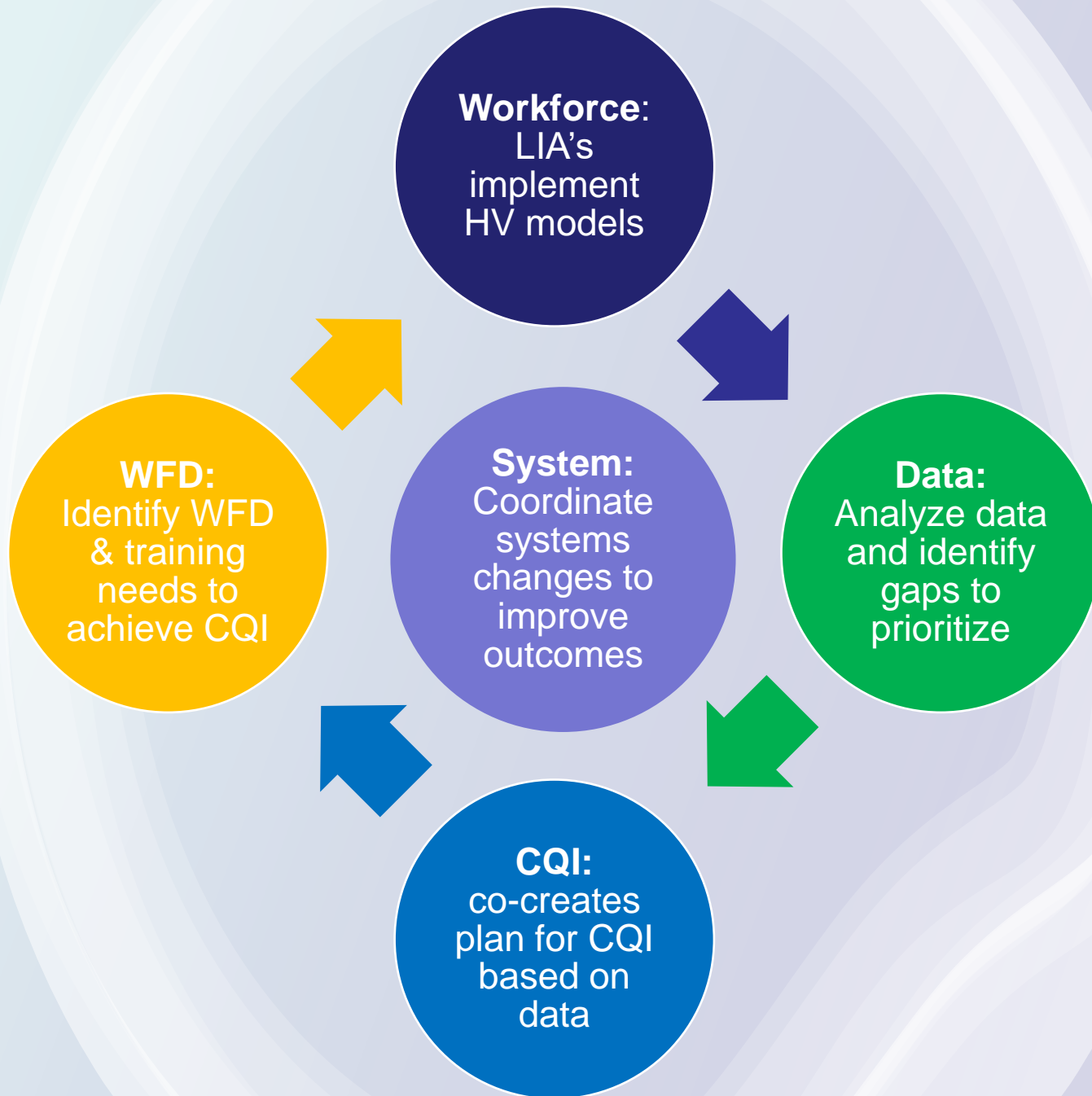
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Support & Training
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MIECHV & THEO
Data Quality
Coordinator





CQI:
co-creates
plan for CQI
based on
data



What is CQI?

- Strength-based deliberate and defined improvement process
- Use of data to identify strengths and opportunities
- Focused on community needs and improving population health
- Continuous and ongoing effort to achieve measurable improvements

CQI: Purpose & Expectations

- Ongoing cycle of collecting data, testing, implementing, learning and revising solutions
- CQI Plan submitted every 2 years
- Requirement of MIECHV grant

Overview: MIECHV Benchmarks, Demonstration of Improvement and Screening & Referral Measures



Maternal & Child Health Section
Public Health Division

**MIECHV
Benchmarks**

BENCHMARKS



Improved maternal
and newborn health



Improved school readiness
and achievement



Improved family economic
self-sufficiency



Reduced child injuries,
abuse, and neglect



Reduced crime or
domestic violence



Improved coordination
and referrals for
community resources

BENCHMARK TABLE

**19
Performance
Measures
across
6
Benchmarks**

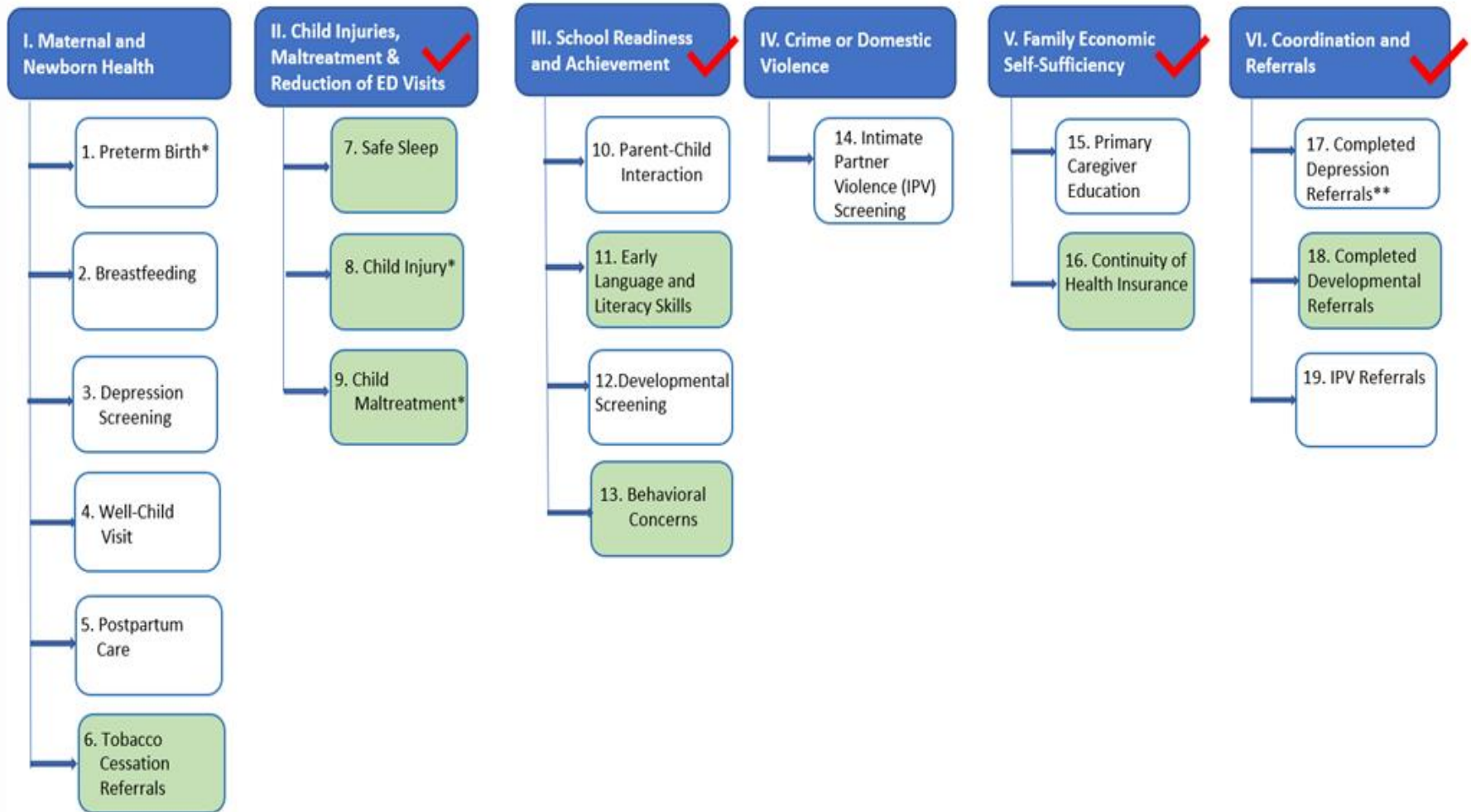
Benchmark	Maternal and Newborn Health
Measures	<ol style="list-style-type: none"> 1. Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. 2. Percent of infants (among mothers who enrolled in home visiting prenatally) who were breastfed any amount at six months of age. 3. Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery (for those enrolled prenatally). 4. Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics (AAP) schedule. 5. Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. 6. Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and who were referred to tobacco cessation counseling services within three months of enrollment.
Benchmark	Child Injuries, Abuse, Neglect and Maltreatment and Emergency Department Visits
Measures	<ol style="list-style-type: none"> 7. Percent of infants enrolled in home visiting that are always placed to sleep on their backs, without bed-sharing or soft bedding. 8. Rate of injury-related visits to the Emergency Department (ED) since enrollment among children enrolled in home visiting. 9. Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.
Benchmark	School Readiness and Achievement
Measures	<ol style="list-style-type: none"> 10. Percent of primary caregivers enrolled in home visiting who receive an observation of caregiver-child interaction by the home visitor using a validated tool. 11. Percent of children enrolled in home visiting with a family member who reported that during a typical week s/he read, told stories and/or sang songs with their child daily, every day. 12. Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. 13. Percent of home visits where the primary caregivers enrolled in home visiting were asked if they have any concerns regarding their child's development, behavior or learning.
Benchmark	Crime or Domestic Violence
Measure	<ol style="list-style-type: none"> 14. Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.
Benchmark	Family Economic Self-Sufficiency
Measures	<ol style="list-style-type: none"> 15. Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent who subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. 16. Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.
Benchmark	Coordination and Referral for other Community Services
Measures	<ol style="list-style-type: none"> 17. Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. 18. Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. 19. Percent of primary caregivers enrolled in home visiting with a positive screen for IPV (measured using a validated tool) who receive referral information to IPV resources.

Demonstrating Improvement Requirements

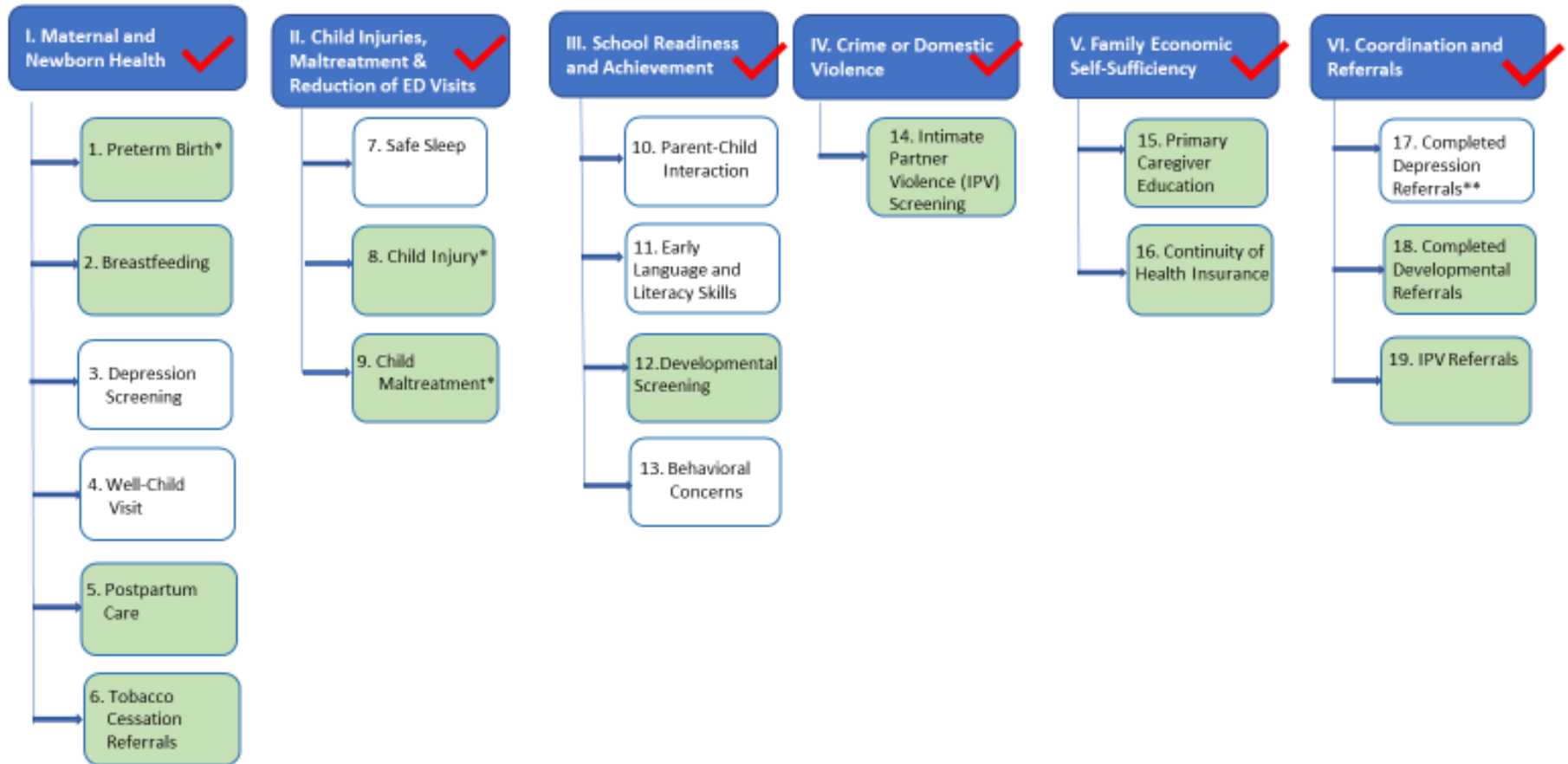
➤ **Bipartisan Budget Act of 2018 (BBA)**

- In FY2020, demonstrate improvement in 4 of the 6 benchmark areas (consisting of 19 performance measures).
- Every three years thereafter (FY2023, 2026, etc.), demonstrate improvement in 4 of the 6 benchmark areas.

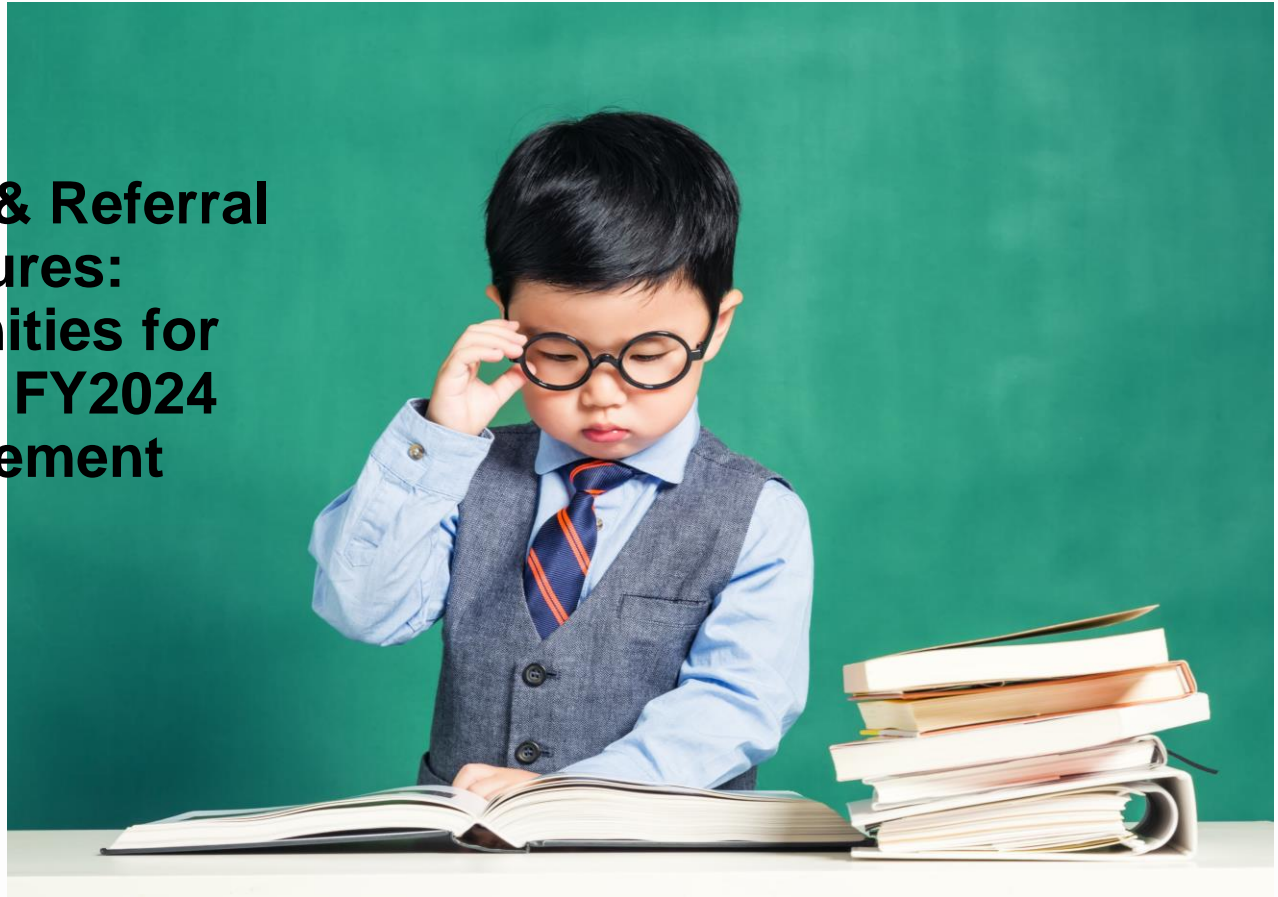
Oregon MIECHV: Measures & Benchmarks that improved in FY2020 from Baseline (mean of FY18 & FY19)



Oregon MIECHV: Measures & Benchmarks that improved in FY2023 from Baseline (mean of FY21 & FY22)



Screening & Referral Measures: Opportunities for FY2023 – FY2024 Improvement



Maternal & Child Health Section
Public Health Division

Performance Measure 12: Developmental Screening

FY21 & 22 Mean	
OR	Nation
50.3%	76.7%

Measure Definition	FY23
Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool	55.7% (233/418); <i>Missing = 1.9%</i> <i>(8)</i>

**Performance Measure 18:
Completed Developmental Referrals**

FY21 & 22 Mean	
OR	Nation
62.6%	66.5%

Measure Definition	FY23
Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner	66.7% (42/63); <i>Missing = 0%</i>

Performance Measure 3: Depression Screening

FY21 & 22 Mean	
OR	Nation
68.8%	81.8%

Measure Definition	FY23
<p>Percent of caregivers who received a timely screen* for depression using a validated tool</p> <p><i>*(a) within 3 months of enrollment for those not enrolled prenatally;</i></p> <p><i>(b) within 3 months of delivery for those enrolled prenatally</i></p>	<p>66.1% (339/513); <i>Missing = 0%</i></p>

**Performance Measure 17:
Completed Depression Referrals**

FY21 & 22 Mean	
OR	Nation
18.8%	40.9%

Measure Definition	FY23
Percent of caregivers referred to services for a positive screen for depression who receive one or more service contacts	15.0% (6/40); <i>Missing = 0%</i>

Performance Measure 14: Intimate Partner Violence Screening

FY21 & 22 Mean	
OR	Nation
51.5%	78.6%

Measure Definition	FY23
Percent of primary caregivers enrolled in home visiting who are screened for interpersonal violence (IPV) within six months of enrollment using a validated tool.	59.2% (228/385); <i>Missing = 0%</i>

Performance Measure 19: Intimate Partner Violence Referrals

FY21 & 22 Mean	
OR	Nation
35.6%	59.9%

Measure Definition	FY23
Percent of caregivers enrolled in home visiting with positive screens for intimate partner violence (IPV) who receive referral information to IPV resources	43.3% (13/30); <i>Missing = 0%</i>

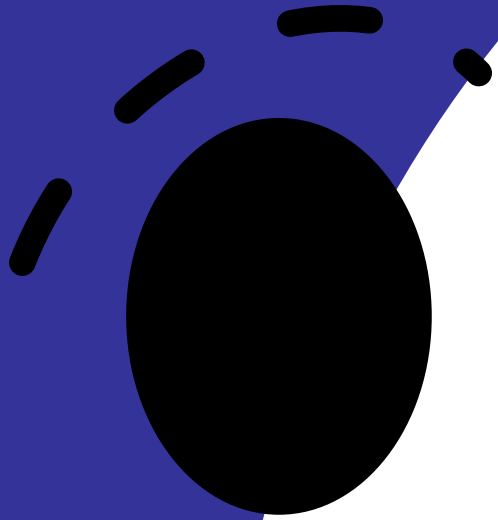
Performance Measure 6: Tobacco Cessation Referrals

FY21 & 22 Mean	
OR	Nation
21.5%	54.8%

Measure Definition	FY23
Percent of caregivers enrolled in home visiting who <u>reported using tobacco or cigarettes at enrollment</u> and who were referred to tobacco cessation counseling services within three months of enrollment.	38.7% (12/31); <i>Missing = 31.1%</i> <i>(14)</i>



Reflections & Questions



Stretch Break!

2023 CQI Practicum:

Timely ASQ-3 Screenings

Benchmark 3: School Readiness & Achievement

Performance Measure 12: Developmental Screening

% of children enrolled in home visiting with a timely screen for development delays using a validated parent-completed tool.

CQI Practicum: Timely ASQ-3 Screenings

- Why this practicum opportunity?
- January- August 2023
- Meet Team Impact NW



CQI Practicum: Impact NW's Focus, Findings and Wins!



IMPACT NW
PREVENTING HOMELESSNESS



Back Row L-R: Maria Serrano Ruiz FSS, Tanayah Gutierrez FSS, Christina Causey FSS, Aurora Pulido FSS, Sarah Douglass FSS, Chelsea Campbell-Martin Supervisor

Middle Row L-R: Mara Zusman FSS, Marisol Gutierrez FSS, Sonia Rincon-Heflin FSS, Anna Kelly FSS, Lucia Lopez FSS, Alyssa Denney FSS

Front Row- Karina Torres Morrison Supervisor, Ayelet Hoffman Supervisor



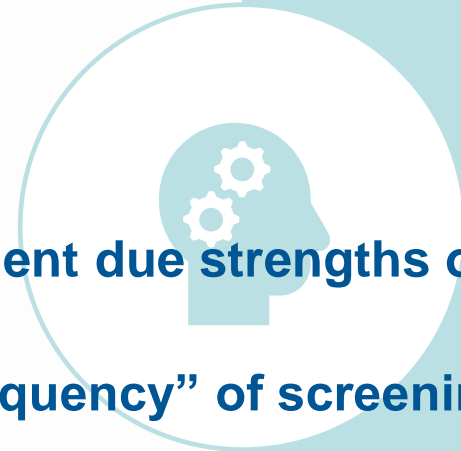
Reflections & Questions

CQI Skills, Knowledge & Interest Survey (SKIS)

Highlights

CQI SKIS: General Take-a-ways

- **CQI Tools- responses ('knowledgeable' and 'limited to no knowledge') varied**
- **Thoughts on ASQ-3s as primary CQI focus**
 - **Excitement to dive deeper into ASQ-3s**
 - **Less connected to topic as area of improvement due strengths of current practice**
 - **Concerns with small #s of families and “infrequency” of screening opportunities**
- **More topic areas to choose from based on localized data**
- **Concerns of staff well-being and mitigating stress while taking on CQI activities**



CQI SKIS: General Take-a-ways

- **CQI topics of interest:**
 - Access to more program data to choose topic
 - IPV
 - Client retention
 - PCI tools
 - Joy in work
 - Screening tools and referrals
- **Program or agency specific QI efforts outside of MIECHV noted by most LIAs**
- **Monthly virtual office hours helpful (Mondays 9-10am)**



CQI Plan 2024 Overview

Part 1 of 2:

- *Our statewide aim is to increase the percent of children enrolled in MIECHV home visiting programs with timely completion of ASQ-3 developmental screening from 55.7% in FY23 to 60-65% for FY24*
- ASQ-3s
 - If program level percent of children with an on-time screening is **below threshold of 65%**
 - **Then ASQ-3 will be CQI topic focus**

CQI Plan 2024 Overview

Part 2 of 2:

- If program level percent of children with an on-time screening is **above threshold of 65%**
 - Then opt into selecting **one of 6 screening & referral measures**
 - a. Maternal depression screening & referrals (PM 3 & 17)
 - b. Tobacco cessation referrals (PM 6)
 - c. Intimate partner violence screening & referrals (PM 14 & 19)
 - d. Developmental referrals (PM 18)

*Additional improvement topics

2024 CQI Coordination of Activities

OR MIECHV will provide:

- Sample data reports on PMs
 - (ASQ-3 + Screenings & Referrals)
- Guidance and trainings
 - CQI SKIS
- Personalized quality improvement TA & coaching
- Communication and peer learning opportunities
- Resources, materials and tools

LIA CQI team will:

- Attend Quarterly Learning Collaborative Meetings
- Actively participate 1:1 coaching of determined CQI activities
- Perform tests of change & submit Plan-Do-Study-Act Logs
- Convene a team and identify a senior sponsor
- Complete and sign a charter



CQI Resources, Materials & Tools

Ex. Team Charter



What are we trying to accomplish?



How will we know a change is an improvement?



What changes can we make that will lead to improvement?



CQI Learning Collaborative participation expectations



Team signatures

CQI Resources, Materials & Tools

CQI Trainings

- OR MIECHV website

CQI Practicum Materials/Tools

Basecamp

Data Collection Tools

- OR MIECHV website

Next steps...

MIECHV Data Collection Schedule Tool

- Who?
- What?
- Where?
- Why?

MIECHV Data Collection Schedule Tool

- **Who?**
- What?
- Where?
- Why?

MIECHV Data Collection Schedule Tool

- Who?
- **What?**
- Where?
- Why?

MIECHV Data Collection Schedule Tool

- Who?
- What?
- Where?
- Why?

THEO User Resources: MIECHV EHS and HFA

Home Visiting in Oregon

Family Connects Oregon

Tracking Home Visiting Effectiveness in Oregon (THEO)

Maternal, Infant and Early Childhood Home Visiting

MCH Public Health Nurse Home Visiting Programs

Home Visiting System

Workforce Development

Home Visiting Training Resources

THEO Data System

Contact Us

MIECHV Contacts

THEO Login Request Form

To request a new THEO login, a supervisor or super user fills out and signs page 1 of the THEO User Request Form, and the new user signs the final page. Then the form is submitted to [THEO App Support](#).

Data Collection Schedule

Updated 10/1/2023

 **EHS/HFA Data Collection Schedule**

Data Collection Schedule is available to support home visitors in completing client data forms on-time.

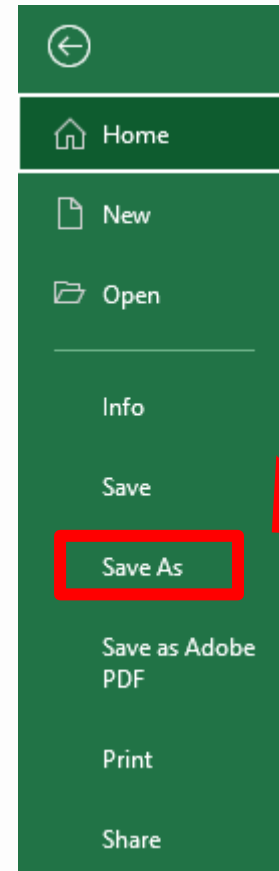
The data collection schedule tells you when each data form is due for a client. It is also a tool to track which forms have been completed and which have not. Be sure to create an individual data collection schedule for each parent or family you enroll.

Please note: The schedules look best when printed as a PDF rather than an Excel document.



MIECHV Data Collection Schedule Tool

- Who?
- What?
- Where?
- Why?



MIECHV Data Collection Schedule Tool

- Who?
- What?
- Where?
- Why?

MIECHV Data Collection & Reporting Schedule

Please enter the information below to create the schedule.
For help with this form, please contact theo.support@odhsoha.oregon.gov

PRENATAL ENROLLMENT

Caregiver Pregnant at Enrollment? **No**

CAREGIVER ENROLLMENT

ID#: **123456**

Name: **John Doe**

Enrollment Date: **1/15/2024**

CHILD ENROLLMENT

ID#: **654321**

Name: **Suzy Doe**

DOB: **1/23/2024**

Enrollment Date: **1/23/2024**

Updated 1/17/2024

See "Schedule" Tab

MIECHV Data Collection Schedule Tool

- Who?
- What?
- Where?
- Why?

MIECHV Data Collection & Reporting Schedule			
CAREGIVER ENROLLMENT		CHILD ENROLLMENT	
ID#: 123456 Name: John Doe Enrollment Date: 1/15/2024 2/14/2024		ID#: 654321 Name: Suzy Doe DOB: 1/23/2024 Enrollment Date: 1/23/2024	
	Date Range for Form Completion	Date Completed with Client	Date Entered in THEO
Caregiver Enrollment			
M1 - Enrollment Form - Caregiver*	1/15/2024 to 1/15/2024		
*If caregiver is a tobacco user not receiving cessation services, complete M2B Referral Tracking & Follow-up Form			
M3 - MIECHV Enrollment Tool - Caregiver*	1/15/2024 to 7/16/2024		
*TOOL: Relationship Assessment			
*If results indicate 'at risk', give referral information			
Child Enrollment			
M4 - Enrollment Form - Child	1/23/2024 to 2/22/2024		
M5 - Child's Enrollment Tool - Caregiver*	1/23/2024 to 4/23/2024		
*TOOL: PHQ-9 Patient Health Questionnaire			
*If results indicate 'at risk', complete M2B Referral Tracking & Follow-up Form			
M6C - 3 Months Post-Enrollment - Caregiver*	3/24/2024 to 5/23/2024		
*Child 30 days or younger at enroll			
Child's Age 3 Months			
M7A - Child's Age 3 Months - Caregiver	3/24/2024 to 5/23/2024		
M7 - Child's Age 3 Months - Child	3/24/2024 to 5/23/2024		
Child's Age 6 Months			

MIECHV Data Collection Schedule Tool

- Who?

- What?



theo.support@odhsoha.oregon.gov

- Where?

- Why?

NFP- specific tools

- NSO MIECHV reports (baseline data)
- Fidelity Reports
- DCRs (line lists)
- Due Dates for Forms (a.k.a. Data Scheduler)

Next Steps: 2024 CQI Coordination of Activities

OR MIECHV will provide:

1. Provide baseline + ongoing data in any of the following quarterly:
 - a. Maternal depression screening & referrals (PM 3 & 17)
 - b. Tobacco cessation referrals (PM 6)
 - c. Intimate partner violence screening & referrals (PM 14 & 19)
 - d. Developmental screening & referrals (PM 12 & 18)
2. Email program level baseline for ASQ-3s to supervisors & schedule team meetings in February
3. Next Virtual CQI Learning Collab.(Spring-TBA)

Maternal and Child Health Section
Public Health Division

LIA CQI team will:

1. Reflect on data presented today; what resonates most with your team? What questions do you have?
2. Meet with Adejoke in February to discuss CQI support and direction





Questions



Thank you!

Please contact us with questions!

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