Continuous Quality Improvement to Enhance Family Engagement in New Jersey Home Visiting

Anne Lilly, Jack Dagg, Lori Burrell, Anne Duggan
Lenore Scott, Ines Lecerf, Daniela Hellman, Lakota Kruse

This work was completed with grant funding from the Health Resources and Services Administration (HRSA).
Family Engagement in Home Visiting

- Family Engagement is key to the success of home visiting (HV) programs.

- Family Engagement is a challenge in HV programs across the US.
  - Promoting Family Engagement is one of the ten Home Visiting Applied Research Collaborative (HARC) research priorities.
  - HV CoIIN identified family engagement as a topic area.
The HV CoIIN Family Engagement Key Driver Diagram

HV CoIIN Family Engagement SMART AIM: 85% of expected home visits are completed

Changes to Test

Materials
1. Materials available to facilitate engagement w/families (e.g., toolkits, motivational interviewing tools, talking points, protocols, etc.)

Innovation
6. Innovation
4. Track HV retention and support
5. Process for reviewing and using improvement data (e.g., weekly team meetings)

External Sources
1. Outreach and education to referral source(s) for eligibility of families to home visiting (e.g., access criteria, identifying “goodness of fit”)
2. Memorandum of understanding with referral source(s)
3. Streamlined process from referral source to home visiting program (e.g., warm handoff for families)
4. Follow-up loop with referral source (e.g., family accepted/not accepted)

Secondary Drivers

Training
1. Training on interpersonal relationships and adult attachment
2. Initial and refresher training on policy and protocols for enrollment, intense early engagement and retention
3. Innovation

Support
1. Supervisor observation of home visits
2. Supervision focused on key points in HV/Client relationship (enrollment, intense early engagement, ongoing retention)
6. Innovation

Primary Driver 1: Capacity of, and support for home visitors to enroll, actively engage, and retain families
1. Home visitors confident and skilled in supporting families through enrollment, early engagement and retention
2. Timely and effective supervisory support
3. Program adaptable in service delivery style, hiring and training to meet the diverse needs of families

Primary Driver 2: Data system for tracking enrollment, early engagement, retention and home visitor support at the individual level for use in supervision and program evaluation
1. Policy to assess and track families’ enrollment, early engagement and retention
2. Policy/protocol to assess and track support to and retention of home visitors
3. Professional development on agency policy and practice for family management

Primary Driver 3: Enrollment of eligible families
1. Short time (e.g., within 1 month) from referral to first home visit
2. Identification of characteristics of families who do not enroll
3. Positive and welcoming recruitment process for all families

Primary Driver 4: Intense early engagement (first 2-3 months)
1. Home visitors flexible and responsive to family needs
2. Cultural and community homes around parenting and service utilization valued and used to drive delivery of service
3. Early referral of families to other community supports and services
4. Information related to characteristics of families who leave early due to information/refine policy and home visitor practice
5. Trusting partnership between home visitor and family
6. Early goals set by family

Primary Driver 5: Retention of Families in Program of service
1. Trusting partnership between HV Program and family
2. Families involved as leaders in the HV program
3. Reliable and timely scheduling, visit completion and follow-up by home visitors
4. Home visitors attentive and responsive to evolving needs of families (e.g., redefine early goals with families that are not working, etc.)
5. Families identify what success is

1. Program flexibility in timing/location of service delivery to meet family preferences (e.g., 1 week visits outside of home if parent prefers, evening visits, etc)
2. Outreach materials specify family choice in home visit days/times/locations in early intensive phase
3. Supervision that addresses cultural diversity in parenting and service use of families
4. Process for early linkage of families to other community supports and services that includes assisting families w/reducing barriers and following up on effectiveness of referral
5. Postcard introducing new home visitor to family (e.g., “Hello, this is your new home visitor”)
6. Focus group/follow-up survey with families leaving program or/and those that stay
7. Check-in calls for first 3 months: “How is home visiting going for you?” (Family Connections)
8. Communication strategies that enhance HV-family relationships: e.g., Motivational Interviewing, Active Listening, Testing to support families early goals (“how is it going?”)
9. Facebook page to engage new families in the home visiting community
10. Family service plans focus on only 1-2 key goals identified by family
11. Protocol with initial engagement strategies that can be used to personalize HV/families
12. Certification/endorsements to families for early completion of visits (e.g., scrapbook w/photos of parent-child interactions, “diaper” cake, etc.)
13. Protocol for addressing missed visits
14. Innovation

1. Process for family meeting with other team members to increase connection w/program staff
2. Parents as members of policy council
3. Parents as members of HB teams
4. Parent-led support groups
5. Parents as advocates (e.g., speak to legislators/ on importance of home visiting)
6. Program flexibility in timing/location of service delivery to meet family preferences
7. Home visitor schedules and keeps visits rescheduled/changed frequently
8. Backup visits scheduled
9. HV routinely asks families about their needs, personal goals and expectations of the program and provides services based on their input

Primary Drivers
1. Sufficient number of referral sources and referrals per source within targeted high risk areas
2. Coordinated system response for linking referrals (families) to appropriate home visiting programs (e.g., centralized intake, health plan provider uses decision tree, etc.)
3. Referral families meet program criteria
Family Engagement in New Jersey Home Visiting

• New Jersey state leaders aimed to improve family engagement.
  • NJ uses Level of Service (LOS) as an indicator of family engagement.

• \[\text{LOS} = \frac{\text{number of active families at end of quarter}}{\text{number of families expected based on contract}}\]

• Home Visiting sites in NJ are expected to maintain an LOS of at least 85%.
• To address the challenge of meeting this LOS target, NJ adopted a Continuous Quality Improvement (CQI) strategy based in HVCoIIN concepts.
Family Engagement in New Jersey Home Visiting

Proportion of Sites Meeting LOS Target

Q1 FY14  Q2 FY14  Q3 FY14  Q4 FY14  Q1 FY15  Q2 FY15  Q3 FY15  Q4 FY15  Q1 FY16  Q2 FY16  Q3 FY16  Q4 FY16

24%  20%  10%  0%  10%  20%  30%  40%  50%  60%
Family Engagement in New Jersey Home Visiting

1. CQI at the state-level: Central Intake

Coordinated system response for linking referrals (families) to appropriate home visiting programs (e.g. centralized intake, health plan provider uses decision tree, etc.)

2. CQI at the local-level: PDSA Cycles

Streamlined process from referral source to home visiting program (e.g. warm handoff for families)
CQI at the State-Level: Central Intake

- Central Intake (CI) aims to:
  - Connect families efficiently to services based on their needs and eligibility
  - Simplify referral process for community providers
  - Maximize appropriate utilization of available resources
  - Eliminate duplication of efforts and services
  - Improve care coordination

- Central Intake started in 2010 and expanded to reach all 21 counties in Fall 2015.
CQI at the State-Level: Central Intake

- Central Intake process:

1. Central Intake (CI) receives referral
2. CI assesses client needs, eligibility, & interest in services
3. CI assigns client to Service Provider
4. Service Provider does outreach to Client
5. Service Provider enrolls Client
CQI at the State-Level: Central Intake

- Central Intake process with home visiting:

1. Central Intake (CI) receives referral
2. CI assesses client needs, eligibility, & interest in Home Visiting
3. CI assigns client to Home Visiting Site
4. Home Visiting Site does outreach to Client
5. Home Visiting Site enrolls Client
CQI at the State-Level: Central Intake

- Central Intake CQI metrics:

1. Number of referrals received by Central Intake
CQI at the State-Level: Central Intake

• Central Intake CQI metrics:

1. Number of referrals received by CI
2. **Number of families assigned to HV by CI**
CQI at the State-Level: Central Intake

- Central Intake CQI metrics:

1. Number of referrals received by CI
2. Number of families assigned to HV by CI
3. Number of families enrolling in HV from CI
CQI at the State-Level: Central Intake

- Central Intake CQI metrics:

1. Number of referrals received by CI
2. Number of families assigned to HV by CI
3. Number of families enrolling in HV from CI
4. **Number of days from CI receiving referral to HV assignment**
CQI at the State-Level: Central Intake

• Central Intake CQI metrics:

1. Number of referrals received by CI
2. Number of families assigned to HV by CI
3. Number of families enrolling in HV from CI
4. Number of days from CI receiving referral to HV assignment
5. **Number of days from HV assignment to HV enrollment**

---

**Flowchart Description:**

- **Central Intake (CI) receives referral**
- **CI assesses client needs, eligibility, & interest in Home Visiting**
- **CI assigns client to Home Visiting Site**
- **Home Visiting Site does outreach to Client**
- **Home Visiting Site enrolls Client**
CQI at the State-Level: Central Intake

Referrals Received by Central Intake

- Q4 FY14
- Q1 FY15
- Q2 FY15
- Q3 FY15
- Q4 FY15
- Q1 FY16
CQI at the State-Level: Central Intake

Referrals Received by Central Intake

Proportions Assigned to HV and Enrolled in HV

- Among individuals referred to CI, % assigned to HV
- Among individuals assigned to HV by CI, % enrolled in HV
CQI at the State-Level: Central Intake

Time to Assign to Home Visiting (HV) and Time to Enrollment in HV

Central Intake (CI) receives referral → CI assesses client needs, eligibility, & interest in Home Visiting → CI assigns client to Home Visiting Site → Home Visiting Site does outreach to Client → Home Visiting Site enrolls Client

7 Days

44 Days
CQI at the Local-Level: PDSA Cycles

• In December 2014, supervisors received training on Plan Do Study Act Cycles.
CQI at the Local-Level: PDSA Cycles
Warm Handoff Test
January 2015

ACT: Warm handoff incorporated into Central Intake processes.

PLAN: CI staff will describe HV, and with permission, conduct warm hand-off.

STUDY: Compared to period before test, sites in pilot county had increase in Level of Service.

DO: In Jan 2015, one CI staff person used phone transfer for warm hand-off to HV site.

CQI at the Local-Level: PDSA Cycles

LOS of Pilot County’s HV Programs Before and After Warm Handoff Test

Jan 2015
PDSA cycle began

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Program A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program B</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>58%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program C</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>82%</td>
<td></td>
<td></td>
<td></td>
<td>97%</td>
</tr>
</tbody>
</table>

58% 74% 57% 81% 82% 97%
CQI at the Local-Level: PDSA Cycles

- Throughout 2015, NJ developed CQI dashboards to inform PDSA cycles.
CQI at the Local-Level: PDSA Cycles

Proportion of Sites Meeting LOS Target

Q1 FY14 | Q2 FY14 | Q3 FY14 | Q4 FY14 | Q1 FY15 | Q2 FY15 | Q3 FY15 | Q4 FY15 | Q1 FY16 | Q2 FY16 | Q3 FY16 | Q4 FY16

24% | | | | | | | | 52%

Apr 2014: CI started using MIS
Dec 2014: PDSA cycle training
July 2015: CI extends state-wide
New Jersey’s Ongoing CQI Efforts

• State-Level
  • Analyses of Central Intake functioning and relationship with home visiting
  • Discussions with partners about Central Intake policies, procedures and best practices

• Local-Level
  • Continued CQI Technical Assistance and support for site supervisors
Many thanks to the team!

New Jersey Department of Children and Families

Lenore Scott  Ines Lecerf  Daniela Hellman

New Jersey Department of Health

Lakota Kruse

Johns Hopkins Bloomberg School of Public Health

Jack Dagg  Lori Burrell  Anne Duggan  Anne Lilly