



**Maryland MIECHV
Continuous
Quality Improvement Plan
FY 2019**

Maryland MIECHV Continuous Quality Improvement Plan

Introduction and Purpose

Maryland’s Maternal, Infant and Early Childhood Home Visiting (MIECHV) program is dedicated to providing continuous quality improvement efforts and creating ongoing best practices for all sixteen funded home visiting sites serving children, families and communities throughout the state. Home visitation can be challenging but it is necessary work that is critical to developing children and building stronger families. While recognizing a need to support children and families, it is evident from the process—from how clients are enrolled to the delivery of education and support on maternal-child bonding to the screening and referral processes for sensitive issues such as mental health and intimate-partner violence—there is the potential to refine and improve current practices.

During FFY 2019 Maryland MIECHV will continue training, initiatives and activities for the MIECHV Local Implementing Agencies (LIAs) to support the expansion of their own CQI knowledge and practices. The CQI consultant will also participate in on-going CQI trainings to continue to support the LIAs in their specific projects. Maryland MIECHV will continue to explore innovative ideas and practices that are timely and relevant in addressing quality improvement statewide. Maryland’s CQI framework supports efforts to ensure quality services so programs can better meet the requirements of their respective home visiting models and, ultimately, the maximum number of families can achieve the highest level of success.

Through continuing CQI efforts, such as the Home Visitor’s Career and Resource Fair and annual MIECHV conference, the state has used resources and lessons learned to support LIA’s in their efforts to provide quality home visiting services to children and families. Maryland MIECHV will continue to support LIA’s in identifying, describing, and analyzing strengths and problems; testing change theories and implementing proven solutions.

Maryland’s Vision

To create a culture of quality using data collected and analyzed by Maryland’s Maxwell database system to improve home visitation services at all sixteen funded sites and supporting the sites with providing quality home visiting services to families.

Maryland’s Mission

Maryland MIECHV is determined to influence children, families, and all communities through education, knowledge, and resources to encourage a quality of life that is impactful and sustainable.

Table 1. State Team Staff

Maryland MIECHV Team	Experiences
Mary LaCasse Chief, Early Childhood and Home Visiting	The Chief of Early Childhood and Home Visiting oversees the development and implementation of the MIECHV program and assures coordination of activities across agencies. This position also supervises all MEICHV staff and monitors all contracts. The Chief is responsible for managing all grant related activities and ensuring that federal grant requirements are met.
Maelondy Holman Continuous Quality Improvement Consultant	The Continuous Quality Improvement Consultant is responsible for the implementation of CQI activities among the sixteen MIECHV funded home visiting sites. CQI activities include quarterly monitoring of CQI projects, training and technical assistance.
Jarvis Patterson-Askew Data and Fiscal Program Administrator	The Data and Fiscal Program Administrator is responsible for collecting and analyzing data on child and family outcomes, service use and capacity. This position works closely with the Chief to complete a needs assessment as well as collect and analyze data for the required benchmarking and monitoring of state plan outcomes. In addition, the position is responsible for coordinating the fiscal monitoring of the grant, which includes monitoring sub-recipients and vendors for adherence to MIECHV fiscal requirements.
Margaret Geraghty Program Coordinator, Innovation Award	The Innovations Program Coordinator supports special projects and enhancements including the Goal Plan Strategy training established with the MIECHV Innovation Award as well as other innovative home visiting activities with the evaluation team and trainers. This position ensures the continued distribution of a quarterly e-newsletter with resources specifically geared to home visiting stakeholders, assists with the updating of the needs assessment, participates in the work of the Home Visiting Consortium, and offers general assistance to all MIECHV activities.
Dona Mullen Program Coordinator	The Program Coordinator provides technical assistance to MIECHV LIAs including quarterly monitoring calls and assists in the coordination of MIECHV required training. This position is also responsible for program development and coordination, data collection, grant applications and strategic planning efforts.
Vacant Health Policy Analyst	The Health Policy Analyst is responsible for program development and coordination, data collection, grant applications and strategic planning efforts. Additionally, the Health Policy Analyst is responsible for tracking legislation and/or research that may significantly impact implementation of the MIECHV grant.

Part 1. Updates on Prior CQI Activities Since Last Update

The following table depicts CQI topics by Local Implementing Agency, the SMART aim and provides an update on the status of each project.

Table 2. LIA Update

Local Implementing Agency	1. CQI Topic	2. Smart Aim	3. Achieved?
Allegany	Increase Enrollment	Increase enrollment from 17 to 25 by July 1st by including face-to-face outreach to potential families at Tri-State Women's Health Center	Active Project
Baltimore City, Baltimore City Health Department (NFP)	Client Retention	We aim to increase client retention rates within pregnancy and infant phases 10 percentage points respectively by July 2018	Active Project
Baltimore City, Bon Secours Health System	Home Visiting Completion Rate	By June 18, 2018, the staff members of Bon Secours' Home Visiting Program will have met the 75% home visit completion rate requirement during the months of April, May, and June.	Active Project
Baltimore City, DRU/Mondawmin	To increase the completion rate of the ASQ-3's and ASQ-SE's for all families that can be seen	To increase the completion rate of the ASQ-3's and ASQ-SEs for all families that can be seen by June 30, 2018.	Active Project
Baltimore City, The Family Tree	Home Visiting Completion Rate	By April 24, 2018, our Healthy Families team at The Family Tree will have met the 75% home visit completion rate requirement for at least 3 consecutive months.	Yes
Baltimore City, Baltimore Healthy Start	Age Stages Questionnaire Rates	To achieve at least a 75% ASQ rate in Year 1 and Year 2 for all FSWs within Fiscal Year 2017-2018.	Yes
Baltimore City, Sinai Hospital	Retention Rates (for Transferring families)	Sinai will maintain 50% of families transferring from one Family Support Specialist to another. 50% of the families will stay enrolled in the program and receive services for a minimum of 1 year (Sept 1, 2017 to Sept 1, 2018)	Active
Baltimore County	Family Support Workers' and Public Health Nurses' knowledge regarding, and comfort in addressing,	By June 2018, 80% of the Family Support Workers and Public Health Nurses will report an increase in knowledge regarding, and comfort in addressing, perinatal substance	Active

	perinatal substance use/abuse and resources.	use/abuse and increased awareness of available resources for clients and/or families and the methods for accessing those resources.	
Caroline County	Increase Community Referrals	To increase the number of community referrals to 50 per quarter.	Yes
Dorchester County	Family Retention	To continue to maintain the percentage of families remaining in the program for at least six months at a minimum of 70% through 3/31/2018.	Yes
Harford County	Improve appropriate utilization of healthcare for women.	Improve the appropriate utilization of healthcare in women ensuring all participants understand their health care system and benefits by hosting a health care forum by June 2018.	Active Project
Mary's Center	ETO Data documentation	We will have completed at least 85% of ETO documentation by the 15th of every month until further notice of transition to Maxwell by June 30th, 2018.	Active Project
Child Resource Center	Assignment Process	By June 30, 2018, Healthy Families Prince George's (HFPG) will decrease the average number of business days it takes from Parent Survey (PS) Visit to the date of assignment to a Family Support Worker (FSW) by 10%.	Active Project
Somerset County	Decrease the number of families leaving home visitation services unexpectedly by identifying the reasons for disengaging and closing throughout 1 year.	Decrease the number of families leaving home visitation services unexpectedly by identifying the reasons for disengaging and closing throughout 1 year.	Active Project
Washington County	Referral Process	By October 31st, all Family Support Workers at Washington County Healthy Families will have at least 25% of referrals closed within 30 days.	Active Project
Wicomico County	Family Retention	Wicomico Health Department aims to increase the retention rate from 57% to 63% by April 30, 2018.	Active Project

Each CQI team selected the topic based on relevance to current issues within the program, identified areas for improvement or processes that were not meeting expectations. During the funding cycle, some smart aims were met and others were not. However, sites are determined to continue to work toward their goals and aim for quality improvements. Many of the sites examined the same topics and are currently retesting topics with the hope of further improvement.

Describe the guiding mission or priorities of CQI work to include:

- Topic(s) of focus for each LIA
- Justification for why those topics were selected
- Explanation of how LIA efforts will align with state/territory priorities

Topic(s) of focus for each LIA

Maryland LIAs will choose between:

1. Data quality and use of tablet technology
2. Expansion of home visiting services
3. Staff retention

Sites can select to focus on one of the above topics during this funding cycle. MD provides great autonomy in the site choosing the topic that is most meaningful and important to each individual site. The belief is that the more important and relevant a topic is to the site- the more meaningful the exercise and the lessons learned.

Data quality is extremely relevant to all sites as well as the state MIECHV team because we have just rolled out the new data system. CQI will ensure that the data collected and tablets used are functioning as designed for ease of use and quality output.

Expansion of home visiting services has been a topic as we work with our Medicaid partners on the 1115 waiver to support the expansion of home visiting services. Applying CQI to the waiver and MIECHV procedures will help align processes and streamline workflow.

The third topic, staff retention is a statewide goal. Maryland will ensure that new employees of each program are formally trained on continuous quality improvement. In FY 2019-2020 our priority is to train CQI leads and their teammates on information learned during professional development received by the CQI consultant.

Justification for why those topics were selected

These topics were chosen because of their relevance to both the data expansion and requests by sites to continue to address staff and client services.

Explanation of how LIA efforts will align with state/territory priorities

Home visiting efforts will be aligned with statewide priorities by working to decrease health disparities overall and allowing opportunities for sites to make improvements to their systems and the delivery of services rendered to children and families served. In addition, these efforts promote home visiting by making communities aware of the programs across the state of Maryland

An ongoing priority of the state team is to ensure that new knowledge and innovative practices occur throughout the fiscal year.

Next Steps

Please include a proposed timeline for when awardees will select topics, as well as a brief explanation of why these three topics were selected.

CQI is conducted monthly from July 1, 2018-July 1, 2019 and data is collected quarterly in the Maxwell data system to track progress.

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

Maryland has seen much progress this past fiscal year. Highlighted below are some of the successes of CQI within LIA projects.

Improvement to the Enrollment Process

In April 2018, Healthy Families Prince George's (HFPG) began a CQI study to minimize the number of days it takes to enroll a participant in the program. Prior to this CQI study, the Program Director (PD) assigned all cases to Family Support Specialists. When completing the process map in the planning stages of this test, HFPG determined that the practice of waiting for the Program Director to assign cases often included unnecessary waiting/dead times in the process. The HFPG CQI team hypothesized that by removing the PD from the assigning process, there would be less wait time for those families who have already received the Parent Survey. After this CQI study, Program Supervisors now have ready access to the completed Parent Survey Reports which is now kept in the Supervisor's office. While this practice isn't the only factor in the time it takes to assign a participant, the average days of wait time went from 55 days to 30 days with the new process in place. This test supported our hypothesis; therefore, this practice will be ADOPTED.

One program studied their referral process beginning in fiscal year 2018. The referral process studied within the 1st quarter and by one of the HV sites reported that they fully adopted

change and officially altered the target population from first time mothers to mothers who have subsequent children at the beginning of fiscal year 2018. In the 2nd quarter it was reported that the site did not abandon change to expand their target population because they saw an increase in assessments and screens. During the third quarter the site retested how change in the target population affected the program on a larger scale. They took look at the number of assessments conducted and enrollments over an entire fiscal year instead of few months. The site evaluated assessments and enrollments reported for the entire fiscal year on 7/1/2018. It was mentioned that they would re-evaluate if the change in the target population significantly increased referrals to enrollment and if the change to expand the target population has positively impacted the program.

Improvement in Safe Sleep Assessments

Safe sleep was studied and results presented that change was adopted and 80 % was not met. The site identified that clients behaviors changed due to safe sleep environments assessment. The Public Health Nurse (PHN) and Family Support Workers were surveyed to ascertain their opinions and observations regarding barriers to safe sleep assessments. It was determined that the PHN would provide a safe sleep demonstration and/or video in conjunction with her safe sleep education. The PHN trial showing the video to prenatal and postpartum women and consensus was that the video should be shown while the Mom is pregnant, preferably between 32 and 36 weeks, as this would be at a time that would not increase maternal anxiety. At the postpartum home visit, the PHN asks the client if she would prefer to have the assessment done at that visit or the following visit, thus, allowing the client to have some control and providing her the opportunity to ensure that someone would not be sleeping or that the room was clean, if these were of concern to her. Beginning April 2017, the PHNs began their safe sleep demonstration and/or video with the education. To date, the number of newly delivered MIECHV families who had a first or second postpartum visit was three and only one or two will deliver in the next quarter. In order to look at a larger picture of the data, they included the number of newly delivered Baltimore County funded families who had a first or second postpartum visit to bring the total to ten. Of the ten, seven (70%) had a safe sleep environment assessment.

Improvement to Home Visit Completion Rates

The site that studied the topic home visiting completion rate during the 1st quarter adopted change and continued to work toward their target date and desired outcomes for the benefit of the families. The change that made after studying the topic was contacting clients prior to visit earlier in the week. If unable to make the appointment earlier in the week schedule the appointment toward the end of the week to ensure that the visit occurs. During their study they were able to successfully reach above the 70% goal and exceed the goal by 30% and had a 100% completion rate.

Increase in Families Served

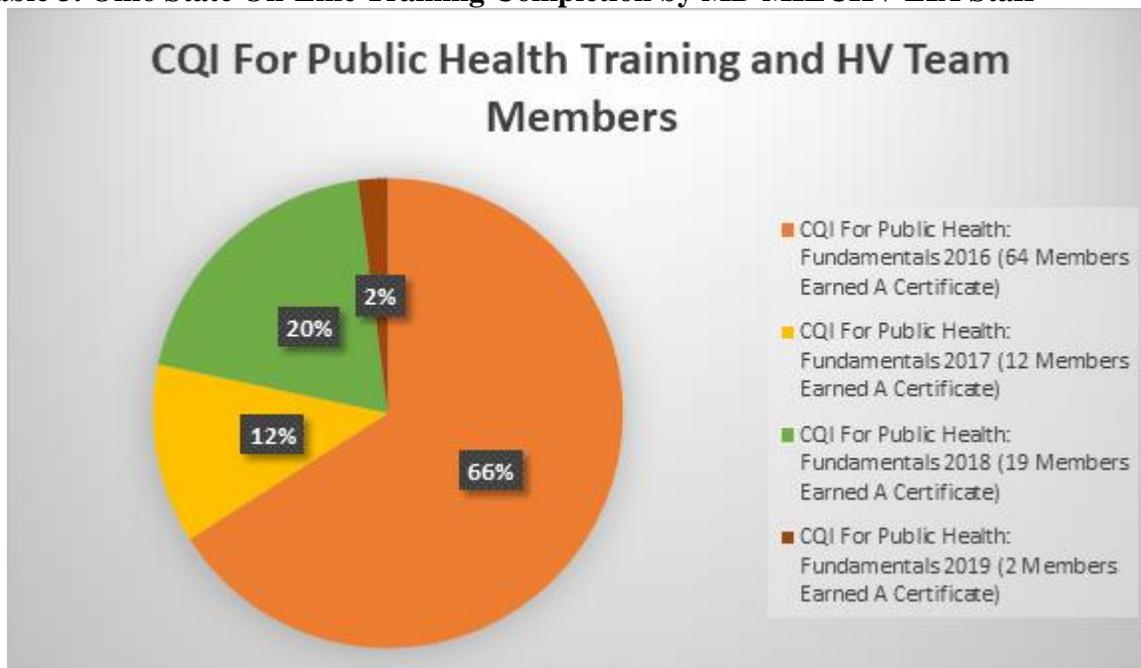
Washington County increased the number of families served from 55 to 68 due to strategies developed during CQI team meetings and a change in the target population. This program has also increased the number of assessments by 50% and now conducts approximately 5-6 assessments monthly due to outreach and assessment strategies developed in CQI meetings.

In FY 2018, Health Care Access Maryland (HCAM) reported success with their CQI project focused on increasing the number of women entered into their database with a closure code. The significance of the closure code is an integral part of HCAM’s mission to ensure that eligible women are referred to Baltimore City’s home visiting programs. In an effort to ensure that all interested women were referred to a program based on their vulnerability screening, HCAM reported 100% of referrals with closure codes.

Number of Workforce Trained

The graph below illustrates the number of CQI team members who have completed Ohio State University's CQI for Public Health: Fundamentals training. This is required by Maryland MIECHV for all new staff working on CQI. Below is an example of Maryland MIECHV monitored results indicating the percentages of the earned certificates. In 2016, a total of 64 CQI team members successfully completed the training. In 2017, 12 individuals completed the training; 19 completed the training in 2018, and two have completed the training in 2019 thus far.

Table 3. Ohio State On-Line Training Completion by MD MIECHV LIA Staff



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

Yes, Maryland MIECHV has encountered several challenges in the implementation of the CQI project. The most significant issue has been gaining buy in from some of the Local Implementing Agencies to the process. Sites report numerous challenges including competing priorities namely with the quality measures required by the specific home visiting model developers, time constraints and numerous other requirements such as trainings. As a result, The Maryland MIECHV team has been more thoughtful in the scheduling of trainings and who is included in those trainings to reduce some of the burden on the LIAs. Another significant challenge has been the launch of the new MIECHV database system, Maxwell, and access to necessary data. Historical data has taken longer to upload into the new system than at first anticipated. As a result, some sites do not have access to data collected prior to July 1, 2018 for reporting purposes on their CQI project.

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

The MD State Team did not directly seek out TA. However, during this funding cycle one of our programs, The Family Tree, participated in the CQI practicum with the CQI consultant. When The Family Tree shared with other Baltimore City sites that they were focusing on home visiting completion rates, another site decided to make this their focus as well, and modeled some of their practices.

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

Maryland's MIECHV programs are monitoring data, holding weekly follow-ups with home visitors regarding visits, monitoring their calendars, initiating creative outreach discussions and praising staff when they meet their goal for the week and month. For example, Public Health Nurses at one of our sites are conducting ongoing training for new staff related to utilizing screening tools. A home visitor supervisor is working on a "family-friendly" version of the screening tool. Family Support Workers are required to note the family's level of readiness on a continuous basis using a scale for discussion in supervision to monitor progress.

A HV site is developing a schedule and timeline for additional trainings. A training for the Center of Addiction and Pregnancy and Child Protective Services, will be conducted in February 2019. Additionally, Family Support Workers will be going to motivational interviewing training in January, it is anticipated that they will not be screening until that is completed. The Public Health Nurses (PHN) content is ready to be presented. The material was presented on January 4, 2019.

Several sites continue to monitor data and track referrals in their databases as part of their CQI activities. One of the sites has tasked their Family Resource Specialist with increased outreach efforts and prepared a 30-minute presentation for him to use to educate programs about

Healthy Families. The site prepared a simple script for other agencies to use to promote and refer to their program.

Two examples of site-specific work to sustain the gains made from CQI projects, are as follows:

Care Coordination: For the Care Coordination program, they have created new measures to monitor the amount of data being transferred, additionally, we have improved our process to reduce errors in transferring incorrect closure codes. They have delegated new responsibilities to staff, as a result, identified the need for staff refreshers/training.

Healthy Families Prince George's (HFPG):

- Use supervision time with direct staff to review and retrain new protocols,
- Request ongoing feedback from those staff directly affected by changes in protocol
- Data Specialist will have ongoing training and supervision in 2019 on HFA's recommended QA protocol to help program director monitor quality issues
- Discuss CQI projects during staff meetings with entire HFPG team
- Developed a process map for screening and assessment processes to be used in training new Family Resource Specialists

Additionally, the CQI consultant and a Local Implementing Agency (LIA) participated in the CQI practicum for the fall of 2017 which ended in April of 2018. Additionally, the CQI consultant currently participates in the Community of Quality Practice committee related to Substance Use and HV Rural and Frontier areas. These committees serve as resources for Maryland to share information with sites throughout the state. During these formal settings participants gain knowledge that concerns our HV sites and also lessons learned from other states. The CQI consultant continues to serve on the board with the Virgin Islands as a learning experience as well as consulting to assist sites within the Virgin Islands. In order to sustain gains it is important that we share relevant information. For example, Maryland's consultant forwarded an article related to engagement and school readiness- learning through-play among other information. This information was forwarded to other partners and stakeholders. During conference calls, knowledge is shared for the purpose of ongoing development as it relates to supporting sites.

As previously mentioned, during our annual MIECHV conference the CQI consultant facilitated and shared an exercise with 35 participants from our MIECHV programs. The activity used M&M'S designed to be associated with families served, demonstrating different variables, and defects of damaged or undamaged M&M'S with the hope of participants applying the exercise to their work. Each bag of M&M'S contained distorted and cracked pieces, as well as varying amounts of candy.

In September our annual MIECHV conference was held in Ocean City, Maryland. During the conference, a CQI session was conducted by experts among HV sites. M&M'S were used as a

part of a demonstration. The purpose of the demonstration was for sites to take a look at defects of damaged M&M'S and make recommendations to the company as it relates to improvements. Participants were instructed to determine if the M&M'S were deemed as ugly or cracked. The team was expected to define their definition of ugly or cracked, which is called an operational definition. The exercise was designed for sites to assess various populations and apply the M&M'S illustration to children and families we serve. During the CQI exercise, there were a total of 35 participants embracing the learning experience. The leaders of each team stated that they were unable to effectively count the average amount of the defected peanut M&M'S. For example, the first team leader mentioned that during the collection of data and analyzing it, there were a total of sixteen M&M'S and two out of the plain mini package two defected and out of the peanut M&M they were 100% defected.

Overall, sites enjoyed the CQI session and stated that they could relate to the exercise and apply it to the many different populations that HV sites work with on a daily basis. The exercise provides a visual and hands-on experience that applies to work with human services.



This photo was taken at the MD MIECHV Conference and shows home visitors and supervisors engaged in the “M&M” activity.



Reporting out “lessons learned” during the M&M exercise

The CQI consultant is continuing to seek professional development to effectively function within the MIECHV state role as the quality assurance person among all 16 HV sites. In these efforts, the consultant continues to look for ongoing courses related to quality to strengthen sites’ buy-in and also to heighten knowledge so that state team is better able serve our sites and all internal and external stakeholders. The ability to heighten knowledge will come from new knowledge and innovative practices learned from trainings that experts attained. The goal is to increase the state’s CQI lead knowledge base so that MIECHV sites will be thoroughly trained as it relates to quality and programs are able to sustain funding.

All of these efforts are directly related to sustaining funding for the upkeep of all MIECHV home visiting programs and the gain from CQI projects is continuing to integrate lessons learned from other sites and new activities learned during the consultant's training/learning experiences. As the state CQI lead learns, the information is transferrable and programs will have the opportunity to implement these practices.

8. To what extent, if any, did you spread the lessons learned from your CQI project? What opportunities did you have to spread successful CQI activities beyond the original sites? Please share any resources electronically that were used to disseminate results.

Maryland MIECHV's efforts to share lessons learned with the LIAs is an ongoing effort. Lessons learned are spread, through participation in practicums, during quarterly monitoring calls, webinars and informal and formal meetings held throughout the state. The CQI consultant provides feedback to sites regarding their submitted data dashboards and tracking tools during quarterly calls and uses the time as an opportunity to share what other sites have done when faced with similar challenges.

9. What lessons learned will you apply to your FY 2019 CQI plan?

The Maryland MIECHV team participated in the December 2018 HRSA/HV-PMCQI webinar and found many practices used by other states to be informative and innovative. Maryland MIECHV plans to make use of the Continuous Quality Improvement Toolkit HRSA provided during the webinar, both for new CQI team members and as a refresher for current staff. To date Maryland's CQI monitoring has occurred at the site level on a quarterly basis. In FY 2019, Maryland would like to implement a group monitoring or community of practice to allow sites to share both successes and challenges directly with one another.

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

Several LIAs have seen several successes in referral to enrollment times. These innovative ways sites have been able to overcome challenges from first getting a referral to the actual enrollment of a family were shared among other sites for peer learning at our most recent conference. CQI successes are shared among all to elevate the work people are doing as well as provide opportunities for others to learn.

11. Current CQI Capacity

The following table demonstrates Maryland's current CQI capacity rating. For each stage listed below, all elements that apply have been checked, and rated on a scale of 1 to 3 with:

- 1 – no or few elements currently in place;
- 2 – most elements currently in place; or
- 3 – all elements currently in place.

Table 4. Current CQI Capacity

Stage 1: Basis Data Collection and Report Usage	Rating	Comments
1. A A culture of quality exists in the organization whereby data are valued and striving for process improvement and optimal outcomes is a shared vision of all members including front –line staff and management	3	
1.B Data collection is sufficient to document benchmarks and facilitate CQI	3	
1.C Management Information Systems (MIS) are sufficient to allow for collection and storage of required performance measures	3	
1.D Reports are produced on a regular basis and reflect important aspects of service provision (processes) and outcomes	3	
1.E Reports are used by key stakeholders to track performance and outcomes	2	
1.F Staff are trained in basic concepts of quality improvement	3	
Overall Stage 1 Assessment	3	
Stage 2: More Advance Reporting and Systematic Improvement Efforts		
2.A Data collection is expanded to cover a wider range of outcomes and service delivery elements	2	
2.B MIS are larger and more flexible, and serve multiple purposes	3	The New Maxell Database System
2.C Reports are produced on a regular basis and are used to inform decisions at all levels of the organization	3	
2.D Deep understanding of processes and outcome is achieved through systematic inquiry	2	
2.E New strategies and approaches are systematically tested and evaluated	3	

2.F Effective strategies and approaches are disseminated throughout the organization and monitored	3	
2.G Staff receive ongoing training and coaching	3	
Overall Stage 2 Assessment	3	
Stage 3: Additional elements of quality improvement are integral to day to day work, such as critical incident monitoring		
3.A Dedicated professional CQI staff are part of the team	2	
3.B Experimental tests of change are implemented	3	
3.C Constant efforts to accelerate improvement	3	
3.D Home visiting families are engaged in CQI efforts	1	In FY19 the CQI consultant will continue to work with sites to reach this goal.
3.E Regular opportunities exist for peer-to-peer learning	3	
Overall Stage 3 Assessment	3	

Part 2. CQI Plan Updates for FY 2019

Organizational System and Support

Awardee or Recipient Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2019?

During FFY 2019, Maryland MIECHV will hire a part-time consultant to assist in supporting sites with CQI requirements and supporting the MIECHV team with organization and analysis of CQI data. Additional support is provided by student interns from Morgan State University and will continue this funding cycle. Below is a table outlining the make up of LIAs including project leads, frequency of meetings, expectations, how information is shared and

what supports have been used. This organizational information assists MD in making determinations on projects as well as which LIAs can provide peer support to others.

Table 5. LIA Details

CQI Team	CQI Lead	Meeting Frequency	Expectations	Dissemination of Information	Supports
Allegany County	Program Supervisor	Monthly	Members be present for meetings and complete tasks as assigned	Emails and monthly meetings	Open door policy with Program Supervisor to discuss any issues
Baltimore City NFP	Resource Coordinator	1-3 times monthly	Members actively participate, provide data points for project and provide input	All CQI documentation is kept in a shared drive that all members have access to	TA from MDH and B'more for Healthy Babies partner sites
Bon Secours	Program Manager	Biweekly	Participate in meetings and provide feedback	Emails and meetings	Team members
Dru/Monda wmin	Program Manager	Monthly	To assist with identifying strategies that will improve the identified goal by at least 10%. To identify those barriers that impede their ability to meet the identify goal. To identify those tools necessary to assist them with meeting the identified goal	Team meetings and supervision sessions	Supervision, team meetings and data updates

The Family Tree	Program Supervisor	Weekly team huddles, monthly program meetings	Attend all team meetings and play an active role in the CQI project	Emails and meetings	Monthly meetings, trainings, peer to peer discussions, case consultations, tools related to topic, supervision, modeling and parallel process
Baltimore Healthy Start	Program Manager	Weekly	Participation by all members	Team meetings and supervision	Core agency and team members
Sinai Hospital	Program Manager	Monthly	Attend meetings and provide feedback, suggestions	Emails and meetings	Open door policy, individual reflective supervision, periodic self-care activities
Baltimore County	Program Managers	Monthly	Varies by project-outlined in team charter	Emails and meetings	QI Division at Baltimore County Department of Health provides support as needed
Caroline County	Program Supervisor	Monthly	Team members will brain storm together, complete the process map, discuss resources, and discuss any concerns or questions	Emails and meeting minutes	MIECHV team supporting management staff and the management staff supporting home visitors
Dorchester County	Program Manager	Monthly	Attend meetings, review documents, provide feedback, make changes in practice/protocols as directed	Emails and handouts	Program Manager and MDH

Harford County	Program Supervisor and HV Team Leader	Monthly	Contribute during meetings, participate in current project,	Emails and shared drive	Supervision and CQI training
Somerset County	Program Manager	Monthly	Participate in the meetings	Emails and shared drive	Program Manager
PG Child Resource Center	Program Director	Monthly	Attend meetings, actively participate in creating PDSA documentation	Email and newsletters	HFPG buffers CQI team members' caseloads by allowing 0.5 case weight for their CQI responsibilities. HFPG has trained all CQI team members in CQI through Ohio State, and use the training materials when needed to support the team in the process
Mary's Center	Program Manager	Monthly	Participate in meetings	Email and during Supervision	Shared folder for CQI documentation
Washington County	Program Manager and Quality Assurance Coordinator	Monthly	Attend meetings and contribute knowledge and expertise to CQI topic	Email and handouts	Program Manager and QA Coordinator are available to support team members
Wicomico County	Program Supervisor	Monthly	Participate in meetings and provide input	Email and shared drive	

2. In FY 2019, will you make modifications to the method and/or frequency of CQI trainings you provide to local teams?

No Maryland MIECHV does not plan to modify the methods or frequency of CQI trainings during FFY 2019.

3. Will you make changes in the level of financial support for CQI in FY 2019?

Maryland MIECHV's CQI Consultant will complete the Six Sigma Black Belt training at Georgia Institute of Technology in the spring. Grant funds have been allocated to cover the cost of this training.

Resources have also been allocated in this year's grant to offer a second round of Beginner's Lean Training for new home visiting staff. In addition, resources will be used for the purchase of the Lean Six Sigma book which will be provided to each of the LIA's to use as a resource during CQI team meetings.

4. Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods in FY 2019.

The Maryland MIECHV team also keeps a record of technical assistance needs that have presented through observation or through direct requests, and this record is used to determine and prioritize upcoming trainings. Some of these are as follows:

- CQI buy-in conducted by a representative from HRSA (for the MIECHV team)
 - Although there are many major improvements identified by sites related to CQI, not all parties have totally bought into CQI practices and/or requirements. CQI must have complete buy-in including from all leaders and staff. Perhaps if TA is provided by someone at the federal level, buy-in will occur without resistance. Often there is resistance when requests are made by the CQI consultant.
- Technical assistance related to Maxwell, the new data system
 - We are in the process of implementing a new database system called Maxwell and training all sites. Individuals home visiting staff may need ongoing TA to get acclimated to this new system.
- Equitable pay rates for HV staff is also a topic that continues to arise and has been discussed as a reason for some resignations.
- Housing resources for HV clients
 - Some sites continue to mention their struggle with supporting clients to find secure housing. This is another area that is considered important to families that are a part of the HV programs.
- Retention of families and staff
- Additional resources related to behavioral health
 - Additional resources related to behavioral health is another area of importance and concern.

Technical assistance is to continuously provide local implementing agencies along with the state MIECHV team with tools and resources to deliver first rate client services, including internal

and external clients/outside stakeholders. For example, the Hopkins evaluation team and other contractors support the state team and local implementing agencies with TA. Our goal is to receive ongoing TA as needed, thereby leading to better outcomes/benefits to serve children and families. All TA supports continuous quality improvement and reflective practice activities throughout the state of Maryland.

5. Describe the extent to which home visiting clients will be involved in CQI teams.

Home visiting participants are not currently included as part of local CQI teams. The CQI consultant continues to work with sites to encourage this initiative. All local sites are required by their model to include families in their Advisory Boards which has historically been difficult for programs to achieve. Much of the issue in the involvement of families in CQI teams revolves around the timing and frequency of meetings. Timing and frequency may interfere with work/school commitments, lack of childcare and/or transportation hinder involvement. Maryland MIECHV would certainly welcome opportunities for technical assistance around family involvement in CQI teams in an effort to meet these expectations.

6. Describe the extent to which local implementing agency (LIA) management will support direct involvement in CQI activities and allocation of staff time.

All LIAs understand the importance of CQI and are supportive of the staff time needed to conduct monthly CQI meetings. To facilitate regular communication, site CQI teams schedule their monthly meetings during regularly scheduled team meetings so that all staff can participate. LIAs support direct involvement with CQI by allowing home visitors, data analysts and supervisors to be a part of the CQI team meetings. This encourages shared governance and creates an environment of sharing knowledge and learning for the entire CQI team. In some instances, LIA management has built CQI team time into the weighted caseload a team member carries to acknowledge time needed for these activities.

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

In fiscal year budgets, each site was provided with an allocation based on the number of home visitors that could be used for either CQI activities or for data collection/entry due to the transition to the state's new database, Maxwell. Sites were required to notify Maryland MIECHV in writing as to how the allocation would be used to support either activity.

8. Will topic(s) of focus for each LIA participating in CQI change from your FY18 CQI plan?

As previously described, in fiscal year 2019, sites will have the choice between three topics for their CQI projects; 1) data quality and the use of tablet technology, 2) expansion of home visiting services and 3) staff retention.

9. Will LIAs modify current SMART Aim(s) for the CQI projects underway for FY 2019?

Aim statements will change for LIA CQI projects in accordance with the topic they choose. Additionally, sites will be required to submit new team charters, process maps and fishbone diagrams for each new CQI topic addressed during the course of the year.

a. If yes, you can use the optional table format on page 8 or discuss modifications to SMART Aims for each LIA; include HV CoIIN 2.0 SMART aim(s) for participating LIAs. If no, move to item 10.

10. What changes will teams test out to achieve the goals and objectives of the CQI project? If your changes need further input and development, describe how you will accomplish that.

Because Maryland's vision is to create a culture of quality using data collected and analyzed by Maryland's Maxwell database system to improve home visitation services at all MIECHV funded sites and supporting the sites with providing quality home visiting services to families- Maxwell use and accuracy is our CQI project. Therefore, our changes still need further input and development. This is being accomplished with our data vendor who has developed a mechanism for focus groups and feedback directly related to ease of use and a "parking lot" of items that need to be focused on for system improvement.

11. Identify the CQI tools below that will be utilized by LIA teams in FY 2019.

In FY 2019 all MIECHV local implementing agency teams will scale-up and use CQI tools that will serve as key indicators to describe and display information regarding each individual program. The information described and displayed may consist of members of the CQI teams and strategic plans to study a specific topic for the purpose of improvements. The methodology being used will be consist of the PDSA. Although sites will continue to use this methodology, they will be introduced to more methods geared to toward quality improvements through webinars and technical assistance at the LIA level.

Tools used by sites throughout FY 2019 will serve as an electronic visual presentation showing sites' performance aligned with the CQI topics studied. Information found within these tools will be relevant and detailed information as it relates to the program topics of study. Home visiting programs will continue to use the team charter, process map and fishbone diagram along with charts and graphs of their choice. Sites will be also be introduced to the key driver diagram if the agency is unfamiliar with this particular tool. It provides a more detailed explanation of important elements that drive a particular process that represents an improvement.

As mentioned, LIAs will still be required to use the data dashboard and submit the tracking tools [used during their PDSA cycles] when each quarterly call is conducted.

12. Identify the methods below that will be utilized by LIA teams in FY 2019.

Continuous Quality Improvement has been successfully implemented at all MIECHV funded home visiting sites. The data-driven methods that will be used in this upcoming year are Plan, Do, Study, Act (PDSA) and Define, Measure, Analyze, Improve and Control (DMAIC), a Lean Six Sigma strategy. Both of these strategies can be used to solve identified problems and improve new or existing processes as it relates to the identified CQI topics for FFY 2019.

The CQI consultant will also use the McDonald's Theory for onward and upward results working with home visiting sites to develop family goals. The theory is related directly to thoughts, thoughts equals feelings, feelings equals action and actions equals results, ultimately equaling successful outcomes for children and families throughout the state of Maryland.

13. Will you make changes in CQI data systems at the local level, including plans for how CQI data will be collected?

The submission of qualitative and quantitative data is required by each LIA on a quarterly basis. Dependent on the CQI topic(s), each site develops their own tracking mechanism to evaluate the effectiveness of their interventions under the PDSA model. Currently, the Maxwell data system is being tested to see to what extent CQI projects can be integrated into the system. As CQI topics may change routinely it may be difficult to build specific reports for the variation in the data needed to track progress. Instead LIAs are encouraged to combine existing Maxwell data points and reports accordingly to observe their CQI success, independent of a specific report for an activity.

14. Will you make changes in the mechanisms available to CQI teams and home visitors at the local level to track progress, determine if change ideas tested result in improvement, identify the need for course corrections, and use data to drive decision making in FY 2019?

Data dashboards were updated in 2018 to streamline reporting for sites. Maryland MIECHV will continue to use these dashboards in FY 2019 for LIAs to report monthly on their PDSA cycles. Data will continue to be used to drive decision making. The CQI consultant is scheduled to complete the Lean Six Sigma Black Belt course in spring 2019. The CQI Consultant will share knowledge gained at this training pertaining to Define, Measure, Analyze, Improve and Control (DMAIC) with the LIAs to expand the tools available to them for CQI.

Describes changes teams will test out to achieve the goals/objectives of the CQI project or process for identifying changes to be tested

The Maryland MIECHV state consultant and the team will make changes in methods offered to programs and determine if changes need to occur. This will be done by reviewing the CQI data dashboards and tracking tools that are used by sites to record activities on a quarterly basis as well as performance measurement concerns that may be reported to the state CQI lead that deems improvements. The CQI consultant will make a course correction as needed and as they occur by meeting with local home visiting program leads. In addition, the expert will work with to address all concerns and monitor progress with improvements.

Data is used to drive decision making. In 2019 the CQI consultant is scheduled to complete the Data Analysis course geared toward the Lean Six Sigma Black Belt class. The Data Analysis course is designed to take a deeper dive into statistical tools and applying the application of Six Sigma from theory to practice. Issues related to metrics will be the focus during the three-day class session. The consultant will gain a clearer understanding of the importance of DMAIC as it relates to issues of metrics and will share the information with sites so that they are able to apply this method to improving all CQI projects. The acronym stands for Define, Measure, Analyze, Improve and Control. DMAIC was discussed during the Lean Six Sigma Green belt class.

Next Steps

Maryland's process for identifying changes to be tested by LIAs working on expansion of HV services and staff retention will take place after reviewing CQI studies from all 16 HV sites. After analyzing all studies it will be determined if changes should be retested or deemed as a complete.

15. Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended.

Strategies used at the awardee and local levels will consist of adopting practices and updating protocols when the CQI has ended and the site finds that testing resulted in a positive outcome or an improved process. Sites that do not find testing of a theory to be successful may choose to retest in the hopes of finding a workable solution.

For example, Washington County Health Department designed a new script for contacting mothers to help them understand the HV program and to make them aware of benefits. During the assessment moms were asked what resources they are interested in. The Family Support Specialist will bring requested information to the next home visit. The Family Support Specialist will contact mothers directly after their assessment to welcome them to the program And to ask if they needs any more resources before they are connected with the home visitor. Future strategies include creating an advisory board, or Champions team, made up of mothers already enrolled in the program so they can provide the staff with their ideas on activities for groups and ways to get other mothers to enroll, and creating a new brochure that captures the attention of new mothers and will allow our community partners to better

understand Washington County’s HV program. These are strategies that can be adopted by sites that might benefit from them.

16. Describe plans to work with LIAs to identify lessons learned and spread successful CQI activities beyond the original LIAs.

The Maryland MIECHV team will work together to collaborate and develop innovative ways to support LIAs in identifying and practicing relevant lessons learned. The CQI Consultant plans to establish an online hub where resources and lessons learned may be accessed by CQI teams. The state team will communicate with all sites when new information is posted, and CQI leads will have the option to decide which lessons best support their site. All MIECHV sites will have access to the hub. The goal is to establish quarterly CQI Community of Practice calls with CQI site leads, to provide a platform for sharing resources, successes, and challenges in an interactive setting.

Lessons learned may come from other sites or from Community of Practice groups that focus on maternal child health and ongoing improvement. In addition, the CQI expert will recruit CQI leads / form a support source team to share knowledge with other sites. The sourcing team will meet in person or hold conference calls to discuss lessons learned and successful CQI efforts. The sourcing team maybe an extension to the Community of Quality Practice already chaired by the CQI consultant. We can plan to speak twice quarterly and or as new lessons learned occurs.

The table below outlines each LIA funded by MIECHV and their make up of members roles and relevant experience. The staff bring many years of experience in programs, and although some staff are brand new, 25 staff have over 10 years’ experience in programs and each staff person has strong training in CQI because of MIECHV.

Table 6. LIA Details: Maryland MIECHV Sites

Local Implementing Agency	CQI Team Members	CQI Role	Relevant Experience
Allegany County	Heather Deurr	Program Supervisor, Team Lead and Scribe	Four years program and two years CQI
	Nicole Bradley	Assessment Worker	Four years program and two years CQI

	Christine Blank	Home Visitor	Four years program and two years CQI
Baltimore City NFP	Melanie Reddig	Resource Coordinator, Team Lead	Less than 1 year CQI experience
	Kurt Tesnau	Scribe	Two years of CQI experience
	Stacey Tuck	Program Director	Two years program experience. One year CQI experience
	Sandra Haskett	Nurse Supervisor	Six years NFP Nurse Supervisor experience. Two years CQI experience
	Anna Latham	Nurse Home Visitor	Two years of program and CQI experience
	Latarsha Henderson	Nurse Home Visitor	Three years of program experience. Two years of CQI experience
	Kaitlin Law	Nurse Home Visitor	Two years of program and CQI experience
	Adrienne Edwards	Nurse Home Visitor	Five years program experience. Two years CQI experience
Bon Secours	Darrell Hillary	Program Supervisor, Team Lead	Less than one year CQI experience. One year program experience
	Morgan Coleman	Data Lead	Two years CQI experience
	Fatima Brown	Home Visitor	Less than one year program and CQI experience

	Nii Sowah	Program Director	Two years program and CQI experience
DRU/Mondawmin	Charlene Thomas	Program Manager, Team Lead and Scribe	Ten years program experience. Two years CQI experience
	Adeola Oluyimika	Data Lead	Ten years program experience. Two years CQI experience
	Jamal Jenkins	Home Visitor	Ten years program experience. Two years CQI experience
	Linda Smith	Home Visitor	Ten years program experience. Two years CQI experience
	Odessa Evans	Home Visitor	Ten years program experience. Two years CQI experience
	Cynthia Collins	Assessment Worker	Ten years program experience. Two years CQI experience
	Shirley Scott	Program Supervisor	Ten years program experience. Two years CQI experience
	Kathy Carroll	Project Director	Ten years program experience. Two years CQI experience
The Family Tree	Sharon Clements	Clinical Supervisor, Team Lead and Scribe	Two years program and CQI experience
	Kandace Sawyer	Data Lead	Three years program and CQI experience
	Sade Watson	Assessment Worker	One year program and CQI experience
	Melinda Romero	Bilingual Home Visitor	Less than one year program and CQI experience

	Kate Kirby	Home Visitor	Less than one year program and CQI experience
	Vacancy	Home Visitor	
Baltimore Healthy Start	Felicia McKoy-Laguerre	Program Manager, Team Lead and Scribe	Sixteen years program experience. Two years CQI experience
	Keisha Jean-Baptiste	Data Lead	Less than one year program and CQI experience
	Lakisha Jones	Home Visitor	Less than one year program and CQI experience
	Carol McCoy	Home Visitor	Six years program experience. Two years CQI experience
	Darsha Pulliam	Home Visitor	Four years program experience. Two years CQI experience
	Natasha Legette	Home Visitor	Six years program experience. Two years CQI experience
	Yvonne Leonard	Home Visitor	Six years program experience. Two years CQI experience
Sinai Hospital	Beth Huber	Program Manager, Team Lead and Scribe	Six years program experience. Two years CQI experience.
	Lavita Hines	Data Lead	Two years program and CQI experience
	Ryan Spence	Home Visitor	Two years program and CQI experience

	Kim Carter	Home Visitor	Two years program and CQI experience
	Ashley Harris	Home Visitor	Less than one year program and CQI experience
	Vacancy	Program Supervisor	
	Vacancy	Home Visitor	
Baltimore County	Dr. Teresa Messler	Team Lead and Scribe	Seven years CQI experience.
	Tomeaka Jupiter	Program Director	Thirteen years of program and CQI experience
	Erica Taylor	Program Supervisor	Two years program and CQI experience
	Ann Williams	Public Health Nurse	Two years program and CQI experience
	Liane Bruton	Public Health Nurse	One year of program and CQI experience
	Jane Kuntz	Public Health Nurse	Less than one year of program and CQI experience
	Elise Andrews	Consultant	Fourteen years program experience. Five years CQI experience
Caroline County	Kristin Gale	Program Supervisor, Team Lead and Scribe	Two years program and CQI experience

	Zara Cowan	Data Lead	Five years program and CQI experience
	Nicole Chase-Powell	HF Mid-Shore Administrator	Seven years CQI experience
	Jennifer Sedgwick	Home Visitor	Two years program and CQI experience
	Karen Hill	Bilingual Home Visitor	One year program and CQI experience
Dorchester County	Beth Spencer	Team Lead and Scribe	Eighteen years program experience. Two years CQI experience
	Kimberly Turner	Supervisor	Seventeen years program experience. Two years CQI experience
	Alexzine Jackson Slaughter	Data Lead	Seventeen years program experience. Two years CQI experience
	Valerie Nwakudo	Supervisor	Twelve years program experience. Two years CQI experience
	Jessica Johnson	Home Visitor	Two years program and CQI experience
Harford County	Sarah Eggerling	Program Supervisor and Team Lead	Three years program and CQI experience
	Taniaell Williams	Home Visitor and Scribe	Less than one year program and CQI experience
	Andrew Grant	Home Visitor and previous	Less than one year program and CQI experience

		Program Participant	
	Keri Bean	Home Visitor	Less than one year program and CQI experience
	Tammy Wineke	Data Lead	Five years program experience. Three years CQI experience
	Kim Prout	Community partner	Three years CQI experience
	Mary Jo Beach	Program Director	Five years program experience. Three years CQI experience
	SheTiel Coley Winder	Program Manager	Five years program experience. Three years CQI experience
Prince George's County Mary's Center	Carlos Merchan	Team Leader and Scribe	Three years program and CQI experience
	Fernanda Ruiz	Data Lead	Eight years program experience. Three years CQI experience
	Remberto Vargas	Home Visitor	Less than one year program and CQI experience
	Jacqueline Chicas-Flores	Home Visitor	Less than one year program and CQI experience
Prince George's County	Christine Beehler	Home Visitor and Team Lead	Two years program and CQI experience

Child Resource Center	Hilda Saavedra	Data Lead	One year program and CQI experience
	Alexa Mendez	Home visitor	One year program and CQI experience
	Jessica Quintanilla	Assessment Worker	Two years program and CQI experience
	Alyson Jacobson	Program Director	Three years program and CQI experience
Somerset County	Valerie Brownlow	Team Lead and Scribe	Nineteen years program and CQI experience
	Anne Large	Data Lead	Fifteen years program and CQI experience
	Margarita Roblero	Home Visitor/CQI Chair	Four years program and CQI experience
	Tammy Thomas	Home Visitor	Nineteen years program and CQI experience
	Eboni Johnson	Home Visitor	Seventeen years program and CQI experience
	Helen Costello	Home Visitor	Twelve years program and CQI experience
	Kristal Gerald	Home Visitor	Six years program and CQI experience
	Genine Campbell	Assessment Worker	Seventeen years program and CQI experience
	Mary Lou Steimer	Program Support	Fifteen years program and CQI experience
	Vacancy	Program Manager	

Washington County	Loan Vo	Program Manager, Team Lead and Scribe	Five years program experience. Two years CQI experience
	Mary McPherson	Community Partner	Ten years program experience. Two years CQI experience
	Briana Bonner	Quality Assurance Coordinator, Data Lead	Two years program and CQI experience
	Alice Springer	Administrative Support	Eighteen years program experience. Two years CQI experience
	Sharie Wallech	Home Visitor	Five years program experience. Two years CQI experience
	Jennifer White	Home Visitor	Nine years of program experience. Two years CQI experience
	Chityka Richmond	Assessment Worker	Three years program experience. Two years CQI experience
	Shelby Hughes	Community Partner	Two years CQI experience
Wicomico County	Cathy Malchow	Program Manager, Team Leader and Scribe	Eight years program experience. Three years CQI experience
	Peggy Johnson	Home Visitor	Three years program and CQI experience
	Gina Williams	Home Visitor	Three years program and CQI experience

	Kim Beaty	Home Visitor	Less than one year program and CQI experience
	Patricia Bryant	Home Visitor	Less than one year program and CQI experience
	Chris Ahlburn	Assessment Worker	Sixteen years program experience. Three years CQI experience
	Lisa Renegar	CQI Consultant	Two years CQI experience
	Vacancy	Data Entry	
	Vacancy	Program Supervisor	

Maryland is looking forward to this next fiscal year, as we embark on using CQI to improve data gathering and use. The processes to reduce duplicative data and the increased ability to use reports and information in a more user-friendly way is something we are looking forward to this coming year.

End Report