



NORTH CAROLINA

Maternal, Infant and Early Childhood
Home Visiting Program

Children and Youth Branch/Women's and Children's Health Section/NC Division of Public Health

NC Division of Public Health,
Six Forks Rd. Raleigh, NC



Northampton County Health
Department. Jackson, NC

Center for Child and Family
Health Services. Durham, NC



MIECHV PeAk Team

Striving for excellence and to work at our PEAK potential to reach our ultimate goal of providing high quality services to North Carolina's vulnerable children and families.



Aim Statement

- **Program Intent:** To provide support services to vulnerable NC children (ages 0-5) and families through evidence-based home visiting service models
- **Aim Statement:** Support high quality program implementation by:
 - Streamlining data collection process
 - Improving quality of data
 - Optimizing effective use of data by sites and state team

Change Ideas That Worked

- Site Satisfaction Survey Response
- Monthly Data Update Template
- Compiled Monthly Data Report
- Data Discussion Form
- Quarterly Email Update

THE MIECHV EXPRESS
Enhancing health and safety of young children through evidence-based home visiting programs

Have You Heard?
State Offices Closed July 4th
Promoting Maternal Mental Health Conference Date: 9/23-24/11 Location: TBD Contact: Amanda Bostromy@hhs.nc.gov

DATA HIGHLIGHTS
This section will be used for another topic of interest regarding the issue.
1. What are you learning?
2. What do you do better than you did?
3. Any other data?

SPOTLIGHT ON YOUR HOME VISITING PROGRAM
This section will be used for another topic of interest regarding the issue.
1. What are you learning?
2. What do you do better than you did?
3. Any other data?

SOLUTION TALK (This section can also be used for another topic of interest regarding the issue.)
1. What are you learning?
2. What do you do better than you did?
3. Any other data?



NORTH CAROLINA HFA MONTHLY REPORT

Site Name: _____ Date Submitted: _____
HFA Program Initiation Date (date first client was enrolled): _____

Instructions: Complete all numerical data fields. If your program is not MIECHV funded, indicate "NA" for MIECHV data fields. Use the space provided in each section to share all information you can regarding the MIECHV. State Team may need to accurately interpret and/or analyze your data and to share any other pertinent program information.

1. # FTE FSWs* (Total)	2. # FTE FSWs* (MIECHV)	3. # Current Staff Vacancies (Total)	4. # Current Staff Vacancies (MIECHV)	5. # FSW FTE Staff Vacancies (Total)	6. # FSW FTE Staff Vacancies (MIECHV)

*If FSWs are cross-trained as FAWs with equal to or less than .10 FAW responsibilities, count workers as 1 FTE FSW.

7. Maximum Program Case Weight (Total)	8. Current Program Case Weight (Total)	9. Percent Program Case Weight (Total)	10. Maximum Program Case Weight (MIECHV)	11. Current Program Case Weight (MIECHV)	12. Percent Program Case Weight (MIECHV)

I. Program and Participant Highlights (special events, parent groups, specific program innovations, general site updates, staff changes and transition planning, new linkage or referral source, and victory of month). This section should describe any activity, event or contact, etc., that can provide qualitative information which impacts the program. Specifically indicate vacancies/loss in staff positions.

II. Training Events during the month (provided or attended): This section is intended to capture and catalogue the type of training and/or staff development activities that occurred during the month including HFA Core trainings; this also includes other required training topics (i.e., training win 6 and 12 months, annual cultural competency training, etc.) and/or content discussed in team meetings.

NC MIECHV MONTHLY UPDATE

MIECHV families served 1/1/2012 - 12/31/2012 = 234

SITE	NC Home Visiting Totals	Buncombe County Health Dept.	Gaston County Health Dept.	Northeastern Collaborative	Robeson-Columbus County	NFP Total	Catawba Valley Healthy Families	Healthy Families Durham	Mitchell-Yancey Healthy Families	HFA Totals
Program Initiation Date		10/28/2009	7/18/2012	6/31/12	2/11/2009		6/19/2000	5/1996	6/7/2012	
MIECHV Program Initiation Date		9/4/2012	7/18/2012	6/31/12	3/14/2012		2/27/2012	1/1/2012	6/7/2012	
home visitors (total)	31.66	5	4	4	7	20	3	6.3	2.36	11.66
home visitors (MIECHV)	19.36	1	4	4	3	12	2	3	2.36	7.36
supervisors (total)	8.5	1	1	1	2	5	1	1.5	1	3.5
supervisors (MIECHV)	5.5	0	1	1	1	3	1	0.5	1	2.5
current staff vacancies (total)	0	0	0	0	0	0	0	0	0	0
current staff vacancies (MIECHV)	0	0	0	0	0	0	0	0	0	0
program capacity (total)	769	125	100	100	175	500	75	137	57	269
program capacity (MIECHV)	482	25	100	100	75	300	50	75	57	182
Current caseload (total)	499	100	70	81	111	362	35	85	17	137
Current caseload (MIECHV)	293	23	70	81	43	217	21	38	17	76
referrals into program over past month (total)	133	52	29	23	11	115	0	7	11	18
referrals into program over past month (MIECHV)	75	2	29	23	5	59	4	1	11	16
enrolled into program over the past month (total)	27	3	5	6	3	17	0	9	1	10
enrolled into program over the past month (MIECHV)	24	3	5	6	3	17	3	3	1	7

NC MIECHV - Monthly Data Review Process Data Discussion Form

Data will be reviewed as part of the NC MIECHV CQI Plan by each site during monthly team meetings. Please answer the following questions as part of each monthly review and return this form by the 10th of each month to Shari Henton (NC MIECHV Data & QI Coordinator) by email to Shari.Henton@hhs.nc.gov or fax: 919-870-4880. Thank you!

Date: _____ Home Visiting Model: _____
Reporting Period (Specify month[s] and year): _____
Site Name: _____ Site's CQI & Data Contact Person: _____

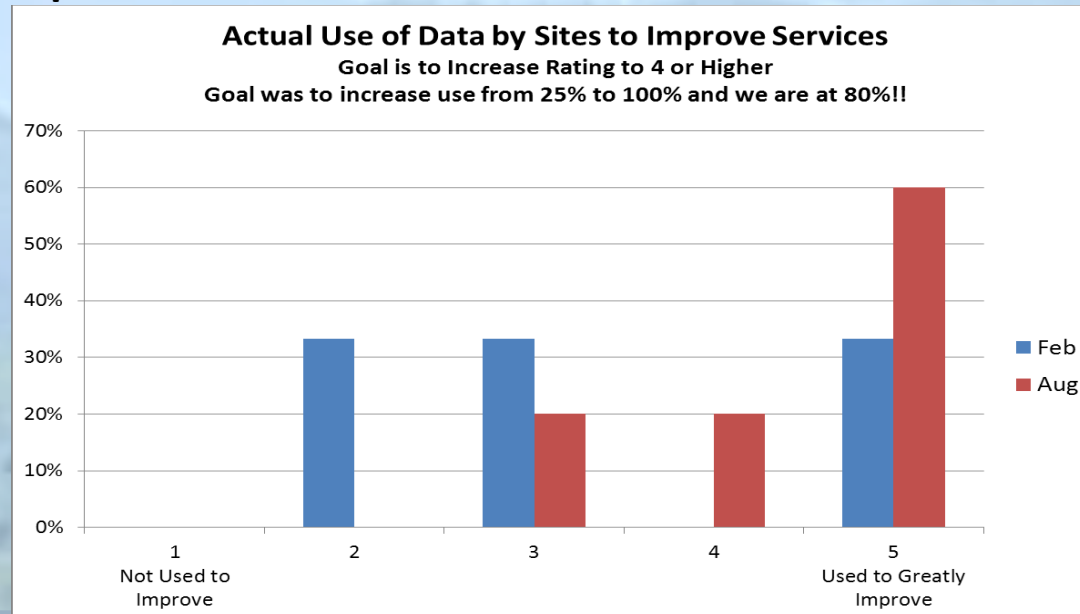
- Are there any outstanding issues from last month's MIECHV data that need to be addressed?
- Did your team review your site's MIECHV monthly data and/or the compiled monthly data report reflecting all seven MIECHV funded programs at your Site/Team meeting this month? If no, please indicate why? If yes, see question #3.
- What does the MIECHV data indicate and do you notice any trends?
- What areas of programming have been working well?
- What barriers or systems issues is your program currently encountering in implementing home visiting? What changes need to be made in implementation drivers to prevent the barriers, improve home visitor skills, and/or improve home visiting services overall? (Complete table below)

Identify Barrier or System Issue:	What Change is Needed:	Plan to Ensure Change Occurs?

6. Additional comments? (e.g., improvements to this form, to the process at the state level, record significant comments made by team, etc.)

Change Ideas That Didn't Work

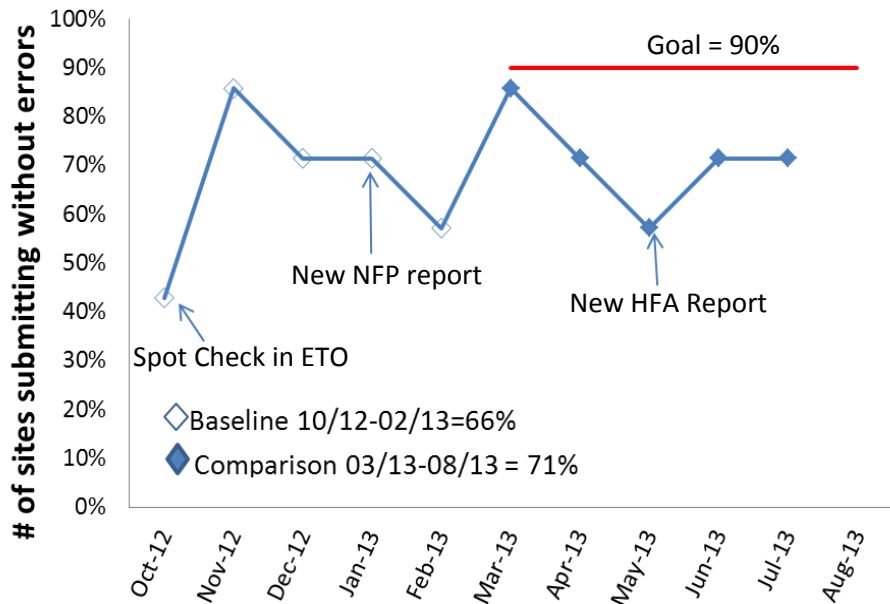
- **Idea: Survey to ask sites “How much have you used data to improve services?”**
- **Why didn't it work? Poor response rate to utilization surveys during both pre and post periods (February n = 3 / August n = 5). The survey was sent out to all 7 MIECHV site supervisors but not all completed the survey.**
- **We learned: Reconsider whether we have enough buy-in from sites to ask uncomfortable questions.**



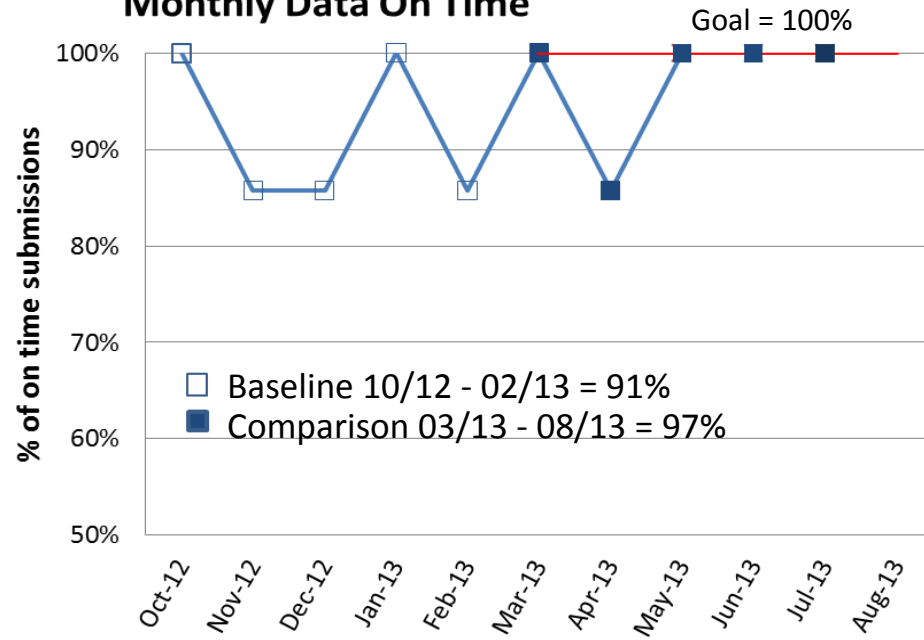
Response Rates: February n= 3 / August: n= 5

Changes made led to improvements

Monthly Data - Accuracy



Monthly Data On Time

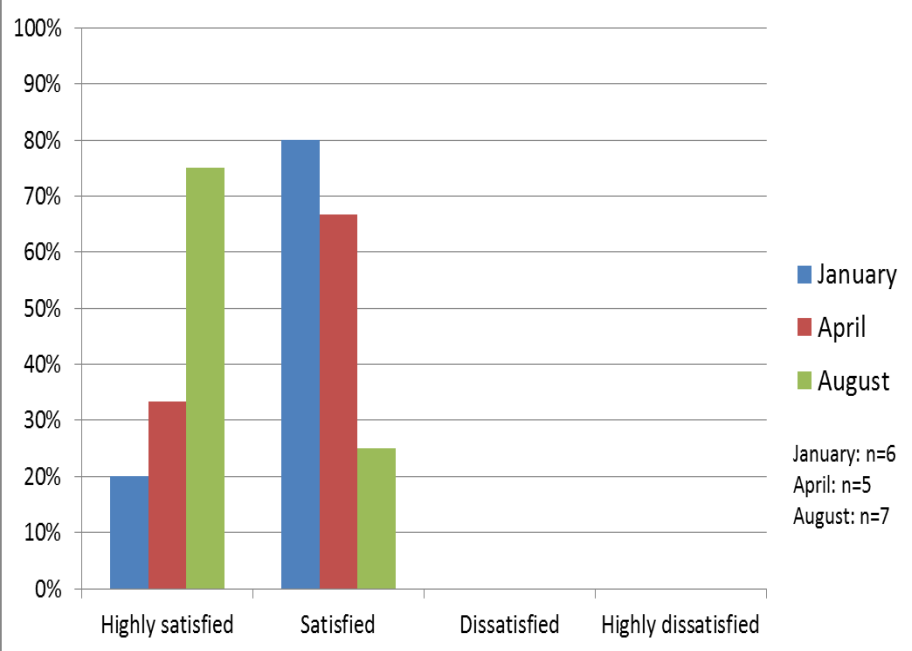


- Data is more accurate and timely
- New report layout has given more context and reduced the back and forth to get it right
- New fields have made reports more valuable to sites

Improved Site Satisfaction

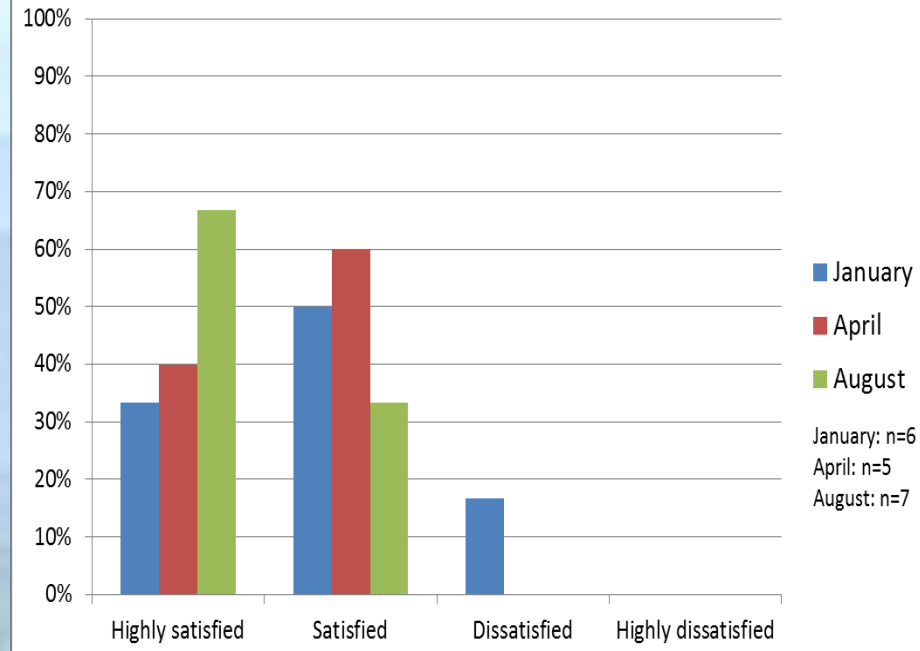
Relevancy of Monthly Data

Goal is to maintain Highly Satisfied and Satisfied
Maintained our goal at 100% satisfaction



Usefulness of Data to Improve Services

Goal is to increase Highly Satisfied and Satisfied
Achieved our goal - 91% to 100% satisfaction!



Reflection on Your Team's Experience

MIECHV Team's greatest success:

- Creating a streamlined reporting template. Defect-free request providing defect-free response in PDSAs.

Before

NC MIECHV MONTHLY UPDATE

Apr-13

Total # of MIECHV families served from 1/1/2012 through 12/31/2012 = 234

SITE	MIECHV Program Initiation Date	MODEL	# of home visits (total)	# of MIECHV funded home visits	# of supervisors (total)	# of supervisors (MIECHV)	# of current staff vacancies (total)	# of current staff vacancies (MIECHV)	# of total program capacity	Current MIECHV Caseload	# of families served in past month	# of MIECHV families served since January 2013**	# of MIECHV families served since January 2013** (total)	# of completed home visits over past month for MIECHV	# of completed home visits over past month (total)	# of referrals into program over the past month (MIECHV only)	# of referrals into program over the past month (total)	# of current open spots in MIECHV program		
Buncombe County Health Dept.	10/28/2009	3M42012 NFP	5	1	1	0	1	0	125	25	23	36	20	120	24	95	37	3	2	
Gaston County Health Dept.	7/8/2012	***** NFP	4	4	1	1	0	0	100	100	58	55	63	63	121	121	37	0	41	
Northwestern Collaborative	6/2/12	65312 NFP	4	4	1	1	1	1	100	100	75	69	81	81	136	136	20	14	25	
Robeson - Columbus County	2/11/2009	***** NFP	7	3	2	1	0	0	175	75	43	110	41	134	50	177	76	9	2	
NFP Totals			20	12	5	3	2	1	500	300	200	330	165	338	218	589	370	63	29	80
Catawba Valley Health Families	8/13/2000	***** HFA	4	2	1	1	0	0	55	20	21	37	21	44	24	95	56	6	1	
Healthy Families Durham	5/19/06	3/2/011 HFA	6,3	3	1,5	0,5	1	0	115	45	35	80	36	90	33	198	88	2	2	
Michael/Farson Healthy Fambl	6/7/0112	6/7/0112 HFA	3	3	1	1	0	0	30	30	17	20	20	21	32	52	5	0	13	
HFA Totals			13,3	6	3,5	2,5	1	0	200	95	73	137	77	155	84	335	136	13	3	22
HV Totals			33,3	20	8,5	5,5	3	1	700	395	273	467	262	553	302	924	566	82	32	122

** Current caseload refers to the number of enrolled MIECHV families as of the last day of this reporting period (i.e. Q1 data for October would cover the period of 10-1-12 through 10-31-12)
 ** A client is "served" if they have had a completed or attempted home visit or a telephone call.
 ** Please refer to the first tab in this workbook for definitions of other data fields)



After

ADDITIONAL NFP MONTHLY DATA COLLECTED AS OF JANUARY 2013

Model	Current Caseload (total)	# of infants/toddlers in program (total)	Current # of MIECHV program initiations	# of families discharged since past month (total)	# of families discharged since past month (MIECHV)	# of referrals into program over past month (total)	# of clients enrolled from this month's referrals (total)	clients enrolled into program over past month (total)	clients enrolled into program over past month (MIECHV)
Buncombe County Health Dept.	NFP 104	63	12	278	2	0	21	3	3
Gaston County Health Dept.	NFP 59	27	27	70	4	4	37	4	4
Northwestern Collaborative	NFP 75	30	30	87	1	1	20	5	4
Robeson County	NFP 115	85	29	317	7	4	23	3	0
HFA Totals	351	205	98	753	14	9	111	15	12

NORTH CAROLINA NFP MONTHLY REPORT REPORTING PERIOD: _____

Site Name: _____ Date Submitted: _____

NFP Program Initiation Date (date first client was enrolled): _____

Instructions: Complete all numerical data fields. If your program is not MIECHV funded, indicate "NA" for MIECHV data fields. Use the space provided in each section to share all information you can provide the MIECHV State Team who may need to accurately interpret and/or analyze your data and to share any other pertinent program information.

SECTION I:

# home visits (total)	# home visits (MIECHV)	# supervisors (total)	# supervisors (MIECHV)	# current staff vacancies (total)	# current staff vacancies (MIECHV)	# program capacity (total)	# program capacity (MIECHV)

SECTION II:

1. Program and Client Highlights (special events, family support programs, NFP innovations, news of state, staff changes and retention planning, new images or website source, and other of merit). This section should describe any activity, event or contact, etc. that can provide quality information which impacts the program.

2. Training Events during the month (provided or attended): This section is intended to capture and catalogue the type of training and/or self-development activities that occurred during the month including attending NFP Core Trainings in Denver, Colorado. This area includes both self and content delivered in team meetings or training/consultation events.

SECTION III:

Current caseload (total)	Current caseload (MIECHV)	Current # infants/toddlers in the program (total)	Current # infants/toddlers in the program (MIECHV)	# families served** in the past month (total)	# families served** in the past month (MIECHV)	# families served** since program initiation (total)

SECTION IV:

# families served** since January, 1 2013	# families discharged in the past month due to graduation (total)	# families discharged in the past month due to graduation (MIECHV)	# families discharged in the past month due to other reasons (total)	# families discharged in the past month due to other reasons (MIECHV)

SECTION V:

Specify "Other's Reasons" for All Discharged Families

# completed home visits over past month (total)	# completed home visits over past month (MIECHV)	# referrals into program over the past month (total)	# referrals into program over the past month (MIECHV)	# clients enrolled from past month (total)**	# clients enrolled from past month (MIECHV)	# clients enrolled into program over the past month (total)**	# clients enrolled into program over the past month (MIECHV)

1. Provide explanation/comment for any significant changes in data from last month. This section is intended to capture context for any significant changes or trends noted in monthly data including increases/decreases over time.

Reflection on Your Team's Experience

Biggest challenge our team faced:

- **Communicating across locations and different evidence-based models.**
- **Completing our Project Measurement Table.**

We overcame this by:

- **Structured team conference calls and used Adobe Connect.**
- **Willingness to continue discussing until we reached consensus.**

We learned:

- **Structured communication times are important, as is the expectation that everyone participate in them.**
- **Ask the right questions and design adequate measures and you can achieve the desired results.**

Return on Investment (ROI)

Intangible Benefits:

- Streamlined process: reduced hand-offs, loops and re-work
- Improved accuracy in reporting
- Enhanced model fidelity
- Added value to consultation services
- Increased local sites' ownership of the data and use of data to improve services

Return on Investment (ROI)

Total Financial Benefits - Total Costs / Total Costs = ROI

Total benefits \$46,553

Total project cost \$19,440

Total ROI \$1.39

For every dollar invested, the organization & community received \$1.39 in return

- Cost of project, including staff time, travel and materials is ~\$19,440.08.
- Financial Benefits for **Internal** Process Improvements:
Reduction in site submission errors led to reduction of time involved in site follow-up and streamlining of reports led to time savings for sites and state team. Total internal savings of ~\$7,985.67 next year.
- Financial Benefits to **External** Community:
Increased attention to capacity will enable programs to increase efficiency and serve an average of 4 more families each year. Increased efficiencies will benefit local sites. Will save ~\$38,568.00 next year.

Future Plans

Sustain & spread this QI project:

- **Continue using new templates; Assess their usefulness then adjust as changes in circumstances dictate**
- **Spread the data collection and utilization process to all seven MIECHV sites by December, 2013**
 - **Monthly data updates**
 - **Monthly data discussion forms**
 - **Compiled monthly data reports**
 - **Quarterly email updates**
- **Work toward common database for HFA sites (FamilyWise)**