



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Announcement Number: HRSA-14-081
Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program
Formula Grants FY14

Submitted on May 23, 2014
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 1, 2013, 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 a new health program specialist who has now worked as the MIECHV state leader in Idaho since August 2013, provision of support to four local implementing agencies to deliver three evidence-based home visiting models in four targeted counties for the second year of service delivery, analysis of data collected for benchmarks, a continuous quality improvement (CQI) initiative to address Domestic Violence, and progress toward obtaining a trainer for local implementing agencies (LIAs) on data and CQI efforts.

Some of the challenges that the MIECHV program encountered during the second program year include: collection of timely and high quality data, varying levels of understanding the use and interpretation of data by LIAs, recruitment of several of the legislatively identified priority populations, local organizational capacity and staff recruitment especially in very rural and

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 frontier communities, and limited state MIECHV program staff to fulfill the 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 data collection challenges, the State lead has worked with the data specialist, BSU Evaluation Team, and LIAs to clarify expectations and plan a system of quarterly data checking. Additionally, MIECHV is working with state contracting and procurement to finalize a Request for Quote for a trainer to deliver the Data 101 training developed as a joint project between MIECHV and the Design Options for Home Visiting Evaluation (DOHVE) Technical Assistance team. 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 2014 and April 2014, the MIECHV program successfully renewed contracts with five agencies to continue the implementation of four Evidence Based Home Visiting (EBHV) programs in four target communities, including a cross-state collaboration to implement NFP. 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 (March 31, 2014)

Target Communities (Counties)	FY11 to FY13 MIECHV programs	Expected Enrollment (Capacity)	Actual Enrollment (March 2014)	# of Home Visits Completed (September 2013 to March 2014)	FY13 Cost per Family
Kootenai & Shoshone	ICARE: PAT	38	34	303	\$3,769
	Panhandle Health District: NFP* (with Spokane Regional Health District)	50	30	249	\$8,462
	Mountain States Group: EHS Home-Based	11	7**	108	\$11,514
Twin Falls & Jerome	Community Council of Idaho: EHS Home-Based*	18	12**	161	\$11,391
	Total	117	83	821	\$7,221

* Indicates an agency establishing a new home visiting program.

**EHS programs count program openings by child rather than by family. Consistent with model fidelity, an EHS program may have more than one child from the same family enrolled. As of March 2014 Mountain States Group EHS has 11 children and is therefore fully enrolled. Their cost per child is \$7,327 per child. Community Council of Idaho EHS has 17 children and is nearly fully enrolled. Their cost per child is \$8,041.

The cost per family was calculated by determining the total contract costs for each LIA for the FY 13 fiscal period (September 1, 2013- August 31, 2014). The total contract costs included the agency’s personnel, operating, supplies, travel, and indirect costs. Actual costs were used between September 1, 2013 and March 31, 2014. Contract costs between April 1, 2014 and August 31, 2014 were measured using the average monthly spending of each LIA between September 2013 and March,

2014. Average monthly spending was used estimate how much each agency will likely spend during the remainder of FY 2013. The total contract cost was divided by the number of enrolled families as of March 31, 2014 to determine the average annual cost per family. Cost per family decrease by nearly 8% from FY 2012. ICARE PAT and Community Council of Idaho EHS became more efficient in providing services. Costs reduced, as did home visits for Panhandle Health District NFP and Mountain States Group EHS, due to three home visitor vacancies until November 2013. Also noted, cost per family will continue to lower as each LIA is now fully staffed and continues to build toward full program capacity. 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 MIECHV program established four goals to achieve through the FY12-FY13 formula grants. Goals and objectives are outlined below with accomplishments and updates of progress to date.

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.
 - *Progress:* The MIECHV program received its first Annual Reports from the five LIA's on July 15, 2013. Year two Annual reports are due by July 15, 2014. LIA's continue to submit monthly reports, quarterly summaries, and bi-annual continuous quality improvement reports. Feedback is provided by the State Team.
- Objective 1.B: By December 2013, provide training to local implementing agencies and assess progress on utilizing centralized intake process in target communities.
- Updated Objective 1.B: By November 2014, provide training to local implementing agencies and assess progress on utilizing centralized intake in target communities.
 - *Progress:* Testing of the Centralized Intake system algorithm continued from June 2013 to November 2013. However, Centralized Intake system roll-out has been delayed to correct missing data entry points needed to accurately sort participant data. The state lead and data specialist continue to work toward a solution with the database provider.
- 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.
 - *Progress:* Since August 2013, local implementing agencies have made approximately 14 training and technical assistance requests to MIECHV. The majority of requests are for technical assistance with the program's database. MIECHV has been able to fully respond to 64% of training and technical assistance requests including database errors and connections and re-focusing efforts of the North Idaho Community Advisory Board. The remaining training and technical assistance requests are ongoing, including addressing complex needs of families served in frontier regions, database issues, and data training.

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 August 2014, 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.
- Updated Objective 2.A: By December 2014, 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.
 - Progress: Requirements for a CQI Trainer and Coach were developed through spring 2014. The completion of a Request for Quote is currently in progress with state contracting and procurement.
- Objective 2.B: By September 2015, provide on-going data use and CQI consultation and mentorship to trainees and local implementation agencies.
 - *Progress:* The posting of an RFQ for a CQI trainer and coach is pending. However, MIECHV continues its efforts to provide guidance on CQI to LIA directors through a quarterly phone conference with the State lead. CQI topics have been identified with LIAs from the results of the FY 13 Discretionary Grant Information System (DGIS) Form 1 and 2 reports. Program directors have received individual check in calls to provide technical assistance, including CQI.
- Objective 2.C: By September 2015, provide training and support to local implementing agencies on collecting and reporting high-quality data.
 - *Progress:* The data specialist continues to provide support to LIAs to troubleshoot data collection challenges as well as collaborate with the Evaluation Team to identify and fill in missing data. Through fall 2013 to spring 2014, the state lead and the data specialist worked with the contracted data system, Social Solutions: Efforts to Outcomes (ETO) to correct an error in the database that impeded the transfer of data to MIECHV. During spring 2014, the state lead and data specialist began updating the data plan. These efforts will continue through FY14. MIECHV is working closely with its database provider to oversee the completion of a functional Centralized Intake. Additionally, the data specialist has been compiling instructions for a comprehensive database training manual for implementing agency staff. During the spring of 2014 the state lead and the BSU Evaluation Team received further training on the MIECHV database.

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 80% of pregnant women receiving home visiting services.
 - *Progress:* LIAs have enrolled twenty-five pregnant women since September 2013, with a utilization rate of 84%.
- Objective 3.B: By September 2014, increase post-partum depression screening to 50% of mothers with children less than one year old receiving home visiting services.
 - *Progress:* Between September 2013 and March 2014, LIA's completed 21 Edinburgh Postnatal Depression Scales, a 62% completion rate for the screener.

- 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 50%.

Progress: The next community partnership report will be submitted June 2014. In June 2013, LIAs submitted community partnership reports which indicated that the four implementation agencies have twenty-four formal community partnerships or referral agreements within the target communities. The MIECHV program anticipates that within the next two years there will be increases in formal partnerships across the LIAs.

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 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.
 - *Progress:* The Home Visiting Ad Hoc Sub Committee resumed activities September 2013. By this time, a vision and scope had been developed and agreed upon by the committee. During fall 2013 through spring 2014, the Committee worked on developing an online survey version of the Home Visiting Assessment for States. The survey will be sent to all known early childhood home visiting programs in Idaho and used to identify home visiting system strengths and areas of need. The committee intends to address system strengths and needs by engaging home visiting programs in a series of web conferences.
- 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.
- Updated Objective 4.B: By June 2015, disseminate organizational capacity assessment to all organizations conducting home visiting to establish a baseline of data regarding home visiting in Idaho.
 - *Progress:* The organizational capacity assessment remains posted on the program web page. Widely disseminating the tool remains on hold until the Home Visiting Assessment is complete.
- 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.
 - *Progress:* The MIECHV state lead began planning a statewide inaugural home visiting summit with the HVPE during the winter of 2014. MIECHV intends to host the summit in conjunction with the Early Years 2014 Conference. MIECHV intends to sponsor a pre-conference day focused on the results of the Statewide Assessment and Collective Impact on October 28, 2014. The Early Years conference will take place October 29-30, 2014. Hosting this in conjunction with the Early Years Conference gives extra incentive for non-MIECHV funded programs to participate. It also gives MIECHV and the HVPE further opportunity to build a network as a part of a larger system of early childhood services.

- 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.
 - *Progress:* This goal is on hold until the Home Visiting Assessment is complete.

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. The EC3's Home Visiting and Parenting Education Ad Hoc committee began working on a statewide assessment of home visiting capacity and coverage during the spring of 2013. However, activities related to the committee were suspended over the summer of 2013 due to member vacations and the resignation of the MIECHV lead position. With the hiring of a new MIECHV lead, activities resumed as of September 2013. A statewide home visiting summit during fall 2014 is in the planning stages. There are no expected changes to the originally submitted logic model. Additionally, MIECHV is partnering with the EC3 and the American Academy of Pediatrics—Idaho Chapter, to develop training for home visitors to better communicate the importance of early brain development to families. MIECHV began a partnership with the EC3 Data and Resource Committee in March 2014, to use Adverse Childhood Experience data to inform and improve systems of referral for children who have experienced abuse and neglect.

Program Timeline

Below is a description of the proposed goals and objectives for the MIECHV program from August 1, 2014 to September 30, 2016. 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 (LIAs) to provide feedback and address successes and challenges.
- Objective 1.B: By January 2015, provide training to LIAs and assess progress on utilizing centralized intake process in target communities.
- Objective 1.C: By November 2014, respond to 100% of training and technical assistance requests submitted to the MIECHV program by LIAs for the previous year.
- Objective 1.D: By September 2015, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target communities by 50%.

Goal 2: By September 2016, support LIAs in data use and implementing continuous quality improvement (CQI) practices in their everyday work.

- Objective 2.A: By December 2014, deliver data use and CQI training LIAs' staff and collect and measure pre- and post-training indicators of knowledge, skill, and ability.
- Objective 2.B: By September 2016, provide on-going data use and CQI consultation and mentorship to trainees and LIAs.
- Objective 2.C: By September 2016, MIECHV and LIAs will use data to guide three identified CQI topics through the Plan, Do, Check, Act cycle.

Goal 3: By September 2016, assure continued MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.

- Objective 3.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 3.B: By June 2015, disseminate organizational capacity assessment to all organizations conducting home visiting to establish baseline data regarding home visiting in Idaho.
- Objective 3.C: By September 2014, support planning and implementation of the statewide inaugural home visiting summit, which will provide an opportunity for training and statewide planning.
- Objective 3.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.

Goal 4: By September 2016, support LIAs in collecting timely, quality data.

- Objective 4.A: By September 2015, revise the state-level data collection plan.
- Objective 4.B: By September 2016, provide ongoing training and support to local implementing agencies on collecting and reporting high-quality data.

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

Engaging Target Communities

Throughout the past three-and-one-half years, the 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 public 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 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. In the past, communication and coordination with national model developers has been challenging due to lack of clarity of whom to communicate with regarding specific

topics, unclear expectations of model developer's role, and staff capacity in both MIECHV program and national model developer offices. However, MIECHV has been able to connect to regional and national model developer offices, through networking efforts while attending regional and national conferences and follow up for technical assistance through phone conferences and email.

- **Office of Head Start – Early Head Start:** In March 2012, the 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 MIECHV program has had a number of phone conferences with the Office of Head Start in Washington, DC and 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 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 MIECHV program has worked closely with NFP program developer and nurse-consultant to support the planning, development, and implementation of the first cross-state collaboration to implement NFP by Spokane Regional Health District and Panhandle Health District. NFP has been responsive and supportive when challenges have surfaced with this unique implementation of NFP. The MIECHV program worked for several months with NFP National Service Office's legal team to execute a contract between the MIECHV program and NFP for program support, training, and data in January 2013. During the past year, MIECHV has continued its relationship with NFP in order to provide technical assistance on model fidelity. NFP has also assigned a Regional Nurse Consultant to Panhandle Health District to provide direct support and technical assistance.
- **National Office – Parents as Teachers:** The MIECHV program has had improved communication with the PAT National Office. Initial communication has primarily revolved around developing and approving the MIECHV program benchmarks plan. During the past year, the MIECHV program has worked with PAT National Office for technical assistance on model fidelity for intake and data collection on income. MIECHV intends to continue to work with the PAT National Office to clarify state role, information available, and communication regarding model fidelity for PAT.

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, scale-up, or start-up. The first year contracts with LIAs included additional funds to account for start-up costs such as curriculum and materials procurement and training. The 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.

EHS 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 LIAs adopting the EHS Home-Based

Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2014 model is consistent with Head Start Program Performance Standards (HSPPS) and based in child development research and principles. The Community Council of Idaho EHS uses the Partners for a Healthy Baby curriculum. Mountain States Group EHS uses the Circle of Security curriculum. PAT affiliates use the Born to Learn curriculum, which requires staff to be trained in the current Foundational Training. NFP 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 MIECHV program recognizes the importance of training to assure competent service delivery, satisfy model and agency expectations, and support the development of a competent home visiting workforce. 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 MIECHV program has not coordinated specific training with national models. The 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, January 2014)

Since service delivery began in June 2012, LIAs have taken advantage of local trainings relevant to their program and home visiting staff. LIAs submit monthly and quarterly reports to document staff trainings. For example, LIAs have participated in trainings related to SIDS prevention from the Northwest SIDS Foundation, working with difficult participants, domestic violence, and Positive Parenting with special needs children.

The MIECHV program will continue to assess and respond to training and professional development needs of LIAs. In the coming year, the MIECHV program anticipates providing training in data use, data-driven decision-making, CQI, and domestic violence, and developmental assessments.

Staff Recruitment, Hiring, and Retention

The 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 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 onsite visits to ensure LIAs were poised to adhere to contract

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Affordable Care Act-Maternal, Infant, and Early Childhood Home Visiting Program Formula Grant FY 2014 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 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.

As of July 2013, two LIAs reported that three home visitors had resigned (one home visitor per agency). Panhandle NFP was able to hire a qualified bachelor's prepared nurse to fill their vacancy August 2013. The new nurse home visitor received training required by NFP National Service Office in October 2013 and began home visits November 2013. Mountain States Group went through several rounds of interviews. Instead of filling both vacancies externally, they selected one candidate new to their agency and two internal hires. All three home visitors carry a mixed caseload of families that are MIECHV funded and Administration for Children and Families funded. During this time, both Panhandle NFP and Mountain States Group EHS have developed CQI plans to retain home visiting staff.

In the contracting process, the 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 (IMH) 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. 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 continues 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 (IDHW) 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

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IDHW 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 providing further feedback on centralized intake and waiting upon a specialized report that is being refined to help automate and direct the process. The data system developers completed a version of the report in July 2013 and underwent testing by MIECHV staff through November 2013. MIECHV staff continues to work with system developers to refine the centralized intake and referral process. The report is expected to be available for use by LIAs in September 2014.

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 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 continued outreach to community partners, establishing referral processes, utilizing recruitment materials, and recruiting participants into the MIECHV program.

Participant recruitment has continued to be 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. Additionally, eligible families are leaving Shoshone county in order to find better employment in Kootenai county and Spokane, WA.

Of note, Mountains States Group EHS had exclusively served Shoshone county. In order to address the issue of families moving from Shoshone county to Kootenai county, the LIA has shifted five of eleven slots to Kootenai county to attempt to maintain continuity of care. (LIAs are contractually required that no less than 15% of enrolled participants reside in the less-populated service area).

Table 2: MIECHV Program Attrition Rate (September 1, 2013-March 31, 2014)

Service Area	Program	Total Enrolled	Total Exited	Attrition Rate
Twin Falls & Jerome	Community Council of Idaho: Early Head Start	13	1	8%
Kootenai & Shoshone	Panhandle Health District: Nurse-Family Partnership	19	3	16%
	Mountain States Group: Early Head Start	11	4	36%
	ICARE: Parents as Teachers	21	7	33%

Home Visiting Caseload

As of March 2014, LIAs are between 63 and 89 percent of enrollment capacity of families across the target communities. Agencies are responsible for adhering to model specific enrollment rate requirements 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. EHS counts slots by children and pregnant women rather than families.
- *Nurse-Family Partnership:* Nurse home visitor is expected to maintain a caseload of 25 families. Nurse home visitors may only add a maximum of 3 families per week to their caseload.
- *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	5	6	30	8
Current Enrollment (March 2014)	9**	3**	37	7	3**	4**	20	2
Total Served (Inception through March 31, 2014)	16	5	62	8	5	17	69	12
Continuing Families (Year 1)*	9	3	26	3	3	5	19	2
Continuing Families (Year 2)*	6	3	18	2	0	4	13	2
New Families (Year 1)*	4	2	16	5	2	1	11	6
New Families	7	2	24	6	5	2	17	6

(Year 2)*								
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*Figures for continuing and new families are projections based on current enrollment, expected enrollment, and attrition. Year 1 timeframe is September 1, 2014 – September 30, 2015 and Year 2 timeframe is October 1, 2015 – September 30, 2016.

**Mountain State Group EHS is currently serving five families in five children and pregnant women in Kootenai (three families) and six children and pregnant women (four families) in Shoshone county, meeting model standards for full enrollment. Community Council of Idaho EHS is serving 13 children and pregnant women in Twin Falls county (9 families) and four children (three families) in Jerome county.

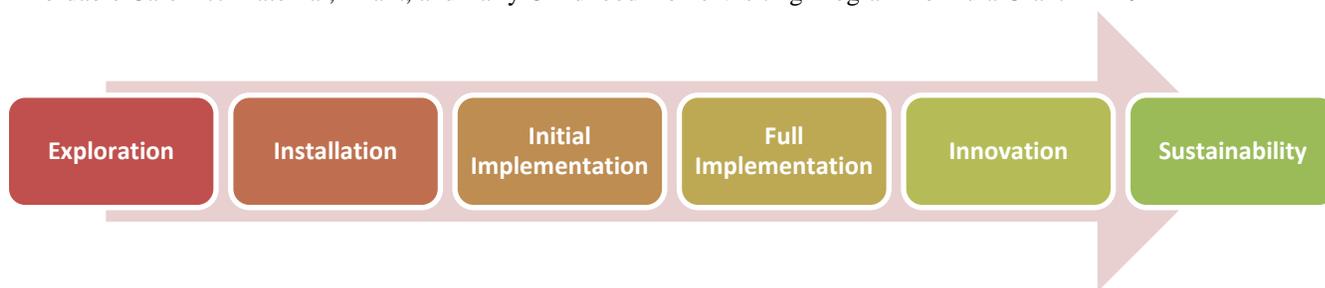
Community Resource Coordination

LIAs submit an annual community partnership report indicating formal and informal partnerships in the target communities. The last report was submitted June 2013, and the next report will be submitted June 2014. 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 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 have 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 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 MIECHV program. Additionally, the 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

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 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 PAT and EHS for more than ten years, while two other LIAs started up EHS and NFP programs through the MIECHV program. One challenge the 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 have been challenges in community 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. This dialogue continues through the local Community Advisory Boards, Regional Early Childhood Coordinating Council meetings, and outreach and recruitment efforts by local implementing agencies. Additionally, there have been challenges related to reflective supervision and understanding how 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. One agency has subcontracted with an IMH-E Level III affiliated with the Idaho Association for Infant and Early Childhood Mental Health (AIM Early Idaho) agency is working with an the existing contractor for clinical supervision to develop a plan. Challenges still remain for LIAs in navigating what constitutes reflective supervision and who is qualified to provide it, as well as the differences between model requirements for providing reflective supervision and the AIM Early Idaho requirements for reflective supervision.

Implementing an evidence-based home visiting program in a frontier community, such as Shoshone County, has required careful monitoring to assure that families receive appropriate frequency and duration of services. The MIECHV program anticipates addressing 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 who travel long distances and work 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 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

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degree state MIECHV programs are to assure model fidelity. However, as MIECHV has strengthened its relationships with the Office of Head Start, PAT and NFP, it is anticipated that roles in monitoring model fidelity will become clarify in the coming year.

Progress Toward Meeting Legislatively Mandated Reporting on Benchmark Areas

The MIECHV program has dedicated a significant amount of time and resources to continue the 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 MIECHV program began to develop standard data collection forms for the EHS and PAT programs and working with NFP 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 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 Stages 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)

With many moving parts and extenuating factors, including rapidly changing information, local implementation agency communication on timelines and expectations for data collection, and lengthy data system updates and testing, all contributed to challenges in the collection of benchmark data for the MIECHV program. 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 MIECHV program continues to extract, clean, and analyze data for upcoming DGIS reports.

All four LIAs have reported issues utilizing the data system due to lack of familiarity, difficulty in navigation, challenges in running reports in the system, and data system glitches. These challenges have impacted the quality of data entered into the system by LIAs as there is a large quantity of missing data. There have been on-going challenges with the data system since it went live. In December 2013 and January 2014, the MIECHV state lead conducted on-site visits with the LIAs to assess issues with data entry and data system navigation. The MIECHV state lead and data specialist have uncovered a number of updates that needed in the data system. The MIECHV program will continue to work with the database provider to make updates to the data system. The MIECHV program will also continue to provide data system training to LIAs.

Despite challenges, the MIECHV program has had a number of successes implementing the benchmark data and collection plan. Data collection compliance from LIAs has increased with greater communication on timeframes. The quality of data entry has also improved with ongoing technical assistance from the data specialist. Since the submission of Form 2 for the FY13 DGIS there is now enough data to begin to analyze how LIA's are performing in process measures of the benchmarks. The BSU Evaluation Team has begun compiling quarterly benchmark summaries for each LIA for trend analysis to identify strengths and CQI topics. This has been supported by MIECHV efforts to streamline data quarterly checking and cleaning systems to ensure quality data.

The MIECHV data specialist and state lead have completed week-long refresher trainings in data system administration and several self-paced trainings on reporting. The data specialist is currently responding to small technical assistance requests by LIAs and becoming familiar with the data system. The MIECHV data specialist runs reports and extracts data from multiple levels: participant, home visitor, agency, target community, or statewide. Additionally, the data system administrator has worked with the database provider to update components of the data system, develop and run reports, and monitor data entry and data quality. The 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

Prior to FY 13, the MIECHV program has been working with the LIAs to understand where organizations are on the continuum of implementation. 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. The MIECHV program 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.

In response to the need for CQI training, the 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 established quarterly supervisor roundtable calls that began in December 2012, in which much focus has been on CQI plans and processes.

With the hiring of a new state lead in August 2013, technical Assistance on CQI resumed to support the writing of a job description for a trainer and coach that could deliver the Data 101 training series, CQI workshop, and provide mentoring to state and local staff for CQI processes.

Technical assistance was also provided to continue CQI support to implementing agencies to prepare them for training and coaching. Quarterly supervisor roundtable calls resumed in October of 2013, to discuss LIA and state MIECHV CQI goals. Additionally, individual agency check-in calls with the State lead have been instituted between the quarterly supervisor roundtable calls, addressing CQI efforts as well as other training and technical assistance needs. The state lead made site visits in December 2013 and January 2014 to local implementing agencies, which included discussing the progress of local level CQI teams and their efforts.

MIECHV also provided technical assistance to the three North Idaho programs to help them better address CQI at the regional level through their shared Community Advisory Board, which is hosted quarterly. The North Idaho implementing agencies experienced frustration with the recruitment and consistent attendance of other community members. MIECHV sought technical assistance and was able to support a transition to a Community Advisory Board meeting that include two large community level meetings and two small meetings focused only on CQI.

CQI Plan

The 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-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 and local levels is in development and will include a state CQI team and local CQI teams. The formation of these teams is underway. The local CQI teams currently include: home visitors, supervisors, and community members. The BSU evaluators have been providing quarterly updates for LIA's. MIECHV is working with LIAs to involve parents. The state CQI team currently includes: state lead, data specialist, BSU Evaluation Team, and local implementing agency directors. MIECHV intends to recruit 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.

PAT, NFP and EHS 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 LIAs, the MIECHV program has been cultivating partnerships with national model developers to align monitoring activities and determine methods for developing CQI plans and processes in accordance with expected processes and outcomes.

When the CQI teams are fully 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 align with the constructs in required benchmark areas. The

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indicators being assessed during the initial CQI process are based on the outcomes identified from Form 2 of the FY13 DGIS. These items include:

- Schedule of prenatal checkups
- Education on the risks of smoking
- Post-partum depression screening
- Providing referrals and follow-up for health insurance
- Developmental Assessments
- Social Emotional Assessments
- Domestic Violence screening
- Domestic Violence referrals
- Domestic Violence safety plans
- Number of completed referrals

From these issues, Domestic Violence Screening, Referrals, and Safety Planning were identified as a State-level goal. LIA's have adopted, local level indicators including education on the risks of smoking, completing forms in a timely manner, and referrals. The state has submitted and received approval for a technical assistance on domestic violence as of May 2014.

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 been occurring since June 2012 to assess differences between current performance and desired performance based on targets. At this point, most baseline data has been established. The MIECHV data system (Efforts to Outcomes) is a robust reporting functionality to facilitate the assessment stage. Those processes or outcomes not meeting target have been flagged and prioritized for follow-up with the "Plan-Do-Check-Act" (PDCA) process with state/local administrators, model developers, and the CQI team.

3. Initiative

The MIECHV CQI teams have begun to address performance improvement opportunities using the "Plan-Do-Check-Act" (PDCA) 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 has been providing 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 July 2012 prior to enrolling families in service delivery and have been re-submitted every six months. LIAs identified the following topics for improvement:

- Collecting and entering quality data efficiently and accurately
- Increase home visit completion rates
- Improve play group and parent-child interactions
- Hiring, training, and retaining home visitors in frontier and rural communities
- Community partnership development
- Availability of dental and mental health providers in rural and frontier communities

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

The State has selected Benchmark 4: Domestic Violence as its focus for CQI. This includes assessments, referrals, and safety planning. The State team is in the Plan stage of PDCA, gathering data to conduct a root cause analysis of assessment completion. The state has worked with the BSU evaluation team to collect the data related to incomplete and late assessments or analyzing participant characteristics and program compliance. MIECHV intends to review the data with LIAs during the May 2014 quarterly director's phone call.

Domestic violence assessments, referrals and safety plans are crucial to health and safety outcomes of women and children enrolled in MIECHV. Children who live in homes where the mother has experienced domestic violence are more likely to experience learning or behavior problems. Addressing domestic violence through early intervention supports all benchmark outcomes for children, meaning they are more likely to be ready to learn at school age.

4. Evaluation

The MIECHV program requires LIAs to submit an annual performance evaluation. The performance evaluation summarizes 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.

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.			
PDCA Cycle Framework			
<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			

Table 1: Continuous Quality Improvement	
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:	
5-16-12	

Administration of State Home Visiting Program

The IDHW is the designated 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 and the MCH Program Manager serves as the Title V CYSHCN Director. This places the MIECHV program directly in the state MCH structure. Please see Attachment 7 for updated program and organizational charts.

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 LIAs to provide feedback and address successes and challenges.</i>		
Provide written response to annual reports to address successes, challenges, recruitment, retention, and program sustainability	August 2014—September 2014	State lead
Hold teleconference with all local implementing agencies (LIAs) to discuss common implementation and service delivery themes across all agencies	September 2015	State lead
<i>Objective 1.B: By January 2015, provide training to LIAs and assess progress on utilizing centralized intake process in target communities.</i>		
Finalize custom centralized intake report in the ETO data system for LIAs in Kootenai and Shoshone counties	September 2014	Data specialist
Provide training via webinar to LIAs in Kootenai and Shoshone counties on utilizing the new centralized intake report	November 2014	State lead Data specialist
Provide on-going training and technical assistance regarding centralized intake and referral in Kootenai and Shoshone counties	November 2014 – September 2016	State lead Data specialist
<i>Objective 1.C: By November 2014, respond to 100% of training and technical assistance requests submitted to the MIECHV program by LIAs for the previous year.</i>		
Document receipt of formal and informal training and technical assistance requests from LIAs	September 2014	Data specialist
Provide initial response to requests including next steps within 3 business days	November 2014	Data specialist
Assess requests and determine method for delivery of training and technical assistance, including need assistance from for national technical assistance providers or national model developer assistance	January 2015	State lead Data specialist
Provide training and technical assistance per requests and assess need for on-going assistance	January 2015—September 2016	State lead Data specialist
<i>Objective 1.D: By September 2015, increase formal referral sources or service agreements for local MIECHV contracts and health related organizations within target community by 50%.</i>		
Provide on-going support to LIAs to identify community resources and referrals for women, children, and families enrolled in home visiting programs	September 2015	State lead
Goal 2: By September 2016, support LIAs in data use and implementing continuous quality improvement (CQI) practices in their everyday work.		
<i>Objective 2.A: By December 2014, deliver data use and CQI training to LIAs' 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 2014	State lead Data specialist
Finalize training materials and curriculum for the data use and CQI training developed by the	October 2014	State lead

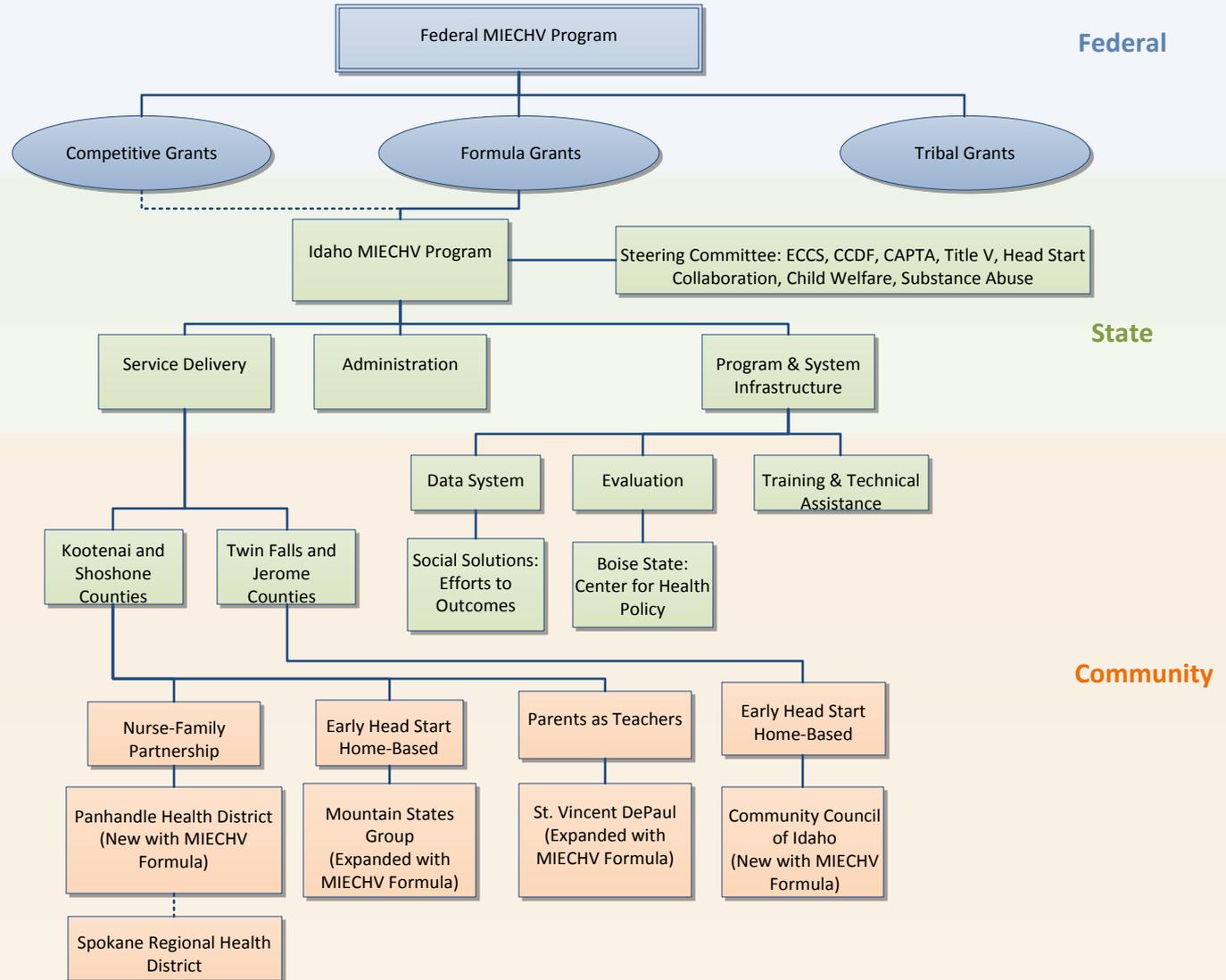
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Activity	Timeframe	Person Responsible
national technical assistance providers		Data specialist
Identify consultant or contractor to deliver the data use and CQI training to LIAs	June 2015	State lead
Deliver the data use and CQI training to LIAs' staff and collect and measure pre- and post-training indicators of knowledge, skill, and ability	August 2014—December 2016	Training contractor
<i>Objective 2.B: By September 2016, provide on-going data use and CQI consultation and mentorship to trainees and LIAs</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	September 2014	Training contractor
On a monthly basis, provide on-going data use and CQI consultation and mentorship to trainees and LIAs via webinars, teleconference, or email	September 2014 – September 2016	Training contractor
<i>Objective 2.C: By September 2016, Idaho MIECHV and LIAs will use data to guide three identified topics through the Plan, Do, Check, Act cycle.</i>		
Review progress on benchmarks, home visit rates, enrollment and retention to identify strengths and areas of need at the state level and by program	October 2014-January 2015	State lead Evaluation team Data specialist
Conduct root causes analysis of identified topics and develop a plan to address with data use and CQI consultation and mentorship to staff and LIAs via webinars, teleconferences, or email	February 2015	State lead Data specialist
Review data showing progress on identified CQI topics, analysis for improvement with data use and CQI consultation and mentorship to staff and LIAs via webinars, teleconferences, or email	August 2015	State lead Data specialist
Implementation of solutions to identified CQI topics with data use and CQI consultation and mentorship to staff and LIAs via webinars, teleconferences, or email	February 2016-September 2016	State lead Data specialist
Goal 3: By September 2016, assure continued MIECHV program participation in early childhood systems building efforts through the EC3 Early Childhood Home Visiting Ad Hoc Committee.		
<i>Objective 3.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 top five system needs through group assessment	July 2014	State lead
Narrow down to three or four major goals which can be addressed through the committee	October 2014	State lead
Create work plan describing major activities to address goals	January 2015	State lead Ad hoc committee
<i>Objective 3.B: By June 2015, 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 LIAs and directions on assessment completion	September 2014	State lead
Compile organizational capacity assessment results into a final report including discussion of barriers and recommendations	December 2014	State lead Data specialist
Report baseline data to Ad Hoc Committee and facilitate discussion regarding needs and next steps	March 2015	State lead Ad hoc committee

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Activity	Timeframe	Person Responsible
<i>Objective 3.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>		
Develop agenda, and identify speakers for summit	August 2014—September 2014	State lead Ad hoc committee
Hold inaugural statewide home visiting summit for all home visiting agencies and stakeholders	October 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 3.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
Goal 4: By September 2016, support LIAs in collecting timely, quality data.		
<i>Objective 2.A: By September 2015, revise the state-level data collection plan.</i>		
Develop matrix of forms/reports for DGIS Form 1 and Form 2 data and update forms if needed	August 2014-October 2014	State lead Data specialist
Develop data collection, checking, follow up, and cleaning matrix of who is responsible for which task and when	September 2014-January 2015	State lead Data specialist
Develop working draft of program data dictionary	August 2014-February 2015	Data specialist
Develop matrix of forms/reports for non-DGIS data collection and updates to forms and reports if needed	March 2015-May 2015	State lead Data specialist
<i>Objective 2.B: September 2016, provide ongoing training and support to LIAs on collecting and reporting high-quality data.</i>		
Provide annual reports highlighting data captured and data challenges to LIAs	October 2014	Evaluation team
Provide refresher training to LIAs on utilizing, navigating, and entering data into the ETO data system	January 2015	Data specialist
Provide on-going support to LIAs on correct use of forms, assessments, and data reporting	August 2014—September 2016	Data specialist

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