

FLORIDA MIECHV CQI PLAN

February 28, 2022

PART 1. UPDATES ON PRIOR CQI ACTIVITIES SINCE LAST UPDATE

1. What were your CQI topics?

Job Satisfaction & Staff Wellbeing, Screening & Referrals, and Health Equity (CoIIN)

2. What were your SMART/SMARTIE aims?

Job Satisfaction & Staff Wellbeing

- By October 31, 2021, the average statewide pulse survey score will increase from 4.42 to 4.60.

Screening & Referrals

- Caregiver Depression 1: By October 31, 2021, at least 95% of primary caregivers will be screened for depression within three months postpartum or post-enrollment.
- Caregiver Depression 2: By October 31, 2021, 90% of primary caregivers who received a referral for a positive depression screen will receive follow-up on the referral within 30 days (including those who received services from a mental health provider or at least one session of the Mothers and Babies Course within 30 days).
- Child Development 1: By October 31, 2021, at least 90% of required ASQ screens will be completed on time.
- Child Development 2: By October 31, 2021, at least 90% of children with a score below the cut-off in one or more domains will receive in-home developmental support activities and where FLOHVIS documentation is complete (including date delivered, name/description of activity, and area of concern addressed) within 30 days.
- Intimate Partner Violence 1: By October 31, 2021, at least 95% of participants enrolled at least six months will have been screened for intimate partner violence.
- Intimate Partner Violence 2: By October 31, 2021, at least 95% of participants will have been referred to a certified DV center within 7 days of screening positive for IPV or disclosing IPV (if not already receiving appropriate services).
- Parent-Child Interaction 1: By October 31, 2021, each site will complete at least 85% of required PCI assessments on time.

For the teams participating in the Health Equity CoIIN, the aim is to build MIECHV capacity to advance health equity for families served by home visiting.

3. Did you meet your SMART/SMARTIE aims?

No, we did not meet the aims for our Job Satisfaction & Staff Wellbeing and Screening & Referrals Communities of Practice (CoP). We abandoned the projects in the late Summer after hearing from local implementing agencies (LIAs) that the staff were feeling an immense amount of stress from the, once again, increasing COVID-19 cases. Instead of continuing with the CoPs, LIAs were given the opportunity to test topics of their choice throughout the remainder of the year.

Our four LIAs participating in the Health Equity CoIIN are still in the midst of the project and will not wrap that up until this Summer.

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

Since our CoPs were suspended, we do not have collective progress to report. We did have one team working on developmental screening and support that were focused on making sure that all children with a low ASQ score receive developmental activities that are properly documented in our data system. They continue to work on finetuning this process, and we look forward to spreading to LIAs when appropriate.

Our four LIAs working on Health Equity are also making significant progress on family involvement in CQI. We look forward to sharing what they have learned after completing the project.

5. Did you encounter challenges in the implementation of your CQI project?

Yes, we did encounter challenges during implementation. Family involvement continues to be a challenge for our teams because we do not currently have the funds to pay families for their time. As mentioned above, we also encountered challenges due to COVID-19. During the Summer of 2021, Florida experienced soaring cases with the spread of the Delta variant. This put an extreme amount of stress on LIA staff and ultimately led to us suspending our CoPs to reduce the burden felt by the staff.

6. Did you engage support from technical assistance providers or participate in quality improvement learning opportunities or special initiatives for the purposes of improving practices and methods related to CQI?

Yes, we did engage support from technical assistance providers and participated in quality improvement learning opportunities through HV CoIIN by participating in training opportunities and coaching. We also had an item on our TA Priority Scan on building CQI capacity at the LIA level and have continued this item into 2022.

7. What are you doing to sustain the gains from your CQI projects?

Since we did not complete our planned projects, our state team is not doing any work currently on sustaining the gains. However, we have plans to build this into the design of our 2022 CQI projects.

8. Please explain the method(s) or strategies that you used to spread successful CQI activities to other LIAs.

We offered shared learning experiences throughout the beginning of our CQI projects. While those did not continue after the projects were submitted, sites continued to provide updates on their CQI testing on our monthly calls and we provided written summaries of what all teams were working on. All PDSAs were uploaded to a shared platform so other teams can download them, if interested.

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

We are still working on compiling successful tests to share with our other teams from the past year. If we receive any that would be helpful to other states, we would be happy to share.

10. What lessons learned will you apply to your FY 2022 CQI Plan?

When allowing sites to choose their own CQI topics, we will do more work on the front end to make sure we are better prepared to support them and provide individualized or group TA. We will also continue to offer shared learning experiences but will focus the content on CQI practices in order to build the CQI capacity of the LIA staff.

11. What goals do you have for growing your CQI capacity in the next year?

We hope to help LIAs take more ownership of their CQI work and see the benefit of it, as opposed to viewing it as just another task or burden. We also want to increase their basic CQI knowledge and reinforce those practices, so their projects flow easier and are more beneficial to them in the long run.

PART 2. CQI PLAN UPDATES FOR FY 2022

ORGANIZATIONAL SYSTEM AND SUPPORT

AWARDEE LEVEL

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY22?

No

2. In FY 2022, will you make modifications to the method and/or frequency of CQI trainings you provide to LIA teams? This may include training to strengthen CQI competencies or to understand and interpret data collected for CQI projects.

Yes, we will modify the method and frequency of CQI training. To better adapt to a virtual setting, we will offer the training in two, two-hour webinars. The first webinar will introduce the basic principles of CQI, and the second will go a bit deeper into the methods of CQI. We feel that offering these events separately will allow staff to better absorb the information instead of participating in a full-day webinar. We are exploring some follow-up work to ensure that staff understand what was covered and can successfully move into CQI practice. We plan to offer each webinar quarterly, so LIAs can better prepare for staff to attend.

3. Will you make changes in the level of financial support at the awardee level for CQI in FY 2022?

No

4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2022. (e.g., TARC, CQI Practicum, HV CoIIN, etc.)

We will continue to participate in all Health Equity CoIIN activities. We will also participate in any learning opportunities provided by TARC and have requested TA on building CQI capacity at the LIA level.

LOCAL LEVEL

5. Describe the resources and strategies in place to involve home visiting families on LIA CQI teams.

Stages of family involvement and tips on how to include program participants in CQI are included in CQI training for all MIECHV staff. While we have always encouraged this, few teams have integrated parents into their CQI work. With that being said, several LIAs have been

successful with involving families in the Health Equity CoIIN – families have participated in surveys, team meetings, and on CoIIN calls. We are currently exploring how to spread this to our other LIAs and make it a more permanent fixture of our CQI work and will continue this as we conclude our work with CoIIN.

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

While some sites have dedicated CQI staff, not all do. However, all LIAs have supported direct involvement and allocation of time by their staff.

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

No

CQI PRIORITIES

8. Will topics of focus for each LIA participating in CQI change from your FY 2021 CQI Plan? Teams may continue to consider their Demonstration of Improvement data when identifying priorities for FY 2022.

Yes

LIA Participating in CQI	Topic selected for CQI	How does the topic align with state priorities?	How does the topic address health equity goals in your state?
Alachua/Marion	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Bay	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Broward	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
DeSoto/Hardee	Health Equity	We have objectives involving equity in our plan with HRSA.	The focus of this project is health equity.

Escambia	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Gadsden/Jackson	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Highlands	Developmental Screenings	This is a performance measure monitored by MIECHV.	LIA will be encouraged to look at disaggregated data for developmental screenings, if feasible.
Hillsborough	Health Equity	We have objectives involving equity in our plan with HRSA.	The focus of this project is health equity.
Manatee	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Miami-Dade	Health Equity	We have objectives involving equity in our plan with HRSA.	The focus of this project is health equity.
North Central	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Northeast	Job Satisfaction	A stable workforce is important for quality program implementation.	LIA will be using the distribution of ARP funds for hazard pay throughout this project which is a key equity strategy.

Okeechobee/Martin	Safe Sleep	This is a performance measure monitored by MIECHV.	LIA will be encouraged to look at disaggregated data for safe sleep, if feasible.
Orange	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Pinellas	Health Equity	We have objectives involving equity in our plan with HRSA.	The focus of this project is health equity.
Polk	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.
Southwest	Family Engagement	There are contractual expectations regarding engagement for all LIAs.	LIA will be encouraged to dig deeper into the demographics of families served and to look for disparities in the engagement area(s) of focus.

LIAs were allowed to select their own topics for testing in 2022. LIAs were asked to consider the following when making that decision:

- What is their data telling them?
- What is their team interested in or passionate about? What about their board? Or maybe even something they’ve been hearing from participants?
- What aligns with their program’s vision, mission, or goals?
- What is feasible in this timeframe? What is within their scope to improve?

They were strongly encouraged to have these discussions as a team to increase buy-in. We also have four LIAs continuing their participation in the Health Equity CoIIN and they will not be selecting a new topic for 2022.

GOALS AND OBJECTIVES

9. Will LIAs modify current SMART/SMARTIE aim(s) for the CQI projects underway for FY 2022?

Yes, since LIAs are working on more individualized projects, they will be expected to set their own aims before testing begins. These aims can be shared with the federal team once they are available, if requested.

- 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.**
- We will utilize driver diagrams, measures, and resources developed from our previous CQI projects, and resources from CoIIN as guiding documents. Since most teams have elected to work on family engagement, we will focus our efforts on updating documents in that area while supplying the other teams with useful resources.

METHODS AND TOOLS

- 11. Identify the CQI tools that will be utilized by LIA teams in FY 2022 below or in the optional table format.**

We will utilize driver diagrams and run charts at a minimum. We may also include other tools such as fishbone diagrams, root-cause analysis, process mapping, LEAN thinking, and Pareto charts throughout the process. For sites participating in the Health Equity CoIIN, they will continue to use the driver diagram provided by CoIIN and any other tools recommended by CoIIN coaches.

- 12. Identify the methods that will be utilized by LIA teams in FY 2022 below or in the optional table format.**

Teams will use Plan-Do-Study-Act cycles for their improvement activities. We may also include strategies from Lean Six Sigma.

MEASUREMENT AND DATA COLLECTION

- 13. Will you make changes in the CQI data system at the LIA level, including plans for how CQI data will be collected in a frequent manner (e.g., monthly) in FY 2022?**

No.

- 14. Will you make changes in the mechanisms available to CQI teams and home visitors at the LIA 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 2022?**

No.

SUSTAINING THE GAINS

- 15. Describe strategies to be used at the awardee and LIA 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.).**

To sustain the gains, protocols/policies will need to be updated. Although sites are working on more individualized projects, we plan to incorporate designated time and guidance near the completion of the projects to plan for sustainability and spread. We may have LIAs develop a sustainability plan to guide their team moving forward during that period. We are not sure if the Health Equity CoIIN will also make time for this, so we may include those teams in the planning process once they have completed participation in CoIIN.

SPREAD AND SCALE

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

All PDSAs and data will be uploaded to a shared platform, which provides transparency for all LIAs. We will also send out monthly summaries of what teams are testing. We will also host shared learning opportunities for the teams to share successes and lessons learned.

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

All resources/protocols developed during the CQI projects are uploaded to a shared platform. LIAs will also present virtual storyboards at the completion of the projects. As we have with other CQI topics, we will determine strategies for sharing with other states and programs in Florida.

HEALTH EQUITY

18. What plans do you have in place to utilize a health equity framework to conduct CQI activities at both the awardee and LIA levels?

At the awardee level, we will continue to support LIAs in testing HV CoIIN 2.0's Health Equity Framework. As the awardee, we continue to be an active and equal participant as the teams continue their work with CoIIN. We are also using the Health Equity Framework to build capacity internally and amongst state partners, where appropriate, to solicit their support to make policy and practice changes. At the local level, the framework continues to be tested to learn effective strategies to transform service delivery systems and ensure every family has the opportunity to reach their maximum potential. We look forward to sharing our progress and lessons learned with LIAs who are not participating in the CoIIN after completing the project.

19. What steps have you taken to identify disparities in your available data within your CQI topic? (e.g., analyzing data by race, ethnicity, primary language, or other relevant subgroups)

This year, the data team created or modified user reports to support the LIAs participating in the Health Equity CoIIN. We also continue to disaggregate our data by race for preterm birth, depression screens, postpartum visits, and developmental screens. We aim to expand disparity analysis to all measures, but this continues to be a slow process because it requires additional time from our data system developers, and we are working within a limited budget.

20. Describe the strategies you will use to partner with community members in dialogue about your CQI topic, including identifying change ideas to address existing disparities.

This is admittedly not something we have done very well in the past, but it is something we are learning more about and improving with our participation in the Health Equity CoIIN. We continue to learn from this experience and will share back with other LIAs after its completion.

COMMUNICATION

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

LIAs will be submitting monthly PDSAs and data and will receive feedback from our state team. We continue to consider implementing some sort of peer review into the process, since our state team has limited capacity, but with to do so without placing a significant burden on the LIAs. We will also have regular calls through the course of the project for shared learning and will schedule one-on-one coaching calls, as needed.