



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Announcement Number: HRSA-13-278
Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program
Formula Grants FY13

Submitted on August 9, 2013

By the
Idaho Department of Health and Welfare
Division of Public Health
Bureau of Clinical and Preventive Services
Maternal and Child Health
MIECHV Program



Project Narrative

Accomplishments and Barriers

Since September 30, 2012, the Idaho Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program made significant gains in program development, implementation, training, and evaluation. Some of the most significant accomplishments include: the addition of staff capacity through a part-time health program specialist who will provide data and technical assistance to the program, provision of support to four local implementing agencies to deliver three evidence-based home visiting models in four targeted counties for the first year of service delivery, scaled up to over 100 enrolled families in local programs, developed a central intake process for local implementing agencies (LIAs) in Kootenai and Shoshone counties, and development of data training with national technical assistance providers for LIAs for continuous quality improvement efforts.

Some of the challenges that the Idaho MIECHV program encountered during the first program year include: resignation of the MIECHV program leader, resignation of the VISTA volunteer

Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013 supporting the program, retention of home visiting staff at the LIAs, state-required contracting and procurement policies and procedures, no precedent for home visiting program administered at a state agency, local organizational capacity and staff recruitment especially in very rural and frontier communities, and limited state MIECHV program staff to fulfill multi-dimensional and complex nature of the MIECHV program requirements.

The MIECHV program staff endeavored in a number of strategies to address and overcome challenges throughout the year. To address state staffing challenges, the MIECHV program added one part-time health program specialist position to help with data and technical assistance to LIAs and the Maternal and Child Health (MCH) Program Manager is serving as the interim MIECHV program lead until the position is filled. To engage communities and increase awareness of high quality and evidence-based home visiting, the MIECHV state lead presented information about the MIECHV program at a number of forums across the state throughout the year, continued publication of the quarterly newsletter, and updated the existing Idaho MIECHV program web page. By forging relationships through constant communication and persistence, the Idaho MIECHV program has worked within the state contracting and procurement requirements to establish a number of contracts to advance the MIECHV program. The program continues to strategize regarding organization and community capacity to implement evidence-based home visiting programs in very rural and frontier communities.

Between February 2012 and April 2012, the MIECHV program successfully executed contracts with five agencies to implement four EBHV programs in four target communities, including a cross-state collaboration to implement NFP. The first three months of the contracts provided pre-implementation and planning time to allow the local implementing agencies to prepare for service delivery. The local implementing agencies began delivering services to families in target communities in June 2012. Table 1 presents the home visiting models, expected enrollment, actual enrollment, number of completed home visits to-date, and the cost per family by the target counties.

Table 1: 2013 Idaho’s Local MIECHV Program Enrollment (As of June 2013)

Target Communities (Counties)	FY10 & FY11 MIECHV programs	Expected Enrollment (Capacity)	Actual Enrollment	# of Home Visits Completed	Annual Cost per Family
Kootenai & Shoshone	ICARE: PAT	40	38	213	\$4,212
	Panhandle Health District: NFP* (with Spokane Regional Health District)	50	36	325	\$7,457
	Mountain States Group: EHS Home-Based	11	11	273	\$17,478
Twin Falls & Jerome	Community Council of Idaho: EHS Home-Based*	18	18	132	\$10,252
Total		119	103	943	\$7,818

* Indicates an agency establishing a new home visiting program

The cost per family was calculated by determining the total contract costs for each local implementing agency for the 12-month period since service delivery began (June 2012-June 2013). The total contract costs included the agency’s personnel, operating, supplies, travel, and indirect costs. The total contract cost was divided by the number of enrolled families as of June 2013 to determine the annual cost per family. It is important to note that the cost per family per agency is expected to decrease in coming years as this was the first year of service delivery and agencies will become more efficient in providing services. The cost per family calculation does not include the state program’s personnel or administrative costs. The MIECHV program will continue to support building strong agency organization and management capacity for implementation at the local level.

State Home Visiting Program Goals and Objectives

Progress and Revisions to Goals and Objectives

The Idaho MIECHV program established six goals to achieve through the FY11-FY12 formula grants. Goals and objectives are outlined below with accomplishments and updates of progress to date.

Goal 1: Support community-based organizations to implement evidence-based home visiting programs in communities at-risk.

- *Objective 1.A:* By October 1, 2011 award implementation contracts to three organizations to implement evidence-based home visiting programs in priority “at-risk communities.”
 - *Progress:* Contracts with three community-based organizations were executed on February 10, 2012 after several months of work with the contracts and procurement team at the Idaho Department of Health and Welfare.

Organization	Home Visiting Model	Target Counties
Mountain States Group	Early Head Start	Kootenai & Shoshone
St. Vincent De Paul ICARE	Parents as Teachers	Kootenai & Shoshone
Community Council of Idaho	Early Head Start	Twin Falls & Jerome

- *Objective 1.B:* By December 1, 2011 establish a cross-state partnership to implement a partial team of Nurse-Family Partnership in two of the four target communities.
 - *Progress:* Contracts with Panhandle Health District (Idaho) and Spokane Regional Health District (Washington) were executed by April 10, 2012 after several meetings to discuss how the Nurse-Family Partnership program could be effectively administered across two agencies. On May 16, 2012 the agencies established an interagency memorandum of agreement that outlines the organizational requirements of the cross-state collaborative to serve Kootenai and Shoshone counties. In June 2012, the agencies collaborated to hire two nurse home visitors administratively housed at Panhandle Health District. As of June 2013, 46 first-time, low-income mothers had been enrolled in the program during the first service year.

Organization	Home Visiting Model	Target Counties
Panhandle Health District	Nurse-Family Partnership	Kootenai & Shoshone
Spokane Regional Health District	Nurse-Family Partnership	Kootenai & Shoshone

- *Objective 1.C:* By June 1, 2012 support implementing organizations in identification of specific performance objectives and indicators for Continuous Quality Improvement.
- *Updated Objective 1.C:* By December 30, 2013 support implementing organizations in identification of specific performance objectives and indicators for Continuous Quality Improvement.
 - *Progress:* To support individual and organization capacity to use data and institute a continuous quality improvement process, the Idaho MIECHV program compiled and submitted a technical assistance request on October 10, 2012. After several months of work with national technical assistance providers, the Idaho MIECHV program received final copies of data and CQI training materials for LIA's in July 2013. The data training will be delivered to the LIAs during Fall/Winter 2013 by a trainer identified through the RFP process.
- *Objective 1.D:* By March 30, 2013, collect and assess the annual reports from year 1 grantees to provide direction to years 2-5 of the MIECHV program.
 - *Progress:* The MIECHV program received the annual reports from the three year 1 LIA's including enrollment and service utilization data. Additionally, LIAs submit monthly reports which include home visit information, staffing information, and descriptions of challenges and successes from the prior month.
- *Objective 1.E:* By March 30, 2013, implement a central intake and referral system with home visiting programs in Kootenai and Shoshone counties.
- *Updated Objective 1.E:* By September 30, 2013, implement a central intake and referral system with home visiting programs in Kootenai and Shoshone counties.
 - *Progress:* In September 2012, the Idaho MIECHV program initiated a contract with a professional facilitator to develop a central intake and referral system with the three LIAs serving Kootenai and Shoshone counties. Leaders from each local implementation agency continued meeting through the end of 2012 to establish the processes and protocols for a central intake and referral system. With the resignation of the MIECHV program lead, the activities related to the central intake system were delayed. In June 2013, a customized report directing the determination of the central intake waitlist and referral process was built into the data management information system and is currently in the testing phase. Once the MIECHV program lead position is filled, technical assistance will be provided to LIAs on how to utilize the report.

Goal 2: Identify or develop a cross-model data system to facilitate collection, maintenance and reporting of performance, and outcome indicators for the MIECHV program.

- *Objective 1.A:* By September 2011, convene home visiting data workgroup to identify common screening/assessment tools, process and outcome indicators, and methods of collection.
 - *Progress:* The evaluation team, MIECHV program lead, the Maternal and Child Health program manager, and the Maternal and Child Health principal analyst collaborated between September 2011 and April 2012 to develop the benchmarks plan for the Idaho MIECHV program. The Idaho MIECHV program benchmarks plan was approved on May 3, 2012. Based on input from national technical assistance providers, the MIECHV program submitted a revised benchmark plan in July 2013, including specific updates to baseline and comparison periods and type of comparison groups.

- *Objective 1.B:* By December 2011, develop or implement a data system application relevant to multiple models to collect process and outcome indicators required by the SIR #2.
 - *Progress:* In October 2011, the Idaho MIECHV program procured the license and development of an Idaho MIECHV program Efforts to Outcomes data system by Social Solutions, LLC through a request for bid process. Between October 2011 and September 2012, Idaho went through the steps depicted in Figure 1 to establish a single data system application that will maintain all Idaho MIECHV program data. The Idaho MIECHV program “Go Live” date was October 15, 2012.

- *Objective 1.C:* By June 2012, develop continuous quality improvement teams at the state and local levels by partnering with the evaluation team, MIECHV program steering committee members, MCH leaders, and LIAs which will identify performance indicators to utilize in continuous quality improvement processes.
 - *Progress:* Continuous Quality Improvement has been in development over the course of the past several months. The LIAs began to enroll families in June 2012. The state MIECHV program data system became available for data entry on October 15, 2012. To support individual and organization capacity to use data and institute a continuous quality improvement process, the Idaho MIECHV program compiled and submitted a technical assistance request on October 10, 2012. Between November 2012 and April 2013, the MIECHV position lead worked with national technical assistance providers to develop skill-building modules and workshops that utilize a variety of communication mediums including: web-based, didactic, and collaborative group learning for local MIECHV program staff. The content of this series of learning modules should gradually build competence in using data for performance management in a CQI process. The MIECHV program received the finalized skill-building modules and materials in July 2013. The resignation of the MIECHV program lead delayed activities related to the delivery of the data and CQI training, however, the training is expected to be delivered in fall 2013.

Goal 3: By September 2012, improve access to maternal health services for women receiving home visiting services.

- *Objective 3.A:* By September 2014, increase utilization of prenatal and preconception care to 90 percent of pregnant women receiving home visiting services.
 - *Progress:* LIAs have enrolled forty-six pregnant women since October 2012. The Idaho MIECHV program in partnership with the evaluation team has been establishing a baseline of information regarding access to prenatal and preconception care. LIAs challenges with the data management information system have resulted in data that are not currently up-to-date. Once the MIECHV program lead position is filled, addressing data entry issues will be a top priority for staff to assure reliable data.

- *Objective 3.B:* By September 2014, increase post-partum depression screening to 90 percent of mothers with children less than one year old receiving home visiting services.
 - *Progress:* Between October 2012 and June 2013, LIA's completed 33 Edinburgh Postnatal Depression Scales. The Idaho MIECHV program will continue to monitor screening rates for the Edinburgh Postnatal Depression Scale.

- *Objective 3.C:* By September 2014, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target communities by 40 percent.
 - *Progress:* In June 2013, LIAs submitted a community partnerships report which indicated that the four implementation agencies have twenty-four formal community partnerships or referral agreements within the target community. The MIECHV program anticipates that within the next two years there will be increases in formal partnerships across the LIAs.

Goal 4: By September 2012, increase training opportunities and assessments for domestic violence, home safety, and injury prevention for home visitors employed by home visiting programs.

- *Objective 4.A:* By September 2011, assure that home visitors are equipped with training to assess home safety, car seat safety, and promote injury prevention.
 - *Progress:* The Idaho MIECHV program has established a process for LIAs to submit training requests. One of the first training requests was for home visitor safety. The Idaho MIECHV program worked with the steering committee to identify existing resources to support this training request. The Idaho MIECHV program developed electronic training materials that are now available on the program's web page. Most LIAs indicated, in response to inquiries about training, that they have sufficient resources related to home safety, car seat safety, and injury prevention.

- *Objective 4.B:* By September 2014, assure that 95 percent of all families participating will have received education related to home safety and injury prevention.
 - *Progress:* Home visitors work with families on a multitude of topics and issues throughout a family's enrollment in the home visiting program. During home visit encounters since service delivery began in June 2012 through June 2013, health and safety was addressed 308 times and injury prevention was addressed 139 times.

- *Objective 4.C:* By September 2012, assure that 50 percent of home visitors working with the MIECHV program have received training related to assessment and referral for domestic violence.
 - *Progress:* All MIECHV home visitors and a number of non-MIECHV home visitors have participated in one of three Futures Without Violence Healthy Moms Happy Babies training, which occurred throughout the month of October 2012 in three different locations in Idaho.

Goal 5: By September 2012, increase home visiting workforce capacity through training of home visitors and supervisors to prepare for scale-up of evidence-based home visiting.

- *Objective 5.A:* By December 2011, assure that all training requirements according to model standards and the MIECHV program are current for 100 percent of existing program staff and new hires (home visitors and supervisors).
 - *Progress:* The Idaho MIECHV program integrated staffing requirements into contracts with LIAs to ensure that all model specific education or training requirements are maintained. Contracts also included 120 days allotted for pre-implementation planning to allow agencies to scale-up or start-up, hiring and training staff. The state MIECHV program intended to conduct on-site contract monitoring, including assessment of staffing visits in the spring of 2013, but visits were delayed due to the resignation of the MIECHV program lead. The MIECHV lead position is anticipated to be filled in August 2013 and on-site visits are expected to occur in Fall-Winter 2013.
- *Objective 5.B:* By December 2013, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.
- *Updated Objective 5.B:* By December 2014, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.
 - *Progress:* To date, the Idaho MIECHV program has not completed comprehensive training inventory to identify available training opportunities and gaps. The Idaho MIECHV program anticipates partnering with a university to conduct a home visitor workforce study and training assessment in 2014.

Goal 6: By November 2012, assure MIECHV program participation in early childhood systems building efforts through the EC3 Home Visiting and Parent Education (HVPE) Committee.

- *Objective 6.A:* By September 2011, support the process to gather stakeholders and partners to begin the systems building process.
 - *Progress:* The Idaho Early Childhood Coordinating Council (EC3) is responsible for making recommendations to the governor on issues and topics related to early childhood in Idaho. A home visiting and parenting education committee was established in the spring of 2012. However, identification of committee members was delayed until October-November 2012 due to uncertainty of Early Childhood Comprehensive Systems grant funding and changing EC3 membership. During the spring of 2013, the committee began working on a statewide assessment of

home visiting capacity and coverage. However, activities related to the committee have been suspended over the summer of 2013 due to member vacations and the resignation of the MIECHV lead position. Activities are expected to resume in September 2013.

- *Objective 6.B:* By September 2013, support activities to address three to four of the EC3 HVPE Committee's identified system needs – such as common training opportunities, common intake forms and cross-model evaluation.
 - *Progress:* In December 2012, the HVPE Committee held its first committee meeting. This eight member committee is chaired by an EC3 council member and supported by the non-voting, ex-officio MIECHV program state lead. In the coming months, the HVPE will develop a vision, scope, and activities for the committee. Upon approval of EC3, the HVPE will implement activities according to its scope and vision. Committee activities have been suspended over the summer of 2013 due to member vacations and the resignation of the MIECHV lead position. Activities are expected to resume in September 2013.
- *Objective 6.C:* By June 2012, disseminate an organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho.
- *Updated Objective 6.C:* By June 2014, disseminate an organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho.
 - *Progress:* The MIECHV program has posted the organizational capacity assessment on the program web page but has refrained from broadly disseminating the tool due to lack of capacity for analysis and program expansion. With the addition of the part-time health program specialist for data management and analysis, the capacity assessments are expected to be resumed in the spring of 2014.
- *Objective 6.D:* By September 2013, support planning and implementation of a statewide inaugural home visiting summit, which will provide an opportunity for increasing public awareness and statewide planning.
- *Updated Objective 6.D:* By September 2014, support planning and implementation of a statewide inaugural home visiting summit, which will provide an opportunity for increasing public awareness and statewide planning.
 - *Progress:* With delays establishing a committee focused on home visiting and early childhood systems building and integration, a 2012 summit did not occur. It was expected that the initiation of the EC3 HVPE committee may create momentum to hold a summit in fall 2013. However, plans for the 2013 summit have been delayed until fall 2014 due to the resignation of the MIECHV program lead with an expected fill-date for the position in August 2013. It will be necessary to allow the necessary time for new staff to become familiar with the program and work on higher priority activities such as data management issues with LIAs, CQI training, and federal reporting.

Program Contribution to Early Childhood System

The Idaho Early Childhood Coordinating Council (EC3) is responsible for making recommendations to the governor on issues and topics related to early childhood in Idaho. A home visiting and parenting education committee was established in the spring of 2012. However, identification of committee members was delayed until October and November 2012 due to uncertainty of Early Childhood Comprehensive Systems grant funding and changing EC3 membership. During the spring of 2013, the committee began working on a statewide assessment of home visiting capacity and coverage. However, activities related to the committee have been suspended over the summer of 2013 due to member vacations and the resignation of the MIECHV lead position. Activities are expected to resume in September 2013. A statewide home visiting summit is anticipated during fall 2014. There are no expected changes to the originally submitted logic model.

Program Timeline

Below is a description of the proposed goals and objectives for the Idaho MIECHV program from September 1, 2013 to September 30, 2015. Please see Attachment 1: Project Timeline for a description of activities to be carried out during this timeframe.

Goal 1: By September 2015, continue support to community-based organizations to implement evidence-based home visiting programs in communities at-risk.

- Objective 1.A: By September 2015, collect and assess annual reports from local implementing agencies to provide feedback and address successes and challenges.
- Objective 1.B: By December 2013, provide training to local implementing agencies and assess progress on utilizing centralized intake process in target communities.
- Objective 1.C: By September 2014, respond to 100% of training and technical assistance requests submitted to the MIECHV program by local implementing agencies for the previous year.
- Objective 1.D: By September 2015, respond to 100% of training and technical assistance requests submitted to the MIECHV program by local implementing agencies for the previous year.

Goal 2: By September 2015, support local implementing agencies in collecting quality data and implementing continuous quality improvement (CQI) practices in their everyday work.

- Objective 2.A: By February 2013, deliver data use and CQI training to local implementing agencies' staff and collect and measure pre- and post-training indicators of knowledge, skill, and ability.
- Objective 2.B: By September 2015, provide on-going data use and CQI consultation and mentorship to trainees and local implementation agencies
- Objective 2.C: September 2015, provide training and support to local implementing agencies on collecting and reporting high-quality data

Goal 3: By September 2014, improve access to maternal health services for women receiving home visiting services.

- Objective 3.A: By September 2014, increase utilization of prenatal and preconception care to 90% of pregnant women receiving home visiting services.

- Objective 3.B: By September 2014, increase post-partum depression screening to 90% of mothers with children less than one year old receiving home visiting services.
- Objective 3.C: By September 2014, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target community by 60%.

Goal 4: By September 2015, assure continued MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.

- Objective 6.A: By September 2015, lead activities to address three to four of the Ad Hoc Committee's identified system needs – such as common training opportunities, common intake forms and cross-model evaluation.
- Objective 6.B: By June 2014, disseminate organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho
- Objective 6.C: By September 2014, support planning and implementation of statewide inaugural home visiting summit, which will provide an opportunity for training and statewide planning.
- Objective 6.D: By September 2015, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.

Implementation of State Home Visiting Program in Targeted – At-Risk Communities

Engaging Target Communities

Throughout the past two-and-a-half years, the Idaho MIECHV program has been working with and through LIAs to engage community partners and promote high quality home visiting. Prior to identifying and contracting with LIAs, the MIECHV program staff hosted community meetings to inform the communities of the MIECHV program requirements, conducted organizational capacity assessments with potential LIAs, and presented MIECHV program information at a number of venues and forums. Since the identification of LIAs, these agencies are contractually obligated to host a community advisory board at least every six months with community partners across sectors and participate in Regional Early Childhood Coordinating Councils (RECCs). Additionally, the MIECHV program has developed an annual community partnerships report in which LIAs identify formal and informal community partners. The MIECHV program has communicated expectations for developing formal and informal community partnerships as referral sources, partners, and resources for the LIAs. The MIECHV program will continue to support LIAs to engage community partners by facilitating connections with key partners, sharing information and data on the MIECHV program, and providing training and technical assistance as needed.

Work with Model Developers

The Idaho MIECHV program has been communicating with national model developers to develop relationships with these organizations and understand what resources, supports, and expectations national model developers have for the state MIECHV program and LIAs. Idaho has no direct connection to national model developers through an EHS lead, PAT state lead, or

NFP state nurse consultant. Often communication and coordination with national model developers has been challenging due to lack of clarity of who to communicate with regarding specific topics, unclear expectations of model developer's role, and staff capacity in both Idaho MIECHV program and national model developer offices.

- **Office of Head Start – Early Head Start:** In March 2012, the Idaho MIECHV program submitted a TA request for support working with the Office of Head Start to identify and outline the state's role, information available, and communication regarding monitoring model fidelity for Early Head Start Home-Based. Since that time, the Idaho MIECHV program has had a number of phone conferences with the Office of Head Start in Washington, DC and more recently with the Region X and Region XII Head Start program specialists to identify information related to model fidelity and program support that may be shared with state MIECHV programs and how that information may be shared with state MIECHV programs. This technical assistance is ongoing as the Idaho MIECHV program and the Office of Head Start have not identified what information will be shared with states or when and how information will be communicated to states related to model fidelity.
- **National Service Office – Nurse-Family Partnership:** The Idaho MIECHV program has been working closely with Nurse-Family Partnership program developer and nurse-consultant to support the planning, development, and implementation of the first cross-state collaboration to implement Nurse-Family Partnership by Spokane Regional Health District and Panhandle Health District. Nurse-Family Partnership has been responsive and supportive when challenges have surfaced with this unique implementation of Nurse-Family Partnership. Additionally, the Idaho MIECHV program worked for several months with Nurse-Family Partnership National Service Office's legal team to execute a contract between the Idaho MIECHV program and NFP for program support, training, and data in January 2013.
- **National Office – Parents as Teachers:** The Idaho MIECHV program has had limited communication with the Parents as Teachers National Office. Communication has primarily revolved around developing and approving the Idaho MIECHV program benchmarks plan. During the coming year, the Idaho MIECHV program intends to develop and submit a technical assistance request to work with the Parents as Teachers National Office to clarify state role, information available, and communication regarding model fidelity for Early Head Start.

Curriculum and Materials for Home Visiting Program

Local implementing agencies were identified through a competitive request for proposal process to identify organizations with capacity to deliver evidence-based home visiting services in target communities for priority populations. Contracts with LIAs allowed for 120 days of pre-implementation planning, scaling-up, or start-up. Additionally, the contracts with LIAs included additional funds in the first contract year to account for start-up costs such as curriculum and materials procurement and training. The Idaho MIECHV program allowed agencies to obtain curriculum and materials within 120 days of contract execution. All LIAs began service delivery between June and August 2012.

Early Head Start programs are not required to utilize one specific curriculum but define curriculum as child development goal setting, activities to achieve goals, and materials and support needed to achieve the goals. The curriculum utilized by MIECHV implementers adopting the Early Head Start Home-Based model should be consistent with the Head Start Program Performance Standards (HSPPS) and based in child development research and principles. Parents as Teachers affiliates implement the Born to Learn curriculum, which requires staff to be trained in the current Foundational Training. Nurse-Family Partnership requires a core education curriculum for all nurses that provide services for this program. The core curriculum includes theory, visit structure, and training to support family empowerment.

Training and Professional Development Activities

The Idaho MIECHV program recognizes the importance of training to assure competent service delivery, to satisfy model and agency expectations, and support the development of a competent home visiting work force. Training includes pre-service training, ongoing training, and professional development. Each home visiting model developer has outlined standards related to personnel training. LIAs are contractually required to obtain and adhere to model specific training and professional development requirements on an ongoing basis beginning at the initiation of service delivery. The Idaho MIECHV program has not coordinated specific training with national models. The Idaho MIECHV program has coordinated or facilitated the following trainings:

- MIECHV Program Orientation for Contracted LIAs (April 2012)
- Home Visitor Safety (Web-based – June 2012)
- Mandatory Reporting for Child Abuse and Neglect (July 2012)
- Social Solutions Efforts to Outcomes – Data System Training (September 2012)
- Assessing and Addressing Domestic Violence through Home Visiting – Futures Without Violence (October 2012)
- Developmental Parenting and Home Visit Rating Scale (November 2012)
- Mental Health First Aid Training (March 2013)
- On-site data system training with LIAs (April 2013)

Since service delivery began in June 2012, LIAs have taken advantage of local trainings that are relevant to their program and home visiting staff. The LIAs submit monthly and quarterly reports to document staff trainings. For example, LIAs have participated in trainings related to neonatal care offered by a local hospital, braining development and trauma, breastfeeding, nurturing attachments, conflict management, and parenting.

The Idaho MIECHV program will continue to assess and respond to training and professional development needs of LIAs. In the coming year, the Idaho MIECHV program anticipates providing training in data use, data-driven decision-making, continuous quality improvement, and adult mental health.

Staff Recruitment, Hiring, and Retention

The Idaho MIECHV program recognizes that the home visiting workforce is comprised of professionals and paraprofessionals with knowledge and skills related to early childhood health and development. Relationships between home visitors and families, as well as relationships between home visitors and program supervisors, are critical to participant outcomes. The Idaho

Announcement Number: HRSA-13-278

Idaho Department of Health and Welfare

Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013

MIECHV program included 120 days of pre-implementation planning in the contract to allow LIAs to start-up or scale-up, including identifying staff to meet their organizational and model specific requirements for staffing. At the end of the pre-implementation planning phase, MIECHV program staff conducted on-site visits to ensure LIAs were poised to adhere to contract requirements, including developing and maintaining a staffing plan. The plans indicated interviewing techniques employed to identify home visitors, such as role play or case presentation, in order to hire home visiting staff most qualified and able to build trusting relationships with program participants. The plans outlined objectives for staff retention, such as professional advancement and ongoing training. The plan also outlined a strategy for filling vacancies within 90 days of vacancy.

In the contracting process, the Idaho MIECHV program included specific minimum staffing requirements aligning to each evidence-based home visiting model in the contract requirements and performance metrics with each local implementation agency. LIAs report changes in staff and challenges with staffing on a monthly report submitted to the MIECHV state lead. Most LIAs have significant internal training resources available to new staff hired through the MIECHV program. In the rural and frontier target communities, finding and retaining qualified staff residing in the target communities has been particularly difficult. In Shoshone, Twin Falls, and Jerome counties three LIAs engaged in recruitment activities for several weeks and months before finding qualified candidates to provide home visiting services in these counties.

LIAs serving Shoshone, Twin Falls, and Jerome counties had a difficult time finding home visitors who met hiring criteria. Particularly in Shoshone County, a frontier county in North Idaho, two LIAs recruited broadly and had a very difficult time finding home visitors that met educational criteria. Community Council of Idaho Early Head Start, ICARE Parents as Teachers, and Mountain States Group Early Head Start went through several rounds of selection and interviewing to identify home visitors that reside in the target communities particularly Shoshone and Twin Falls counties. Though Panhandle Health District Nurse-Family Partnership anticipated challenges hiring qualified bachelor's prepared nurse home visitors, they selected two nurse-home visitors in the first pool of candidates. In total, nine home visitors were hired by the four LIAs. As of July 2013, two LIAs reported that three home visitors had resigned (one home visitor per agency). Of note, Mountain States Group Early Head Start exclusively serves the less-populated county of Shoshone and is concerned about recruiting another qualified home visitor from the area and is considering shifting nine of 11 slots to Kootenai county (LIAs are contractually required that no less than 15% of enrolled participants reside in the less-populated service area).

In the contracting process, the Idaho MIECHV program incorporated performance metrics into contracts requiring LIAs to adhere to model specific supervisor requirements and standards to maintain model fidelity. Additionally, LIAs must have at least one home visiting supervisor with training in and at least 50 hours of experience with reflective supervision or subcontract with a qualified partner. The Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) has adopted the Michigan Infant Mental Health Model and Endorsement. LIAs have varying internal capacity to meet this requirement and some agencies have subcontracted with a qualified Level III – IMH Endorsee in Idaho. The capacity and awareness of the benefits of reflective supervision are growing as there are approximately five endorsed individuals across

the state of Idaho in various organizations. One of the challenges to ensuring high quality supervision is the variability in supervision requirements across evidence-based home visiting model. The MIECHV state lead will continue to work with national model developers and LIAs to ensure high quality supervision.

Referral and Services Network

LIA's are contractually required to develop and maintain community referral partnerships, ensure timely referral to the Infant Toddler Program, and implement community engagement strategies. Annually, LIAs report on their informal and formal partners in the communities as required by the contracts with the state MIECHV program. The state MIECHV program partners with LIAs to identify referral strengths, gaps, and opportunities to strengthen partnerships. The Idaho Department of Health and Welfare provides the state welfare services, child protective services, foster care, Medicaid, behavioral health, substance use disorders, WIC and more. The MIECHV state lead has been working with the partners within the Department of Health and Welfare to increase awareness of the MIECHV program in target communities and develop referral connections and policies when appropriate.

Three LIAs serving Kootenai and Shoshone counties in northern Idaho participated in several facilitated discussions to develop a coordinated referral and central intake across the three evidence-based models (Nurse-Family Partnership, Early Head Start, and Parents as Teachers). The agencies are currently implementing the referral and central intake process and are waiting upon a specialized report that is being built to help automate and direct the process. The data system developers completed the final version of the report in July 2013 which is currently being tested by MIECHV program staff. The report is expected to be available for use by LIAs in August-September 2013.

Participant Recruitment and Retention

LIAs are contracted to identify strategies for recruiting and retaining participants that meet both model specific requirements and MIECHV program priority populations. Organizations developed recruitment and retention plans in response to the request for proposal. Of the MIECHV program priority populations, the Idaho MIECHV program has selected the following populations for the highest priority for enrollment:

- Pregnant women under 21 years old
- Families with a history of substance abuse
- Families with prior child welfare interaction
- Family members of the armed services

LIAs have been informing community partners of service availability, establishing referral processes, developing recruitment materials, and recruiting participants into the MIECHV program since May 2012. Service delivery started June through August 2012.

Participant recruitment has been challenging in Shoshone and Jerome counties as these are frontier and rural counties and have communities with no or very limited home visiting services prior to the MIECHV program. Community isolation, lack of trust in and between service providers, and the independent nature of Idahoans have all contributed to slow participant recruitment. Local MIECHV programs have been working diligently to develop trust with community partners and clients to support ongoing recruitment and retention. The most

significant referral source of families to the home visiting programs in Shoshone county has been the local Health and Welfare office. LIAs serving Kootenai and Shoshone counties developed a central intake and referral system for these counties. The central intake and referral system has supported consistent messaging, referral, and intake processes for home visiting programs to share with community partners and potential clients about home visiting services available in their community.

Table 2: Idaho MIECHV Program Attrition Rate (October 2012-June 2013)

Service Area	Program	Total Enrolled	Total Exited	Attrition Rate
Twin Falls & Jerome	Community Council of Idaho: Early Head Start	17	4	24%
Kootenai & Shoshone	Panhandle Health District: Nurse-Family Partnership	37	5	14%
	Mountain States Group: Early Head Start	16	7	44%
	ICARE: Parents as Teachers	55	22	40%

Home Visiting Caseload

As of June 2013, LIAs are between 75 and 100 percent of enrollment capacity across the target communities. Agencies are responsible for adhering to model specific enrollment requirements for rates to add new clients to a home visitor’s caseload:

- *Early Head Start:* Home visitors may not have a caseload greater than 12 families at a given time.
- *Nurse-Family Partnership:* Nurse home visitor is expected to maintain a caseload of 25 families.
- *Parents as Teachers:* Parent educators are expected to complete 48-60 home visits per month.

Table 3: Local MIECHV Program Capacity and Caseload as of June 2013

	Community Council of Idaho: Early Head Start		Panhandle Health District: Nurse-Family Partnership		Mountain States Group: Early Head Start		ICARE: Parents as Teachers	
	Twin Falls	Jerome	Kootenai	Shoshone	Kootenai	Shoshone	Kootenai	Shoshone
Expected Enrollment (Capacity)	13	5	42	8	0	11	30	8
Current Enrollment (June 2013)	10	4	34	2	0	9	28	11
Total Served (Since Inception)	13	4	35	2	0	16	43	12
Continuing Families (Year 1)*	8	4	33	2	0	5	18	10

Continuing Families (Year 2)*	9	4	35	3	0	6	19	12
New Families (Year 1)*	5	1	9	6	0	2	10	2
New Families (Year 2)*	4	1	8	5	0	1	9	2

*Figures for continuing and new families are projections based on current enrollment, expected enrollment, and attrition. Year 1 timeframe is September 1, 2013 – September 30, 2014 and Year 2 timeframe is October 1, 2014 – September 30, 2015.

Table 4: Local MIECHV Program Annual Funding

Contractor Agency	Evidence-Based Home Visiting Model	Expected Enrollment (Capacity)	Contract Amount
Mountain States Group	Early Head Start Home-based	11	\$130,000
St. Vincent de Paul ICARE	Parents as Teachers	38	\$130,000
Panhandle Health District	Nurse-Family Partnership	50	\$225,000
Spokane Regional Health District (Panhandle Collaboration)	Nurse-Family Partnership	---	\$89,000
Community Council of Idaho	Early Head Start Home-based	18	\$130,000

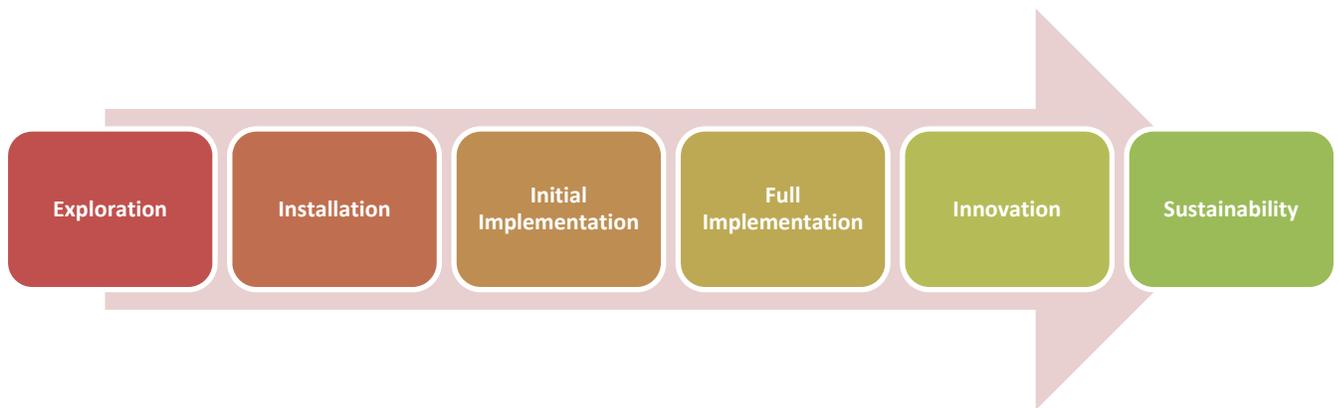
Community Resource Coordination

In June 2013, LIAs submitted a community partnership report indicating formal and informal partnerships in the target communities. Agencies identified an average of 11 informal community partners and an average of 7 formal community partners including churches, food banks, WIC, legal aid, educational institutions, and more. Home visitors, home visitor supervisors, and program directors have been working to establish meaningful partnerships with traditional and non-traditional community partners in the target communities. As an example, when families are participating in early intervention services or are involved with child welfare, home visitors work closely with partner service agencies to coordinate home visits and ensure objectives of all service providers are met.

Because the Idaho MIECHV program is the first and only state-administered home visiting program, the program is in a unique position to facilitate communication and partnerships between LIAs and state programs such as IDEA Part C, WIC, child welfare program, substance use disorders, mental health, child care, TANF, and more. State MIECHV program staff has developed relationships with other state program administrators through participation in the MIECHV program steering committee. These relationships help ensure communication, alignment of services and policies, and availability of training and professional development. As an example, the Idaho MIECHV program has been working with the Idaho Infant Toddler Program (ITP – IDEA Part C) to ensure ITP staff is able to participate in relevant trainings coordinated by the Idaho MIECHV program. Additionally, the Idaho MIECHV program works closely with the director of the Idaho Early Childhood Coordinating Council (EC3) funded through the Early Childhood Comprehensive Systems (ECCS) grant to initiate conversations about integration of home visiting into early childhood systems activities.

Challenges Maintaining Model Fidelity and Quality

Idaho MIECHV program understands that there are a multitude of factors related to implementing an evidence-based home visiting program while maintaining fidelity, high quality services, and continuous quality improvement in varying community and organizational settings. Contractually, LIAs must implement home visiting programs with fidelity to the researched program model. The National Implementation Research Network (NIRN) has outlined that for successful implementation of evidence-based programs and practices, effective interventions and implementation are critical for outcomes. Effective implementation occurs over time in the following stages outlined in NIRN's research:



LIAs are in different stages of implementation of evidence-based home visiting. Two LIAs have been implementing Parents as Teachers and Early Head Start for more than ten years, while two other LIAs are starting up Early Head Start and Nurse-Family Partnership programs through the MIECHV program. One challenge the Idaho MIECHV program has is supporting LIAs considering where each agency is on the spectrum of implementation stages. Ongoing communication and dialogue with LIAs allows the MIECHV program to provide supports to agencies as identified.

Because of the frontier and independent nature of Idaho's target communities, there may be challenges in community and political buy-in, participant recruitment, and retention. This program has provided an opportunity to initiate dialogue about strategies to advance systematic efforts to achieve quality and fidelity in home visiting at the community and state level to increase visibility and buy-in of the MIECHV program. Additionally, there may be challenges related to reflective supervision and sufficient capacity to adhere to model specific requirements for reflective supervision. LIAs are contractually obligated to provide reflective supervision for at least an hour a month for each home visitor. Agencies can subcontract with the Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) or an IMH-E Level III or higher to provide required reflective supervision.

Implementing an evidence-based home visiting program in a frontier community, such as Shoshone county, will require careful monitoring to assure that families receive appropriate frequency and duration of services. The MIECHV program anticipates monitoring such challenges through CQI, reporting requirements, and ongoing consultation with LIAs to

overcome barriers. Agencies submit monthly reports with home visiting data and a description of challenges and successes of implementation. In these reports, agencies indicated building connections with partners and clients in rural and frontier communities were challenging and that home visitors working in low-populous areas feel isolated and require more supervisory support. The MIECHV program will work with LIAs to determine how to better support home visiting staff in rural and frontier areas.

Finally, the Idaho MIECHV program will conduct ongoing training and annual onsite contract monitoring visits with LIAs that will include a review of adherence to model fidelity. However, the MIECHV program has struggled to define its role in monitoring model fidelity in partnership with national model developers and to understand federal expectations for how and to what degree state MIECHV programs are to assure model fidelity. In March 2012, the Idaho MIECHV program submitted a technical assistance request to support work with the Office of Head Start to develop a plan for partnering to monitor local implementation agency's model fidelity. The Idaho MIECHV program anticipates submitting similar TA requests to work with Parents as Teachers and Nurse-Family Partnership to monitor model fidelity in collaboration in the coming year.

Progress Toward Meeting Legislatively Mandated Reporting on Benchmark Areas

The Idaho MIECHV program has dedicated a significant amount of time and resources to continue development and implementation of the data collection plan. Idaho's benchmark plan was approved in April 2012 after LIAs were identified and began pre-implementation planning. During the benchmarks plan approval process, the Idaho MIECHV program began to develop standard data collection forms for the Early Head Start and Parents as Teachers programs and working with Nurse-Family Partnership for an approved variance for data collection. In July 2013, the MIECHV program submitted a revised benchmarks plan after the receipt of guidance from technical assistance providers regarding the submission of the DGIS Forms 1 and 2 and discrepancies in benchmark and comparison periods. LIAs utilize the following Idaho MIECHV program forms in addition to the standardized assessment and screening tools:

- Home Visit Encounter Form (Every home visit)
- Child Health Form (Intake and every 6 months)
- Maternal Health Form (Intake and every 6 months)
- Demographics Intake Form and Demographics Update Form (Intake and annually)
- Ages and Stages Questionnaire – 3rd (Intake, if child is 6 months, and every 6 months)
- Ages and States Questionnaire – SE (Intake, if child is 6 months, and every 6 months)
- Home Inventory Form (Intake, if child is 6 months, and annually)
- Everyday Stressors Index (Intake and annually)
- Edinburgh Postnatal Depression Scale (45 days postpartum)
- Relationship Assessment Tool (Within 3 months of participation)

Timing, pace, and sequence of activities have all been challenges to assuring implementation of the benchmarks plan. Simultaneously, the Idaho MIECHV program was developing and finalizing the benchmarks plan, data collection forms, and Social Solutions Efforts to Outcomes data system to capture and maintain data for all LIAs. In June and July 2012, LIAs were utilizing interim data collection forms. In August 2012, data collection forms were finalized. In October 2012, the Efforts to Outcomes data system became available for LIAs. With many

moving parts and extenuating factors, including rapidly changing information, local implementation agency feedback, and lengthy data system configuration and testing, all contributed to a challenging initial implementation of the benchmarks plan for the Idaho MIECHV program. Additionally, the MIECHV program has been compiling benchmarks data from a variety of sources, which is a very complex and intricate process. Sources for the benchmarks data are from a variety of sources including: local implementation agency reports, participant data collection forms, state administrative data systems, and participant screening and assessment tools. The Idaho MIECHV program continues to extract, clean, and analyze data for upcoming DGIS reports.

Three of the four LIAs have reported issues utilizing the data system due to lack of familiarity, difficulty in navigation, and challenges in running reports in the system. These challenges have impacted the quality of data entered into the system by some agencies as there is a large quantity of missing data. There have been on-going challenges with the data system since it went live. In March 2013, the MIECHV program lead conducted on-site visits with the LIAs to provide data system training and address issues with data entry and data system navigation. The MIECHV program will work with LIAs to continue to provide data system training.

Despite challenges, the Idaho MIECHV program has had a number of successes implementing the benchmark data and collection plan. LIAs are utilizing uniform data collection forms and have been engaged in providing feedback to inform the MIECHV program. Feedback from LIAs has informed the format and question construction of the data collection forms to encourage valid data collection. The Idaho MIECHV program and the Idaho Child Welfare Program established a memorandum of understanding for data in early 2012 and began the process of data sharing in the summer 2012. In October 2012, the Idaho MIECHV program's Efforts to Outcomes data system went live. Between September and December 2012, the Idaho MIECHV program provided ongoing training on the use of the Efforts to Outcomes data system. In December 2012, the MIECHV state lead began extracting data from the Efforts to Outcomes data system to monitor data quality and to inform continuous quality improvement.

Prior to resigning in April 2013, the MIECHV program lead acted as the Efforts to Outcomes data system administrator. In May 2013, the MIECHV program hired a part-time health program specialist to serve as the primary data system administrator. The MIECHV data specialist completed a week-long training in data system administration and is currently responding to small technical assistance requests by LIAs and becoming familiar with the data system. The MIECHV data specialist will run reports and extract data from multiple levels: participant, home visitor, agency, target community, or statewide. Additionally, the data system administrator has the ability to modify components of the data system, develop and run reports, and monitor data entry and data quality. The Idaho MIECHV program is well positioned to continue high quality data collection at the frequency outlined in the approved benchmarks plan.

State Home Visiting Program CQI Efforts

Updated CQI Progress

Throughout the first few months of work with Idaho's local MIECHV programs, the MIECHV program has been working with the local MIECHV programs to understand where organizations

Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013 are on the continuum of implementation. The National Implementation Research Network (NIRN) has outlined stages of implementation: exploration, installation, initial implementation, or full implementation of an evidence-based program. To help us identify where the local MIECHV programs were on this continuum of implementation, the MIECHV program conducted the following activities: organizational capacity assessment, community meetings, on-site discovery visits, program orientation, and on-site readiness assessments. Through these and other activities and interactions, the Idaho MIECHV program has identified a need for training and skills development in data use and integration of continuous quality improvement into ongoing performance management. Using data effectively is a critical component in assessing model fidelity, client progress, program performance, and informing the CQI process.

Additionally, the evaluation team interviewed each of the local MIECHV programs prior to program implementation to establish a baseline of qualitative information regarding organizational priorities including CQI, capacity for reflective supervision, and community partnerships. In these interviews, the evaluation team learned that only one of the four programs had some form of CQI team in place. Two programs are newly providing home visiting services through the MIECHV program and hence do not have a CQI team in place. Another program had an informal CQI team, and the director of one program stated that all staff members participated in the informal CQI process. All four local MIECHV programs are using data in some way. However, all four programs expressed the need for additional training to better understand how data can be used to drive the decision-making processes. For example, when asked whether data is used to produce meaningful results, one person said, "Yes and no. We are looking at what we should be looking at but wonder if there is anything else that we should be looking at." One program uses data primarily to fulfill grant requirements. Another challenge is staff capacity (personnel time) at both the state and local levels because positions are limited due to the size of the program and the limited staff time available at both levels. LIAs are obligated to develop and implement a CQI plan and process.

In response to the need for CQI training, the Idaho MIECHV program submitted a technical assistance request to develop a series of interactive, skill building modules and workshops that utilize a variety of communication mediums including: web-based, didactic, and collaborative group learning for local MIECHV program staff. The content of this series of learning modules should gradually build competence in using data for performance management in a CQI process. Some key elements of this CQI training series are: Becoming Knowledgeable Consumers of Data (Data points), Utilizing Data to Manage Change (Business process and data flow), and Improving Outcomes (data in a systemic context). Additionally, the state MIECHV program anticipates developing tools or workshops to guide development of local CQI teams in the coming year. To support development of CQI teams and tools, the state MIECHV program has established quarterly supervisor roundtable calls that began in December 2012, in which much focus will be on CQI plans and processes.

Updated CQI Plan

The Idaho MIECHV program began establishing ongoing mechanisms for evaluating program processes and outcomes to assess performance improvement opportunities and to enable efficient and effective service delivery, including the development of CQI learning modules for implementation agencies. The CQI plan allows benchmarking of processes and outcomes, data-

Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013 driven decision-making, site specific improvement plans, monitoring local contractor progress towards contractual objectives, assessing program implementation and delivery, identification of potential training opportunities, and revisions of processes to meet needs and improve performance.

Implementation of the CQI process at the state level and local level is in development and may occur in development of two CQI teams: state CQI team and local CQI teams. Composition of these teams is to be determined. The local CQI teams will include, but not limited to, home visitors, a family participant, supervisors, and evaluators. The state CQI team will include local implementation agency supervisors or program directors, the MIECHV state lead, evaluators, model developers (when available), and partners. Buy-in and participation from all levels of the program will be instrumental in creating and guiding a culture of quality.

Parents as Teachers, Nurse-Family Partnership and Early Head Start conduct quality assurance or monitoring through onsite visits to grantees/affiliates. Because the MIECHV program provides ongoing performance monitoring and coordinates technical assistance and training with the LIAs, the Idaho MIECHV program has been cultivating partnerships with national model developers to align monitoring activities and determine methods for developing CQI plans and process in accordance with expected process and outcomes.

When the CQI teams are established, the teams will be oriented to the “Plan-Do-Check-Act” framework and sequence for implementing a CQI process:

1. Identification of Performance Indicators

A performance indicator is a measure used as a tool that quantitatively describes the degree to which a process or outcome is meeting desired expectations. For the MIECHV program, most of the performance indicators for CQI will align with the constructs in required benchmark areas. Some indicators likely assessed during initial CQI process include:

- PPD screening
- Breastfeeding behaviors
- Well-child visits
- Domestic violence screening
- Referrals for domestic violence
- MOU’s within community partners
- Completed referrals
- Attempted but incomplete visits

2. Assessment

Benchmark data is being collected utilizing a variety of methods including data from enrolled families during home visits, administrative data on participating families from state agency data systems, and operational processes at the state and local levels. Data analysis and reporting for initial implementation has begun; and in the coming months, additional analysis will occur to assess differences between current performance and desired performance based on targets. The Idaho MIECHV data system (Efforts to Outcomes) is robust reporting functionality to facilitate the assessment stage. Those processes or outcomes not meeting target will be flagged and prioritized for follow-up with the “Plan-Do-Check-Act” process with state/local administrators, model developers, and the CQI team.

3. Initiative

The MIECHV CQI teams will address performance improvement opportunities using the “Plan-Do-Check-Act” framework, which provides a continuous and methodical approach to identify performance problems and possible causes, then outline and prioritize strategies for improvement. The MIECHV program will provide technical assistance to local contractors related to the PDCA approach for CQI and provide tools to assist in identifying problems and solutions.

LIAs are contractually obligated to submit a CQI report every six months (pictured below). The first CQI reports were submitted in July 2012 prior to enrolling families in service delivery. The following topics were identified for an improvement process by LIAs:

- Collecting and entering quality data in an efficient way
- Increase home visit completion rates
- Improve play group and parent-child interactions
- Hiring home visitors in a frontier community
- Home visitor training and retention
- Community partnership development
- Availability of dental and mental health providers in rural and frontier communities

Performance interventions will be documented and monitored by the CQI team for improvement in specified processes and outcomes, as well as adherence to model standards.

4. Evaluation

The Idaho MIECHV program requires LIAs to submit an annual performance evaluation. The performance evaluation will summarize the goals and objectives of the CQI plan, progress made toward goals and objectives, adherence to model-specific standards, and performance improvement interventions conducted over the year, including the performance indicators.

Idaho MIECHV Program CQI Report

MIECHV Program Continuous Quality Improvement (CQI) Report			
Report due: Every 6 months by the 15 th July & January			
Contract Number:	Date of Report Submitted:	Dates of Report:	
Contractor Name:		From:	To:
Contact Name:			
Contact E-mail:			
Contact Phone:			
Part 1: Continuous Quality Improvement Plan and Staff:			
Instructions: Briefly describe the progress and challenges faced implementing the Continuous Quality Improvement plan. Indicate persons responsible for and engaged in the CQI plan.			
Part 2: Progress on Continuous Quality Improvement Plan			
Instructions: Referring to the PDCA Framework, briefly describe processes and activities implemented in Table 1: Continuous Quality Improvement.			
<p style="text-align: center;">PDCA Cycle Framework</p> <ul style="list-style-type: none"> Plan: Identifying and analyzing the problem. Do: Developing and testing a potential solution. Check: Measuring how effective the solution was, and analyzing whether it could be improved. Act: Implementing the improved solution fully. 			
<ol style="list-style-type: none"> Plan: Identify the problem or issue that needs to be addressed. This may require process mapping or key informant interviews to get to the root of the problem. Do: Generate solutions to the issues or problems and select the most likely solution(s). Implement a pilot project or policy to test the solution. The “Do” phase is the test phase. Check: Measure the success of the pilot solutions before full implementation. Gather lessons learned and determine what may have made the pilot better. Incorporate improvements for additional pilots or full implementation. Act: Implement the solution broadly and continue assessment of success of the solution. Then seek further areas in need of improvement. 			
5-16-12		5-16-12	

Topic 1:	
Plan: Issue/topic	
Do: Action taken to address issue, include dates and timelines	
Check: Analysis of improvement due to the action taken	
Act: Changes needed to maintain or continue improvement	
Persons Involved:	
Topic 2:	
Plan: Issue/topic	
Do: Action taken to address issue, include dates and timelines	
Check: Analysis of improvement due to the action taken	
Act: Changes needed to maintain or continue improvement	
Persons Involved:	
Topic 3:	
Plan: Issue/topic	
Do: Action taken to address issue, include dates and timelines	
Check: Analysis of improvement due to the action taken	
Act: Changes needed to maintain or continue improvement	
Persons Involved:	

Administration of State Home Visiting Program

The Idaho Department of Health and Welfare was designated as the lead agency for the MIECHV program. The program is managed within the Maternal and Child Health Program (MCH), Bureau of Clinical and Preventive Services (BOCAPS), Division of Public Health. The Chief, Bureau of Clinical and Preventive Services, serves as the Title V MCH Director for the state of Idaho. This places the MIECHV program directly in the state MCH structure. Please see Attachment 4 for updated program and organizational charts.

Updated Key Personnel

In April 2013, Laura Alfani, MIECHV program lead, resigned. Interviews to fill the health program specialist position to serve as the MIECHV program lead were conducted in July 2013, and the position is expected to be filled in early-mid August 2013. The MIECHV program lead directly manages the MIECHV program at the state level, under the direct supervision of Jacquie Watson, Maternal and Child Health Program Manager and Title V CSHCN Director.

In May 2013, the MIECHV program hired a part-time health program specialist, Kristin Bergeson, who will support the program and LIAs with technical assistance, data reporting, and serve as the primary data system administrator. This position is directly supervised by Jacquie Watson.

Ms. Watson reports directly to the Title V, MCH Director, Kris Spain, MS, RD, LD, Chief, Bureau of Clinical and Preventive Services (replacing Dieuwke A. Dizney-Spencer, RN, MHS, and now Deputy Director of the Division of Public Health). Ms. Spain provides support and assures administration of the MIECHV program within the context of the Division of Public Health and Department of Health and Welfare.

Grant Balance

Grant Number	Grant Year	Total Grant	Award Balance	Estimated Unobligated Funds
X02MC19402	FY2010	\$784,503	\$0	---
X02MC23101	FY2011	\$1,000,000	\$14,511*	\$0
X02MC23101	FY2012	\$1,000,000	\$1,000,000*	\$0

*As of June 2013

Updated State Policies

There have been no updates in state policy since September 30, 2012.

Announcement Number: HRSA-13-278
 Idaho Department of Health and Welfare
 Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013

ATTACHMENT 1: Project Timeline

Activity	Timeframe	Person Responsible
Goal 1: By September 2015, continue support to community-based organizations to implement evidence-based home visiting programs in communities at-risk.		
<i>Objective 1.A: By September 2015, collect and assess annual reports from local implementing agencies to provide feedback and address successes and challenges.</i>		
Collect annual reports from each local implementing agency as required by contracts	April 2014	State lead
Provide written response to annual reports to address successes, challenges, recruitment, retention, and program sustainability	May 2014	State lead
Hold teleconference or webinar with all local implementing agencies to discuss common implementation and service delivery themes across all agencies	June 2014	State lead
<i>Objective 1.B: By December 2013, provide training to local implementing agencies and assess progress on utilizing centralized intake process in target communities.</i>		
Finalize custom centralized intake report in the ETO data system for local implementing agencies in Kootenai and Shoshone counties	September 2013	Data specialist
Provide training via webinar to local implementing agencies in Kootenai and Shoshone counties on utilizing the new centralized intake report	December 2013	State lead Data specialist
Provide on-going training and technical assistance regarding centralized intake and referral in Kootenai and Shoshone counties	December 2013 – September 2015	State lead Data specialist
<i>Objective 1.C: By September 2014, respond to 100% of training and technical assistance requests submitted to the MIECHV program by local implementing agencies for the previous year.</i>		
Document receipt of formal and informal training and technical assistance requests from local implementing agencies	September 2013 – September 2014	Data specialist
Provide initial response to requests including next steps within 3 business days	September 2013 – September 2014	Data specialist
Assess requests and determine method for provision of training and technical assistance, including need for national technical assistance providers or national model developer assistance	September 2013 – September 2014	State lead Data specialist
Provide training and technical assistance per requests and assess need for on-going assistance	September 2013 – September 2014	State lead Data specialist
<i>Objective 1.D: By September 2015, respond to 100% of training and technical assistance requests submitted to the MIECHV program by local implementing agencies for the previous year.</i>		
Document receipt of formal and informal training and technical assistance requests from local implementing agencies	September 2014 – September 2015	Data specialist
Provide initial response to requests including next steps within 3 business days	September 2014 – September 2015	Data specialist
Assess requests and determine method for provision of training and technical assistance,	September 2014 – September 2015	State lead

Activity	Timeframe	Person Responsible
including need for national technical assistance providers or national model developer assistance		Data specialist
Provide training and technical assistance per requests and assess need for on-going assistance	September 2014 – September 2015	State lead Data specialist
Goal 2: By September 2015, support local implementing agencies in collecting quality data and implementing continuous quality improvement (CQI) practices in their everyday work.		
<i>Objective 2.A: By February 2013, deliver data use and CQI training to local implementing agencies' staff and collect and measure pre- and post-training indicators of knowledge, skill, and ability.</i>		
Review data use and CQI curriculum developed by national technical assistance providers and provide feedback and requested changes, if necessary	September 2013	State lead Data specialist
Finalize training materials and curriculum for the data use and CQI training developed by the national technical assistance providers	October 2013	State lead Data specialist
Identify consultant or contractor to deliver the data use and CQI training to local implementing agencies	December 2013	State lead
Deliver the data use and CQI training to local implementing agencies' staff and collect and measure pre- and post-training indicators of knowledge, skill, and ability.	February 2014	State lead Training contractor
<i>Objective 2.B: By September 2015, provide on-going data use and CQI consultation and mentorship to trainees and local implementation agencies</i>		
Based on results from pre- and post-training indicator of knowledge, skills, and ability related to CQI, address areas of need with agency staff	May 2014	Training contractor
On a bi-monthly basis, provide on-going data use and CQI consultation and mentorship to trainees and local implementation agencies via webinars, teleconference, or email	May 2014 – September 2015	Training contractor
<i>Objective 2.C: September 2015, provide training and support to local implementing agencies on collecting and reporting high-quality data</i>		
Provide annual reports highlighting data captured and data challenges to local implementing agencies	September 2013	Evaluation team
Provide refresher training to local implementing agency on utilizing, navigating, and entering data into the ETO data system	January 2014	Evaluation team Data specialist
Provide on-going support to local implementing agencies on correct utilization of forms, assessments, and data reporting	September 2015	Evaluation team Data specialist
Goal 3: By September 2014, improve access to maternal health services for women receiving home visiting services.		
<i>Objective 3.A: By September 2014, increase utilization of prenatal and preconception care to 90% of pregnant women receiving home visiting services</i>		
Provide on-going support to local implementing agencies on collecting prenatal and preconception data from participants	September 2014	State lead Data specialist
Provide on-going support to local implementing agencies to identify potential community	September 2014	State lead

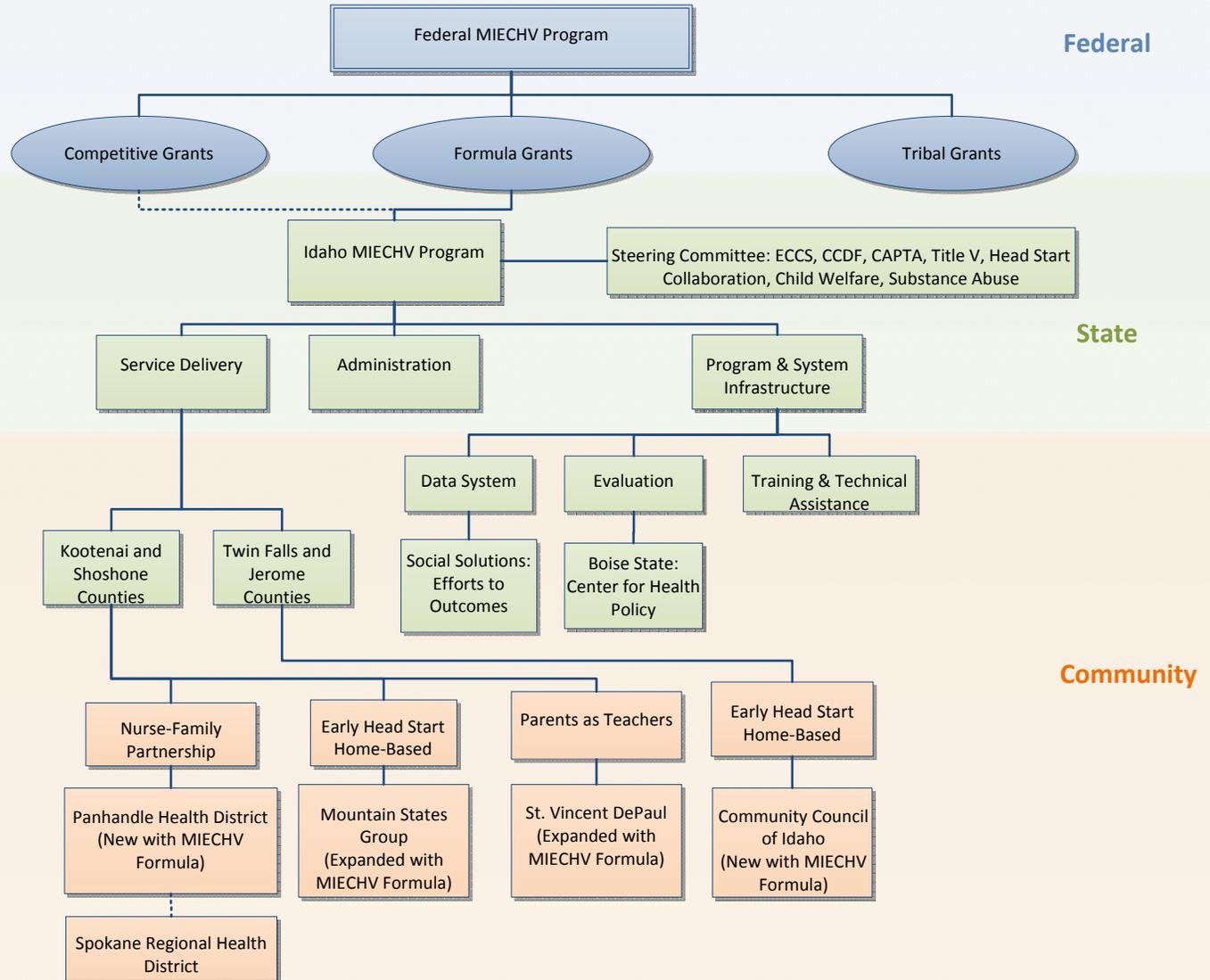
Announcement Number: HRSA-13-278
 Idaho Department of Health and Welfare
 Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013

Activity	Timeframe	Person Responsible
resources and referrals for women needing prenatal and preconception care		
<i>Objective 3.B: By September 2014, increase post-partum depression screening to 90% of mothers with children less than one year old receiving home visiting services.</i>		
Provide on-going support and training to local implementing agencies on screening for post-partum depression among mothers with children less than one year old and data collection	September 2014	State lead Data specialist
Provide on-going support to local implementing agencies to identify potential community resources and referrals for women need mental health services	September 2014	State lead
<i>Objective 3.C: By September 2014, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target community by 60%.</i>		
Provide on-going support to local implementing agencies to identify potential community resources and referrals for women, children, and families enrolled in home visiting programs	September 2014	State lead
Goal 4: By September 2015, assure continued MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.		
<i>Objective 4.A: By September 2015, lead activities to address three to four of the Ad Hoc Committee's identified system needs – such as common training opportunities, common intake forms and cross-model evaluation</i>		
Identify Ad Hoc Committee's potential systems needs through group assessment method and identify the top five most commonly reported needs	January 2014	State lead
Determine which needs can be addressed through the committee and narrow down to three or four major goals	June 2014	State lead
Create work plan describing major activities to address goals	September 2014	State lead Ad hoc committee
<i>Objective 4.B: By June 2014, disseminate organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho</i>		
Provide organizational capacity assessment to local implementing agencies and provide directions on how to complete the assessment	June 2014	State lead
Compile results from organizational capacity assessment into a final report including discussion of barriers and recommendations	September 2014	State lead Data specialist
Report baseline data to Ad Hoc Committee and facilitate discussion regarding needs and next steps	December 2014	State lead Ad hoc committee
<i>Objective 4.C: By September 2014, support planning and implementation of statewide inaugural home visiting summit, which will provide an opportunity for training and statewide planning</i>		
Send Doodle poll to home visiting agencies and other stakeholders throughout the state to determine the best dates for the summit	May 2014	Data specialist
Determine location, develop agenda, and identify speakers for summit	July 2014	State lead

Announcement Number: HRSA-13-278
 Idaho Department of Health and Welfare
 Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2013

Activity	Timeframe	Person Responsible
		Ad hoc committee
Hold inaugural statewide home visiting summit for all home visiting agencies and stakeholders	September 2014	State lead Ad hoc committee
Use feedback from summit to plan for annual or bi-annual summit	January 2015	State lead Ad hoc committee
<i>Objective 4.D: By September 2015, assess all available training in the state that supports home visiting competencies to produce a systems analysis report of gaps and duplications.</i>		
Identify major home visiting competencies to be addressed during the assessment with input from ad hoc committee and other stakeholders	March 2015	State lead Ad hoc committee Evaluation team
Conduct statewide home visiting competency assessment	June 2015	State lead Evaluation team
Compile and analyze results from home visiting competency assessment	August 2015	Evaluation team
Report results from the home visiting competency assessment to Ad Hoc Committee and determine recommendations for next steps for addressing gaps in training	September 2015	State lead

Idaho's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program



8/6/2013