

# MIECHV FOCUS



## First Quarter of 2013/2014 Cycle Continuous Quality Improvement (CQI) Newsletter



*Fall has arrived. Behold the changing leaves, and enjoy the crisp breeze. Let your eyes take in the bursts of color. Transformation is afoot and hope is in the air.*

### October 2013

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It is hard to believe the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program has successfully implemented the CQI process for its first full year! Improvement opportunities for process and outcome measures have been identified along the way, some successful strategies have been implemented, helpful resources have been given and, most notably, all of us continue to learn and grow along this path to quality improvement. Thank you CQI teams for your cooperation and for sharing your thoughts, suggestions and questions in order to make this process thrive ensuring quality home visiting services!

### November 2013

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### Recap of the 2012/2013 MIECHV CQI Cycle

First Quarter: Data on Smoking at Enrollment and by Age Group captured during March 2012 through September 2012 (cumulative of all five programs). Smoking cessation resources were included.

Second Quarter: Prevalence of postpartum depression and the importance of screening. An article from the Substance Abuse and Mental Health Services Administration (SAMHSA) was included addressing how to identify individuals who are at risk of developing a mental, emotional, or behavioral disorder and helping them understand the value in accepting a referral, matching them with the best available provider to ensure a good fit and ensuring successful connection through facilitated referral services for prevention and case management. A link was provided to a general resource for information home visitors might use in their work with pregnant women within the Maternal and Child Health Library.

Third Quarter: Economic Security Corporation in Joplin shared new and free Centers for Disease Control and Prevention (CDC) resources “Secondhand Smoke: What It Means To You” and “How Tobacco Smoke Causes Disease: What It Means to You.” The links to these free resources were included in the Third Quarter CQI Newsletter for all sites to use and give to their clients/families. Baseline data (cumulative of all five programs) was also shared as an attachment to the newsletter followed by two webinars provided by Jessica Thompson explaining the baseline data per each benchmark and construct.

### December 2013

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1st Level CQI  
All Level 1 Teams meet  
Between October 14-25

2nd Level CQI  
November 13  
1:00-2:30  
Toll free 866-630-9356

3rd Level CQI  
December 9  
1:00-2:30  
DHSS  
Wild Pine A  
Toll free 866-630-9356

Fourth Quarter: Due to baseline data being poor for 1.3 Inter-Conception Care and 1.4 Inter-Birth Intervals measures, information and questions were posed to the five programs regarding these measures to help improve outcomes. New resources regarding both measures were also included within the newsletter/e-mail. Information regarding CQI roles, duties and training during the transition period were included in the Fourth Quarter CQI Newsletter/e-mail. Programs were asked to supply input regarding suggestions, improvements, revisions or questions about the three CQI roles and newly proposed duties assigned to the three CQI roles.

***Action Alert:***

**In an effort to gauge effectiveness of resources shared as a result of the CQI process, an e-mail from Beth Stieferman will be sent to you soon including a template to answer the questions below. Each program needs to complete and submit the report to Beth Stieferman by November 1, 2013.**

**Based on information and resources provided to you in each newsletter during the 2012/2013 MIECHV CQI Cycle, which specific resources or strategies have been incorporated into your program and when? How have you incorporated each resource? For each resource provided within the newsletters, please explain why your program chose to incorporate the resource. If the resource was not incorporated, please explain why. For each resource incorporated into your program, what feedback have you received from your clients/families so far? Have your clients/families reported any successes based on the resources they have received? Finally, has your program discontinued any of the newly incorporated resources? If so, please explain why?**

**In this Newsletter, we highlight...**

1. Resources:
  - Centers for Disease Control (CDC) factsheets and checklists outlining key developmental milestones from infancy to age 5 for educators, health care providers and families
  - National Children’s Bureau’s new series of short videos to protect children and strengthen families
  - Smoking Cessation for Pregnancy and Beyond
2. Awareness:
  - Coordinating Board for Early Childhood Public Awareness Campaign
  - Early Childhood Comprehensive System: Building Health Through Integration
3. Webinar: Supporting Home Visiting System Development: “Building Stronger Home Visiting Systems through Staff Retention”
4. Webinar: Family Engagement and Retention
5. Revisions to the CQI Handbook
6. Success Story: Malden R-1 School District
7. Final Notes and Reminders

**List of Attachments**

1. 2013/2014 CQI Cycle Calendar

## Resources

### 1. **Centers for Disease Control (CDC) New Factsheets**

CDC has compiled new, easy-to-use factsheets and checklists outlining key developmental milestones from infancy to age 5 that can serve as a starting point for conversations with home visitors/teachers and parents. Visit CDC's [webpage on developmental milestones](#) for a range of free resources for educators, families and health care providers.

### 2. **Work of National Children's Bureau Featured**

A new series of short videos showcases key themes in the National Children's Bureau's work to protect children and strengthen families. The [seven Spotlight Videos](#) feature Children's Bureau leadership and staff discussing their support of states, tribes, grantees, community organizations and sharing insights into critical aspects of their work.

### 3. **Smoking Cessation for Pregnancy And Beyond**

[Smoking Cessation for Pregnancy And Beyond: A Virtual Clinic](#) is a free, interactive web-based program designed for health care professionals to hone their skills in assisting pregnant women to quit smoking. Up to four hours of continuing education credits (CME, CNE, CEU, CECH, CPE) can be earned by completing the practicum that was developed by the Interactive Media Laboratory, Dartmouth Medical School in collaboration with the American College of Obstetricians and Gynecologists and CDC. The program includes interactive case simulations and mini-lectures from leading experts on motivational interviewing and pharmacotherapy use during pregnancy and beyond. The free [online training](#) is available for a limited time (expires August 2014).

## Awareness

### **Coordinating Board for Early Childhood Public Awareness Campaign**

The Missouri Coordinating Board for Early Childhood (CBEC) has supported the work of a public awareness campaign with a focus on social and emotional development for children. The campaign has been running statewide for the past month with radio spots, billboards and magazine covers. The link mentioned in the advertisements goes to a Missouri Department of Mental Health webpage that provides additional information about early childhood development and resources. That link is [www.dmh.mo.gov/childsoffice/stopandplay.htm](http://www.dmh.mo.gov/childsoffice/stopandplay.htm).

### **Early Childhood Comprehensive System: Building Health Through Integration**

The Department of Health and Senior Services, Division of Community and Public Health, Section for Healthy Families and Youth received an Early Childhood Comprehensive System: Building Health Through Integration grant from the Health Resources and Services Administration (HRSA) beginning August 1, 2013 through July 31, 2016. The focus of this grant will be on the mitigation of toxic stress and trauma in infants and young children. The activities of this grant include, but are not limited to, the following:

- Partnering with the Department of Mental Health to provide training on trauma to local ECCS Stakeholder Teams; home visitors; and other early childhood professionals,
- The Missouri Alliance for Drug Endangered Children will be developing on-line training for early childhood professionals that will include: recognizing signs of substance abuse in the family; understanding the effects parental substance abuse has on young children; identifying appropriate resources and interventions for the family; and an emphasis on recovery,
- Hosting an early childhood family leadership summit in 2014, and
- Working to build on the relationships between the local ECCS Stakeholder Teams and the state early childhood system.

**Supporting Home Visiting System Development:**  
**“Building Stronger Home Visiting Systems through Staff Retention”**

MIECHV TACC Webinar

Held on Tuesday, June 25, 2013

Speakers: Eric Martin, Dr. Anthony Hemmelgarn, Arlene McAtee and Janet Horras

The link for this webinar is: <http://mchb.hrsa.gov/programs/homevisiting/ta/training/> .

**Webinar Objectives:**

- Learn about the critical role of leadership in building strong systems that support staff retention at all levels of home visiting programs.
- Deepen knowledge of how one’s organization culture and climate play a significant role in staff turnover; and the accompanying affects on client outcomes.
- Explore strategies to address and improve staff retention issues in one’s own home visiting setting.

The most common staff retention issues expressed by programs on the call were: finding the right person for the job and keeping employee morale up.

**What are common reasons staff leave (from a supervisory/leadership perspective)?**

- Insufficient pay
- Life changes (e.g., birth of a child or a change in job for a spouse)
- Other situations that are out of reach for leadership to address

**The Critical Role of Leadership and Finding the Right Employees**

Eric Martin discussed the concept of applying adaptive leadership to staff retention, making the following points:

- Team leaders/supervisors need to be well trained and possess strong leadership capabilities to allow for close working relationships with staff, keeping them engaged in their roles;
- The agency’s hiring process is key for identifying employees who will be committed to their work; and
- During the hiring process, the potential applicant should be given an honest appraisal of both the organization as a whole (i.e. mission, policies and procedures, service goals and objectives, etc.) as well as a clear description of the role, and responsibilities and expectations of the job position.

**Key Components of Authority-Based Leadership**

- Leaders provide problem definitions and solutions to staff (instead of requesting input);
- Leaders provide protection from external and internal threats (issues are dealt with by management without involvement or sharing with employees);
- Employees are oriented to their current roles by management; and
- Leadership works to maintain agency norms and restore order when needed, again without input by employees.

**Key Components of Adaptive-Based Leadership**

- Leaders identify the adaptive challenge and frame key questions and issues;
- Leaders disclose external or internal threats to employees as part of an ongoing open communication system which includes employee input when appropriate;
- Leaders resist orienting employees to new roles too quickly; and
- Leadership exposes conflict and challenges norms when appropriate.

A key *difference* between authority-based and adaptive-based leadership is an agency environment which allows the entire organization to look forward to and welcome change and creativity (i.e., creative risk taking by employees, to try new ideas with the purpose of improving services).

**Value of Professional Development Plans for All Employees:**

- Improved relationships between team leaders and employees they supervise;
- Employees are supported to grow in their work knowledge and abilities; and

- Work/services are completed effectively and efficiently due to the identification of individual staff professional development needs and training provided to improve/enhance employee abilities and confidence, ultimately leading to quality services for clients.

### **Psychologically Safe Working Environment**

Psychological safety is an important antecedent to adult learning and is centrally tied to learning behavior. Employees need to feel as if they can raise questions and challenge assumptions without reprisal. Psychological safety refers to a climate in which people are comfortable being and expressing themselves. Management needs to be open to employee input and have established communication processes at all levels to allow for this.

### **Practical Ideas for Staff Retention for Leaders**

- Provide leadership and a vision
- Say “thank you”
- Be approachable
- Set clear guidelines for the working relationship
- Own up to your mistakes
- Field test new procedures
- Make work fun

### **Components of Successful Retention**

- Planning for individual growth and development—great hiring, orientation, training, coaching and mentoring
- Developing teamwork and support—team meetings, staffing, joint projects and planning
- Developing skills of leaders—new leaders orientation, team leader training and support
- Studying turnover patterns—understand patterns and trends to focus resources

These components of successful staff retention are only a few key suggestions made in the webinar on Staff Retention. Finding the “right fit” when looking for home visiting staff and providing an agency atmosphere which leads to employee’s feeling valued and “psychologically safe” involves different processes for every organization in each individual community. However, most agencies ultimately attribute their ability to consistently maintain a satisfied and engaged staff as directly linked to the agency’s ability to maintain client/family engagement in the program. This is related to the need for and importance of establishing the professional relationships home visitors build with their clients over an extended period of time.

**Action Alert: What does your program currently do to support staff retention? Each program supervisor should work with their home visitors to come up with two new strategies to help support staff retention and share those strategies at the Level Two meeting.**

## **Family Engagement and Retention**

MIECHV TACC Webinar

Held on July 23, 2013

Speakers: Dr. Deborah Daro, Kathryn Harding, Kathleen Strader, Donna O’Brien, Shannon Self-Brown and Pauline McKenzie-Day

The link for this webinar is: <http://mchb.hrsa.gov/programs/homevisiting/ta/training/> .

### **Webinar Objectives:**

- Increase understanding of the differences between enrollment, engagement and retention in home visiting programs.
- Understand how individual, family and community considerations can affect participation in home visiting programs.
- Consider how different approaches to enrollment, engagement and retention might influence outcome measures.

Research on the issue of retention and engagement has identified a number of participant, provider and contextual characteristics that impact enrollment and retention. Research suggests that: maternal perception of infant risk, in other words, those who worried about their baby or who had given birth to a low-birth weight baby are more likely to seek services; in some cases, interest in services is higher during pregnancy than at birth and; parents see a need to focus on parental capacity, which means they are open to learning.

### **What factors contribute to retention?**

- Participant Level
  - > Perception that program changes them (client/family is happy with program)
  - > Involvement with other services (client/family may not have known other services were available before enrollment)
  - > Residing in high-risk communities
- Provider level
  - > Cultural awareness/humility (home visitor understands family's culture and utilizes this knowledge to address what each family needs)
  - > Job experience (i.e., home visiting, teaching, background in child care and/or child development, etc.)
  - > More personal service delivery style which balances home visitor responsiveness with home visiting program mission (balance personal responsiveness with a program message that is clearly important to the provider and positively portrayed)

### **What factors account for more visits?**

- Participant factors
  - > Infant risk – higher the risk the more visits accepted
  - > Support for program among informal network
  - > Strong relationship with home visitor
  - > Residing in a high-risk community
  - > Client/Caregiver not working and/or not in school
- Provider Factors
  - > Prior work experience with at-risk families and their children, not simply educational qualifications
  - > Relationship with family (The stronger the relationship the home visitor has with the client, the more likely the home visitor will stay in their position and the client will stay in the program)

### **Strategies to Improve Enrollment**

- Re-frame the outreach message (find the connection with each family)
  - > Present the program as serving child and parent [Parents are taught skills that enable them to be more confident in their role and to provide a supportive and stimulating home environment for their child (ren)]
  - > Stress “good care” is more than meeting an infant's physical needs. Home visitors not only assist parents in providing good physical care for their child, they also have the knowledge to assist the parent on anticipating and understanding their infant's subtle communication cues from a very early age in order to provide for a more satisfying parent/child relationship and emotional bond.
- Broaden the benefits to parents
  - > Establish linkages to other providers as child develops and parent matures
- Embed program in trusted community organizations
  - > “Normalize” the service as something of benefit to all participating parents
- Provider should take culture seriously
  - > Train staff on cultural sensitivity and humility
  - > Evaluate race-matching between participants and providers
  - > Ensure outreach message demonstrates respect for diversity
- Focus on the “fit”
  - > Hire staff for openness and empathy; train and supervise to ensure competence and quality
  - > Seek a balance between respect for participant and delivering the program message

Following the webinar, there was discussion regarding different strategies that home visiting programs/agencies use to engage families. The most utilized strategies are: texting; offering incentives; special recognition; and hosting special events while partnering with local hospitals, clinics and other community programs. Texting families with reminders and other items of interest help increase attendance and overall engagement, especially with teen parents. Incentives could include: gift cards, movie tickets, raffles, books, water bottles and quilts. Incentives are best used at the beginning of enrollment; however, for engagement to continue, families need to feel that they are directly benefiting from the home visiting services. Special recognition is helpful when funds are tight and incentives that require resources are not an option. One home visitor mentioned that she started giving printed certificates with praise for a goal that a parent reached while enrolled in the program. *\*MIECHV funds cannot be used for the purchase of incentives.*

The Missouri MIECHV Program has a client/family attrition rate of 41% for the period of March 2012 through June 2013. Specific site attrition rates were provided to each program when this newsletter was distributed. While an overall attrition rate of 41% is comparable to those reported in other national studies, further efforts are highly encouraged to minimize client/family attrition.

**Action Alert: Many of your programs hold special events for your clients. Some examples given by other programs include scrapbook night; spa night; teen night where teens can spend time with other teen parents; and a trip to the zoo or lake. It is not always necessary to hold these events in the evening, and instead, should be scheduled to occur during a time of day that will draw the most participants. It would also help participants if there were arrangements for other adults to care for their children so that parents can engage fully in the special events. Do you currently partner with local hospitals, clinics and other community programs to help identify eligible families at birth? Also, do you partner with other programs in the community to host community-wide events that draw parents in, such as a baby shower? If your program does not currently collaborate with community partners, what are your plans to initiate collaborative efforts? Collaborative effort strategies should be shared during the First Quarter Level Two meeting in November.**

On September 24, the MIECHV TACC hosted Part Two (of the two-part series): Family Engagement and Retention. The recorded webinar should be accessible during the month of October and can be found here: <http://mchb.hrsa.gov/programs/homevisiting/ta/training/>.

### **Revisions to the CQI Handbook**

\*All revisions are **bolded**.

#### Leadership Roles for Team Operation

Each CQI team, at every level, must have three persons agree to take on roles of Scribe, Facilitator and Leader. **Roles generally should rotate each year; however, it is allowed if the members within those roles elect to remain in that role for an additional year. After that additional year, the member should move into another position or allow someone else within the team to assume that position.** If there are sufficient members on the team, it is recommended that a second person be selected for each role to serve as alternates. The alternates may assume the role at the beginning of the next CQI cycle and the team would then select new replacement alternates. If the team leader cannot attend the next level meeting for some reason, the alternate leader will take his/her place.

#### Scribe Role

The scribe must be able to participate in the discussion of the meeting and focus on recording the wisdom and comments of the team members.

#### Duties:

- Maintain the CQI notebook
- Ensure necessary data is present in the notebook
- Prepare the agenda with the facilitator
- Ensure the team has a place that is appropriate to meet
- Take legible notes
- Capture all of the pieces of the action plan and check with team for accuracy

- Make sure that the leader can read and understand the CQI Activity Log and Meeting Minutes
- E-mail or fax the CQI Activity Log and Meeting Minutes document to the next level team's scribe
- Copy any materials that team members need for the meeting
- **Train the next scribe at the end of the CQI cycle (after the new scribe is selected the previous scribe will stay on through the first quarter meeting of the new CQI cycle to assist with training and questions)**

### Facilitator Role

The facilitator needs the ability to participate in the meeting and focus primarily on the process of the meeting and its' content.

#### *Duties:*

- Set up the agenda with the scribe
- Introduce the agenda to the group with the time parameters
- Pay attention to the time limits on the meeting
- Draw out opinions of quiet members
- Curb run-on members or stifle distractions
- Keep members focused on the task
- Summarize with the scribe the action plan agreed upon by the team
- Train the next facilitator at the end of the CQI cycle (after the new facilitator is selected the previous facilitator will stay on through the first quarter meeting of the new CQI cycle to assist with training and questions while transitioning into the leader role)
- **The facilitator will move into the role of Leader at the start of the next CQI cycle**

### Leader Role

The leader's role is to reinforce the work of the team and to represent the team in the next level of CQI.

#### *Duties:*

- Provide opening remarks and introductions to the meeting
- Support and reinforce the team for productivity and idea generation
- Ensure the issues are well understood so they can be presented to the next level meeting
- Read through the CQI Activity Log and Meeting Minutes with the scribe, ensuring clarity
- Assist team members with their portions of the action plan
- **Train the next leader at the end of the CQI cycle (after the new leader is selected the previous leader will stay on through the first quarter meeting of the new CQI cycle to assist with training and questions)**
- **When the day and time for the next quarter meeting is scheduled, send an e-mail to all team members notifying them of the day, time and location**
- **Send reminder of CQI meeting one week prior to scheduled meeting (including details such as date, time, location and if applicable, conference call-in number)**
- **Maintain a current listing of team members including their contact information, such as phone numbers and addresses**
- **Possess the current team members' contact information list at each meeting in order to contact members if they are not present at the meeting**

### **Community Partners/Representatives and Family Participant Membership at Level Two**

In order for the CQI process to truly reflect a complete picture of the service delivery system, these partners must be a part of the process. Community partners/representatives should be selected based on their ability to assist in the process of generating solutions. Community partners/representatives should purposefully be selected who are very familiar with the policy, procedures and practice of the MIECHV program. This will help avoid spending a substantial amount of time orienting them to the agency.

Family participants are identified as adults and/or primary caregivers to children involved with the MIECHV program. The selection of family participants should be done very carefully with a goal of selecting individuals who have

sufficient knowledge of the MIECHV program to actively participate. It is suggested that a staff person who knows the individual serve as a coach to assist them in understanding their role. Participants may be either current or past program participants.

**Action Alert: Are community partners/representatives and family participants from all three regions (Jasper County; Butler/Ripley Counties; and Pemiscot/Dunklin Counties) actively participating in Level 2? If not, what barriers are there? Have the programs within the three regions discussed whether new community partners/representatives and/or family participants should be selected? If so, have new representatives been contacted and invited to attend the next quarter's meeting?**

### **Success Story**

This is a success story from Malden R-1 School District.

*I have performed three Otoacoustic Emission Machine (OAE) hearing evaluations during the last year on a particular child who continued to fail them. After the second time she failed I encouraged mom to take her to her pediatrician for further evaluation. She did and the doctor stated she wasn't concerned at that time. After a couple of months we repeated the test with another fail and, this time I printed the results off for mom to take to the pediatrician. Finally, the pediatrician referred her to an audiologist, who referred her to an ENT. It was found that the child had suffered numerous undetected ear infections and had suffered some hearing loss due to them. She has since had tubes placed. Mom is truly appreciative and thankful for our program. Had her daughter not been enrolled in our program it is unknown how long this problem would have went undetected and how much more hearing loss she would have suffered.*

The practice that Malden R-1 School District follows is a success story in itself because they are conducting hearing evaluations on their infants and encouraging the parent to seek medical care when the newborn/infant does not pass the test.

Please submit success stories to Melissa Kleffner-Wansing at: [Melissa.Kleffner-Wansing@health.mo.gov](mailto:Melissa.Kleffner-Wansing@health.mo.gov) .

### **Final Notes and Reminders**

Selection of new Scribes, Facilitators and Leaders should take place during the First Quarter of the 2013/2014 CQI Cycle (October-December 2013) if it was not already discussed during the Fourth Quarter of the 2012/2013 CQI Cycle. Per the revised CQI handbook, if members currently in a role elects to continue in that role for one additional year, that is allowed.

The call-in number for the Level Two CQI meeting on November 13, 2013 is toll-free (866) 630-9356. The Level Three CQI meeting on December 9, 2013 will be held at the Department of Health & Senior Services, 930 Wildwood, Wild Pine A, Jefferson City, MO from 1:00 p.m. to 2:30 p.m. the toll-free number is (866) 630-9356.

For Level One Teams, remember to submit your detailed activity log and meeting minutes to Kayla Turner at [k.turnerehshv@hotmail.com](mailto:k.turnerehshv@hotmail.com) and Beth Stieferman at [Beth.Stieferman@health.mo.gov](mailto:Beth.Stieferman@health.mo.gov) by Wednesday, October 30.

For the Level Two team, please submit your detailed activity log and meeting minutes to Beth Stieferman at [Beth.Stieferman@health.mo.gov](mailto:Beth.Stieferman@health.mo.gov) by Wednesday, November 20.

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