

FY 2023 CQI Plan

Date: June 28, 2023,

State/Territory Awardee: Indiana

Part 1. Updates on Prior CQI Activities since Last Update

1. What was your CQI Topic(s)?

From February 1, 2022, through April 30, 2023 Indiana provided Maternal Infant and Early Childhood Home Visiting (MIECHV) services to Indiana families through ten local implementing agencies (LIAs), who were required to conduct continuous quality improvement (CQI) efforts specific to identified needs and priorities of their local community and home visiting service provision. Indiana MIECHV LIAs, with support from Indiana's CQI Provider, Michigan Public Health Institute (MPHI) and the Indiana State MIECHV Team, addressed the CQI topics in the following table during this timeframe.

CQI Topic	Local Implementing Agency (LIA)
Referrals & Enrollment	Children and Parent Services (CAPS)
	Dunebrook
	Family Support Services
	New Hope Services
	Goodwill of Central & Southern Indiana
Acceptance Rates	Dunebrook
Retention	Mental Health America Northwest Indiana
	Goodwill Michiana
Employee Retention (Morale)	Mental Health America Northwest Indiana
	HealthNet
	Goodwill Michiana
Family Service Plans	New Hope Services
	Family and Children's Center
	Marion County Public Health Department
Breastfeeding	Goodwill of Central & Southern Indiana
Immunizations	CAPS
	Marion County Public Health Department
Curriculum Usage	Family and Children's Center
Parent Child Interaction	HealthNet
Family Empowerment	Goodwill of Central & Southern Indiana
Documentation	Goodwill Michiana

2. What was your SMART/SMARTIE aim(s)?

The following table includes SMART aims that guided LIAs improvement efforts between February 1, 2022 and April 30, 2023.

LIA	SMART Aim Statement
Child and Parent Services (CAPS)	By May 2022, Healthy Families Elkhart County (HFEC) will increase the percent of e-referrals to WIC for 10-16 months from 0% to 50%.
	By March 1, 2023, HFEC will increase the percent of children, who are 2 years or older, who have received recommended immunizations from 83% to 88%.
Dunebrook	By April 1, 2022, two Healthy Families LaPorte County (HFLC) home visitors will increase the percent of completed referral documentation (referral follow-up date and outcome noted in the system) from 45.5% to 75%.

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LIA	SMART Aim Statement
	<p>By September 1, 2022, 4 HFLC home visitors (1 supervisor's staff/caseload) will increase the percent of families that enroll in home visiting (home visiting acceptance rate) from 76% to 85%.</p> <p>By March 30, 2023, HFLC will increase the percent of referrals that complete an assessment by the third attempt from 27.3% to 40%.</p>
Family and Children's Center	<p>By July 2022, Healthy Families St. Joseph County (HFSJC) will increase the percent of created initial service plans for families (who enrolled in May) from 0% to 100%.</p> <p>By February 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percentage of home visits that used a curriculum from an average of 62% to 75%.</p> <p>By March 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percent of home visits that used a curriculum from an average of 62.1% to 75%.</p>
Family Support Services	<p>By September 30, 2022, the Referral Rockettes will have a complete list of referral sources.</p> <p>By December 15, 2022, Family Support Services will increase the percent of referral sources who have information on the program from 0% to 50%.</p> <p>By April 2023, there will be an increase in the number of referrals to Owen and Montgomery County from 35 to 40.</p>
Goodwill of Central and Southern Indiana	<p>By March 10, 2023, Goodwill Nurse Family Partnership (NFP) home visiting nurses and certified community health workers will increase client's feelings of being empowered to share concerns with their provider.</p> <p>By January 31, 2023, Goodwill Central and Southern Indiana will attempt to contact 15 hard to reach referrals from November.</p> <p>By November 30, 2022, Goodwill Central and Southern Indiana NFP will have all 8 administrative coordinators involved in the referral process the program uses to ensure consistency.</p> <p>By September 30, 2022, Goodwill Central and Southern Indiana NFP will have a formalized in-bound referral process.</p>
Goodwill Industries of Michiana	<p>By January 1, 2023, Goodwill Michiana Tri County NFP team will increase the consistency of complete information shared during the transfer process from 0% to 100%.</p>
HealthNet	<p>By January 1/31/2023 HealthNet's Healthy Families will increase the completion rate of the CCI tool by 3% from 52.9% to 55.9%.</p> <p>By September 15th, 2022, HealthNet Healthy Families will see an increase in home visit coverage from 9 visits to 15 visits covered.</p> <p>By March 31, 2022, Healthnet Healthy Families will report an increase in staff morale due to an increase in staff connection from 2.5 to 3.3.</p>
Marion County Public Health Department (MCPHD)	<p>MCPHD Healthy Families home visitors will increase the 6month immunization rate(7-2.B) by 12% from 48% to 60% by 09/24/22.</p> <p>MCPHD Healthy Families home visitors will increase the 18month immunization rate(7-2.C) by 13% from 57% to 70% by 09/24/2022.</p> <p>MCPHD healthy families' supervisors will increase initial service plan completion rate by 10% from 31% to 41% by 01/31/2023.</p> <p>MCPHD healthy families' supervisors will increase the initial service plan completion rate by 10% from 38% by 04/30/2023.</p>
Mental Health America of Northwest Indiana (MHANWI)	<p>By May 2022, MHANWI Healthy Families will increase retention of high-risk families from consent to the 3-month mark from 50%to 60%.</p> <p>By May 2022, MHANWI HF will improve employees (self-reported) feeling of connectedness from 2.17 to 2.5.</p>
New Hope Services	<p>By May 13, 2022, New Hope Services Supervisors and Family Support Specialists will increase compliance with monthly updates to service plans from 52% to 65%.</p> <p>By February 28, 2023, New Hope Services will increase the number of monthly referrals in Floyd County from 8 to 12 referrals.</p> <p>Between October 20, 2022, and November 20, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs in Jackson County.</p> <p>Between September 15 and October 15, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs.</p>

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LIA	SMART Aim Statement
IN MIECHV State Team	By March 1, 2023, Indiana MIECHV will engage at least one home visitor in each data TA session to support improved engagement.

3. Did you meet your SMART/SMARTIE aim(s)?

The following table includes SMART aims that guided agency team improvement efforts between February 1, 2022 and April 30, 2023, whether they were met or not, and if they were not met, an explanation for why.

LIA/CQI Team	SMART Aim	Was the SMART aim met? (Y/N)	If not, why not?
Child and Parent Services (CAPS)	By May 2022, Healthy Families Elkhart County (HFEC) will increase the percent of e-referrals to WIC for 10-16 months from 0% to 50%.	No	The LIA noticed that since they were only measuring a six-month timeframe, they were not getting a full picture of the improvement. Any WIC e-referrals entered up prior to that timeframe were not included. Had the referrals prior to 10 months been included there would have been a bigger improvement.
	By March 1, 2023, HFEC will increase the percent of children, who are 2 years or older, who have received recommended immunizations from 83% to 88%.	Yes	
Dunebrook	By April 1, 2022, two Healthy Families LaPorte County (HFLC) home visitors will increase the percent of completed referral documentation (referral follow-up date and outcome noted in the system) from 45.5% to 75%.	Yes	
	By September 1, 2022, 4 HFLC home visitors (1 supervisor's staff/caseload) will increase the percent of families that enroll in home visiting (home visiting acceptance rate) from 76% to 85%.	Yes	
	By March 30, 2023, HFLC will increase the percent of referrals that complete an assessment by the third attempt from 27.3% to 40%.	Yes	
Family and Children's Center	By July 2022, Healthy Families of St. Joseph County (HFSJC) will increase the percent of created initial service plans for families (who enrolled in May) from 0% to 100%.	Yes	
	By February 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will	No	The LIA noted that there were changes to the database design of documenting curriculum which caused

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LIA/CQI Team	SMART Aim	Was the SMART aim met? (Y/N)	If not, why not?
	increase the percentage of home visits that used a curriculum from an average of 62% to 75%.		confusion and highlighted differences in the way the data was being captured.
	By March 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percent of home visits that used a curriculum from an average of 62.1% to 75%.	No	The LIA did not meet their goal but they did see an improvement to 68%.
Family Support Services	By September 30, 2022, the Referral Rockettes will have a complete list of referral sources.	Yes	
	By December 15, 2022, Family Support Services will increase the percent of referral sources who have information on the program from 0% to 50%.	Yes	
	By April 2023, there will be an increase in the number of referrals to Owen and Montgomery County from 35 to 40.	No	The LIA had multiple staff leave which greatly impacted their ability to execute the plan.
Goodwill of Central and Southern Indiana	By March 10, 2023, Goodwill Nurse Family Partnership home visiting nurses and certified community health workers will increase client's feelings of being empowered to share concerns with their provider.	Yes	
	By January 31, 2023, Goodwill Central and Southern Indiana will attempt to contact 15 hard to reach referrals from November.	Yes	
	By November 30, 2022, Goodwill Central and Southern Indiana NFP will have all 8 administrative coordinators involved in the referral process the program uses to ensure consistency.	Yes	
	By September 30, 2022, Goodwill Central and Southern Indiana NFP will have a formalized in-bound referral process.	Yes	
Goodwill Industries of Michiana	By January 1, 2023, Goodwill Michiana Tri County NFP team will increase the consistency of complete information shared during the transfer process from 0% to 100%.	No	The test was extended due to a lack of transfers and therefore not accomplished within the specified timeframe established in the aim statement. However, once the LIA received transfer clients the improvement

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LIA/CQI Team	SMART Aim	Was the SMART aim met? (Y/N)	If not, why not?
			theory was correct and the aim was met at that time.
HealthNet	By January 1/31/2023 HealthNet Healthy Families will increase the completion rate of the CCI tool by 3% from 52.9% to 55.9%	Yes	
	By September 15th, 2022, HealthNet Healthy Families will see an increase in home visit coverage from 9 visits to 15 visits covered.	No	Results showed an increase in requests for home visit coverage but not an increase in the number of visits covered, nor a reduction in reported staff stress.
	By March 31, 2022, Healthnet Healthy Families will report an increase in staff morale due to an increase in staff connection from 2.5 to 3.3.	No	The LIA noted an increase of reported staff morale from 2.5 to 3.1 during test period, which did not meet the aim; however, the improvement theory, which offered breakout groups at the all staff meeting, was correct.
Marion County Public Health Department (MCPHD)	MCPHD Healthy Families home visitors will increase the 6-month immunization rate(7-2.B) by 12% from 48% to 60% by 09/24/22. MCPHD Healthy Families home visitors will increase the 18-month immunization rate(7-2.C) by 13% from 57% to 70% by 09/24/2022.	Yes – 6-month, No – 18-month	The LIA determined upon reflection that the PDSA cycle addressed the incorrect root cause.
	MCPHD healthy families’ supervisors will increase initial service plan completion rate by 10% from 31% to 41% by 01/31/2023.	Yes	
	MCPHD healthy families’ supervisors will increase the initial service plan completion rate by 10% from 38% by 04/30/2023.	Yes	
Mental Health America of Northwest Indiana (MHANWI)	By May 2022, MHANWI Healthy Families will increase retention of high-risk families from consent to the 3-month mark from 50%to 60%.	No	During the test, only 2 out of 10 families were actively enrolled. The LIA had 9 families enrolled but dropped out of the program before the 3-months due to going back to work or not having time for the program. The LIA learned that their efforts needed to be focused on the initial engagement process before enrolling in the program.
	By May 2022, MHANWI HF will improve employees (self-reported) feeling of connectedness from 2.17 to 2.5.	Yes	
New Hope Services	By May 13, 2022, New Hope Services Supervisors and Family Support Specialists will increase compliance	Yes	

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LIA/CQI Team	SMART Aim	Was the SMART aim met? (Y/N)	If not, why not?
	with monthly updates to service plans from 52% to 65%.		
	By February 28, 2023, New Hope Services will increase the number of monthly referrals in Floyd County from 8 to 12 referrals.	Yes	
	Between October 20, 2022, and November 20, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs in Jackson County.	Yes	
	Between September 15 and October 15, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs.	Yes	
IN MIECHV State Team	By March 1, 2023, Indiana MIECHV will engage at least one home visitor in each data TA session to support improved engagement.	Yes	

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

Across LIAs progress was made in regard to:

- organizational systems and supports for CQI,
- family involvement in CQI efforts,
- discovering successful changes or interventions tested through PDSA cycles,
- methods and tools to support CQI work,
- measurement and data collection processes,
- monitoring and assessing progress, and
- equity related components.

To support organizational systems for CQI, each LIA participated in monthly coaching with their Michigan Public Health Institute (MPHI) QI Coach and received an in-person or virtual, four-hour support visit from their MPHI QI coach to provide just-in-time, tailored coaching support for current and future improvement efforts. Additionally, ongoing virtual QI training/learning opportunities were offered to all LIAs throughout the time period reflected in this plan report to support beginner, intermediate, and advanced training needs. Finally, QI Community of Learning (CoL) gatherings continued to provide a quarterly opportunity for LIAs to share with and learn from one another.

Family involvement in quality improvement efforts continues to be a priority for Indiana. Many of the LIAs collect feedback from families informally through conversations during home visits and formally through surveys. To help further support integration, each LIA completed the Home Visiting CoLIN Parent Leadership Assessment between December 2022 and January 2023 for the second time (first iteration was completed in January/February 2022). Using the data from the assessment, the LIAs, with support from their MPHI coach, developed action plans that included goals and

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strategies/activities to support establishing a structure for family engagement in their QI team. Additional information about the LIA activities can be found in Part 2, question 5.

The LIAs tested the following successful changes or interventions through PDSA cycles between February 2022 and April 2023:

- Plan and provide educational material from local county public health departments to families, specifically right before well-child visits.
- Develop a tracking spreadsheet to organize and track referral contacts.
- Meet with referral sources and share “one-pager” explaining the program that can be provided to families.
- Provide program staff with opportunities to engage with one another.
- Retrained and streamlined the process for home visitors to enter referral follow-up date in data system.
- Create a welcome letter to engage new families and inform them of the Healthy Families Program.
- Develop an excel tracking spreadsheet for referral outcomes.
- Create a transfer form to help increase consistency of information that was collected.
- Incorporate updating service plans monthly into supervision process.
- Provide families with emergency supplies they need to help offset some of the struggles and crisis with the pandemic.
- Meet with referral sources to share information on the program and the referral process.
- Develop an immunization training plan to use during new hire orientation.
- Establish a standardized way to track initial service plan completion.
- Staff ask about medical appointments during the visit, seek more information from families in initial visits, and talk more about attachment theory and self-efficacy early on in enrollment.
- Design and utilize a notecard to mail to referrals that are hard to reach.
- Develop a formalized in-bound referral process.
- Develop a visual reminder for Cheers Check In (CCI) tool completion.
- Send weekly emails about dates and times staff have available to cover home visits for staff on vacation/leave.
- Utilize collaboration tools to enhance the experience and participation for the team.

During PDSA cycles, LIAs utilized a variety of QI concepts and tools for their PDSA cycles. Tools used included: team charters, process maps, standard operating procedures, fishbone diagrams, tree diagrams, five whys, force field analysis, affinity diagrams, prioritization matrix, run charts, stacked bar charts, and story boards for documenting, understanding, and sharing progress to support their PDSA cycles. Information and support for these tools are shared during coaching, trainings, and CoLs.

Measurement and data collection was (and is) an ongoing challenge for all LIAs. LIAs have been accustomed to relying on model data systems for data for improvement efforts in the past, and while these systems are adequate for most typical data measures, LIAs have learned that the data in these systems is often challenging to extract for small-scale improvement efforts and does not lend itself to informing creative tests of change. Several data-focused learning opportunities have been provided in the past to support LIAs in this space. MPHI QI Coaches have continued to work diligently with LIAs to

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identify measures that aligned with what LIAs were hoping to learn through their improvement efforts, and appropriate data collection mechanisms to track data for measures overtime. Check sheets, simple Excel tracking worksheets, pre- post-assessments, surveys, etc. are all examples of ways LIAs are working to collect and compile data for their PDSA cycles outside of typical data collection systems/software. Overall, the data collection methods LIAs used were simple and designed to not be a burden on staff time. LIAs reported taking lessons learned and using them as they move forward into future PDSA cycles. Many of the LIAs also report continued monitoring of the change tested in previous PDSA cycles to ensure gains made were sustained.

LIAs had opportunities to learn about and engage in discussion around integrating equity into quality improvement efforts through a session held at the Spring Institute for Strengthening Families, virtual learning opportunities, and Community of Learning gatherings. During these opportunities, MPHI coaches share information related to integrating equity into identification of the problem/challenge/opportunity for improvement, development of the problem statement and aim statement, and brainstorming and identification of root causes.

5. Did you encounter challenges in the implementation of your CQI project (e.g., provision of organizational systems and support, engagement of families in CQI work, testing changes or interventions, using methods and tools, developing and implementing measurement and data collection, monitoring and assessing progress, challenges due to COVID-19 etc.)?

LIA/CQI Team	SMART Aim	Challenges encountered? (Y/N)	If yes, please describe challenges encountered.
Child and Parent Services (CAPS)	By May 2022, Healthy Families Elkhart County (HFEC) will increase the percent of e-referrals to WIC for 10-16 months from 0% to 50%.	Yes	The LIA reported difficulty in collecting comprehensive data in a short 2-month period when staff had 6 months to complete a WIC referral.
	By March 1, 2023, HFEC will increase the percent of children, who are 2 years or older, who have received recommended immunizations from 83% to 88%.	No	
Dunebrook	By April 1, 2022, two Healthy Families LaPorte County (HFCL) home visitors will increase the percent of completed referral documentation (referral follow-up date and outcome noted in the system) from 45.5% to 75%.	No	
	By September 1, 2022, 4 HFCL home visitors (1 supervisor's staff/caseload) will increase the percent of families that enroll in home visiting (home visiting acceptance rate) from 76% to 85%.	No	
	By March 30, 2023, HFCL will increase the percent of referrals that complete an assessment by the third attempt from 27.3% to 40%.	Yes	The LIA stated that creating a tracking document to capture and report the data in a way that was easy to sort was a challenge.
Family and Children's Center	By July 2022, Healthy Families of St. Joseph County (HFSJC)	Yes	Initial services plans were being completed during supervision

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LIA/CQI Team	SMART Aim	Challenges encountered? (Y/N)	If yes, please describe challenges encountered.
	will increase the percent of created initial service plans for families (who enrolled in May) from 0% to 100%.		for the test period but the LIA noted there wasn't enough time to complete during supervision session.
	By February 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percentage of home visits that used a curriculum from an average of 62% to 75%.	Yes	When digging deeper in to the data, the LIA noticed that staff were entering the data in differently, which meant that all of the data related to curriculum usage was not being pulled. Therefore, the data was not comparable.
	By March 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percent of home visits that used a curriculum from an average of 62.1% to 75%.	No	Data reports were updated changing the way that the data was collected from baseline to the test.
Family Support Services	By September 30, 2022, the Referral Rockettes will have a complete list of referral sources.	No	
	By December 15, 2022, Family Support Services will increase the percent of referral sources who have information on the program from 0% to 50%.	No	
	By April 2023, there will be an increase in the number of referrals to Owen and Montgomery County from 35 to 40.	Yes	The LIA reported a lack of available staff to engage with referral sources and the limited number of program openings.
Goodwill of Central and Southern Indiana	By March 10, 2023, Goodwill Nurse Family Partnership home visiting nurses and certified community health workers will increase client's feelings of being empowered to share concerns with their provider.	Yes	There were several challenges experienced with this cycle including analyzing quantitative data, data collection, bandwidth, not being able to use the same sample of clients for the Post-Assessment as the Pre-Assessment and the cycle timeline being extended.
	By January 31, 2023, Goodwill Central and Southern Indiana will attempt to contact 15 hard to reach referrals from November.	No	
	By November 30, 2022, Goodwill Central and Southern Indiana NFP will have all 8 administrative coordinators involved in the referral process the program uses to ensure consistency.	Yes	The LIA experienced a challenge creating a referral process that would be efficient once they expand their reach throughout the state.
	By September 30, 2022, Goodwill Central and Southern Indiana NFP will have a formalized in-bound referral process.	No	
Goodwill Industries of Michiana	By January 1, 2023, Goodwill Michiana Tri County NFP team will increase the consistency	Yes	No clients were transferred during the test period, so the timeline was extended.

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LIA/CQI Team	SMART Aim	Challenges encountered? (Y/N)	If yes, please describe challenges encountered.
	of complete information shared during the transfer process from 0% to 100%.		
HealthNet	By January 1/31/2023 HealthNet's Healthy Families will increase the completion rate of the CCI tool by 3% from 52.9% to 55.9%	No	
	By September 15th, 2022, HealthNet Healthy Families will see an increase in home visit coverage from 9 visits to 15 visits covered.	Yes	The LIA noted that home visit coverage availability was limited for the number of home visits that needed coverage and that family's preference for their established home visitor prevented coverage in some situations.
	By March 31, 2022, Healthnet Healthy Families will report an increase in staff morale due to an increase in staff connection from 2.5 to 3.3.	Yes	The all staff meeting was changed to a virtual meeting due to significant increase in Covid-19 numbers. Team members attempted to conduct break-out groups using TEAMS but were unsuccessful due to technical issues. The Team decided to abandon January break-out groups and conducted the second test in February's all staff meeting.
Marion County Public Health Department (MCPHD)	MCPHD Healthy Families home visitors will increase the 6-month immunization rate(7-2.B) by 12% from 48% to 60% by 09/24/22. MCPHD Healthy Families home visitors will increase the 18-month immunization rate(7-2.C) by 13% from 57% to 70% by 09/24/2022.	Yes	Frequent changes in the data created a limitation for the test group and prevented testing as planned.
	MCPHD healthy families' supervisors will increase initial service plan completion rate by 10% from 31% to 41% by 01/31/2023.	Yes	The LIA shared that due to the small number of supervisors testing the service plan completions, success was challenging to determine.
	MCPHD healthy families' supervisors will increase the initial service plan completion rate by 10% from 38% by 04/30/2023.	No	
Mental Health America of Northwest Indiana (MHANWI)	By May 2022, MHANWI Healthy Families will increase retention of high-risk families from consent to the 3-month mark from 50%to 60%.	Yes	The LIA found that providing monetary incentives was not successful and did not help increase retention.
	By May 2022, MHANWI HF will improve employees (self-reported) feeling of connectedness from 2.17 to 2.5.	No	
New Hope Services	By May 13, 2022, New Hope Services Supervisors and Family Support Specialists will increase compliance with	No	

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LIA/CQI Team	SMART Aim	Challenges encountered? (Y/N)	If yes, please describe challenges encountered.
	monthly updates to service plans from 52% to 65%.		
	By February 28, 2023, New Hope Services will increase the number of monthly referrals in Floyd County from 8 to 12 referrals.	No	
	Between October 20, 2022, and November 20, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs in Jackson County.	No	
	Between September 15 and October 15, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs.	No	
IN MIECHV State Team	By March 1, 2023, Indiana MIECHV will engage at least one home visitor in each data TA session to support improved engagement.	Yes	The team noted that timeline is still a challenge for getting information prepped and shared out in advance of the data TA sessions.

6. Did you engage support from technical assistance providers (e.g., specialized coaching, training or sharing of resources) or participate in quality improvement learning opportunities or special initiatives (e.g., HV ColIN 2.0 or CQI Practicum) for the purposes of improving practices and methods related to CQI?

Yes, Indiana contracted with Michigan Public Health Institute (MPHI) to provide technical assistance and coaching related to quality improvement efforts at both the LIA and state team level. Indiana is also participating in the HV ColIN 3.0 focused on Staff Recruitment & Retention.

a. If yes, describe the format (e.g., coaching, training, resource document) and successful outcome of TA or participation.

MPHI has provided and continues to provide:

- One-on-one monthly QI coaching with LIAs. Each LIA has an assigned MPHI QI Coach to support their ongoing improvement efforts. Coaching support is tailored to each LIA to best meet them where they are in their improvement journey. QI coaching sessions are scheduled at a time that is convenient for both the LIA and MPHI QI Coach and often involves the LIA CQI team members. Many coaching sessions take place during already scheduled CQI team meetings to maximize the support that can be provided to all staff participating in improvement efforts.
- Ongoing QI coaching support to LIAs. In addition to monthly QI coaching sessions, LIAs can reach out to their MPHI QI Coach at any time with questions. Examples of this “just-in-time” technical assistance may include:
 - review of the QI team charter,
 - review or assistance with QI tools the team has worked through such as a process map, fishbone diagram, affinity diagram, etc.,
 - review or assistance with story board – telling the story of the PDSA cycle or understanding outcomes and next steps,

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- workshop a part of the LIA's improvement effort where the team is stuck via Zoom/Teams.
- supportive discussions to assist teams in selecting improvement efforts that are data-driven as well as meaningful to local teams.
- Monthly check-in calls with the Indiana state team. These calls provide an overview of LIA improvement efforts and activities, consultation around prioritization of training and learning opportunities for LIAs, space to develop Community of Learning content, development of training to meet LIA needs, consultation and planning for engaging families in CQI teams and weaving equity into QI efforts.
- Comprehensive QI workshops/trainings. Workshops/trainings provide LIA staff and State team members with beginning QI training so staff can actively engage in QI efforts. In September 2022, the Quality Improvement Foundations Workshop was carried out through five, three-hour, virtual sessions. The QI Foundations Workshop is designed to train participants on the basics of quality improvement, the Plan-Do-Study-Act (PDSA) cycle model, and key quality improvement tools (team charter, aim statement, process map, fishbone diagram, affinity diagram, improvement theory, etc.).
- "Just-in-time" training. Learning opportunities are available to address QI training needs as they arise across LIAs. A mix of in-person and virtual opportunities were offered between February 1, 2022, and April 30, 2023 and included:
 - **Celebrating Improvement Efforts! An opportunity to engage with and learn from peers:** This in-person session occurred at the Spring 2022 Institute for Strengthening Families. The session offered an opportunity for local implementing agencies (LIAs) engaged in QI efforts to pause and celebrate successes, accomplishments, and lessons learned.
 - **Sharpening Your Facilitation Skills:** This virtual session occurred virtually at the Fall 2022 Institute for Strengthening Families. During this session, facilitators reviewed critical considerations for all facilitators and some common techniques/tools and then moved to continuing to build participant's facilitation skills through the sharing of additional techniques/tools and group discussion.
 - **Authentically Engaging Families in your Organization's/Program's Efforts:** This virtual session occurred at the Fall 2022 Institute for Strengthening Families. The session focused on the importance of engaging families and how organizations/programs can assess and ready themselves for doing so. Through the session, participants learned about a tool (HV CoIIN Family Engagement Assessment) that supports assessing where your organization/program is on the continuum of family engagement and gained an understanding of how to use the tool and what to do with the results.
 - **Integrating Equity in Improvement Efforts:** This in-person session occurred at the Spring 2023 Institute for Strengthening Families. During the session facilitators defined equity, described many ways agencies can integrate equity into their QI efforts, shared discussion questions to support and guide conversations, and provided an orientation to the Problem Tree Diagram, a root cause analysis tool, which supports inclusion of equity when unpacking an opportunity for improvement.
 - **Learning Opportunities:** These opportunities are held virtually and provide participants with specific content, resources, and tools related to a variety of QI topics. Most recently, learning opportunity topics centered on engaging families and incorporating equity in QI activities.
 - **Community of Learning (CoL) Opportunities:** These opportunities offer a space for peer-to-peer discussion, sharing, and learning on different QI topics. Some topics

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include integrating equity into QI, family engagement in QI, and celebrating QI team successes.

- Support Visits. During the fall/winter of 2022/2023, LIAs selected whether they wanted an in-person or virtual intensive support visit provided by MPHI. Visits were tailored to each LIA’s needs to support them in furthering their knowledge, skills, and abilities in QI, as well as furthering current and/or new improvement efforts within their LIA. These intensive local opportunities were typically four hours in length.
- Overall support and guidance to the Indiana team. MPHI supports the Indiana state team on QI in general (practices and methods) and with regards to growing and nurturing the culture of quality at both state and local levels.

Additionally, three LIA teams were selected to participate in the My Healthy Baby Learning Collaborative, a quality improvement effort focused on increasing the conversion of referrals to enrolled families in home visiting programs in Indiana.

Overall, MPHI continues to be an integral part of the Indiana MIECHV team, providing specialized support in CQI. The support MPHI has carried out to date has provided benefit to LIAs and the Indiana MIECHV team in the following ways:

- Assist in moving QI efforts forward.
- Honing skills in applying QI methods, tools, and techniques.
- Recognizing that PDSA cycles can be small in scale.
- Strengthening understanding of and use of data for improvement.
- Support in wrapping up improvement efforts and documenting activities.

Indiana is also participating in the current HV ColIN 3.0 focused on Staff Recruitment and Retention. Lead staff from the Indiana MIECHV State Team and MPHI participate in HV ColIN sessions (learning sessions, action period gatherings, monthly Awardee Community of Practice (CoP), technical assistance sessions as needed, and so forth). MPHI provides technical support to complete all necessary reporting requirements and provides regular coaching sessions with the participating LIA to support the team throughout the HV ColIN process.

7. What are you doing to sustain the gains from your CQI project (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.)?

The following table outlines what each LIA is doing to sustain the gains from the PDSA cycle(s) they completed.

LIA/CQI Team	SMART Aim	What are you doing to sustain gains from this PDSA cycle?
Child and Parent Services (CAPS)	By May 2022, Healthy Families Elkhart County (HFEC) will increase the percent of e-referrals to WIC for 10-16 months from 0% to 50%.	The LIA will continue to collect data to determine if improvement is made. The LIA will keep the supplemental WIC e-referrals training ensuring it is presented to new staff and annually to all staff.
	By March 1, 2023, HFEC will increase the percent of children, who are 2 years or older, who have received recommended immunizations from 83% to 88%.	The LIA continues to require the use of the immunization packet and is working with the health department to ensure data is still up to date. The LIA will monitor immunization rates on a regular basis.
Dunebrook	By April 1, 2022, two Healthy Families LaPorte County (HFLC) home visitors will increase the percent of completed referral documentation (referral follow-up date and outcome noted in the system) from 45.5% to 75%.	Training for new staff on the documentation of referrals and referral follow-up process to sustain gains from the cycle.

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LIA/CQI Team	SMART Aim	What are you doing to sustain gains from this PDSA cycle?
	By September 1, 2022, 4 HFLC home visitors (1 supervisor's staff/caseload) will increase the percent of families that enroll in home visiting (home visiting acceptance rate) from 76% to 85%.	The LIA's supervisors are continuing to outreach new unenrolled families with a welcome letter.
	By March 30, 2023, HFLC will increase the percent of referrals that complete an assessment by the third attempt from 27.3% to 40%.	Family Resource Specialists continue to use the tracker and report that was created for this PDSA cycle.
Family and Children's Center	By July 2022, Healthy Families of St. Joseph County (HFSJC) will increase the percent of created initial service plans for families (who enrolled in May) from 0% to 100%.	The LIA decided to abandon the change tested and will look further into standard compliance with family service plans.
	By February 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percentage of home visits that used a curriculum from an average of 62% to 75%.	The LIA will update the training based on the feedback, clarify what counts towards curriculum to help staff become more familiar with what is available, share highlights of various types of curriculum and to re-train staff based on the updates to the database system.
	By March 2023, HFSJC Home Visitors (who have been with the agency for less than a year), will increase the percent of home visits that used a curriculum from an average of 62.1% to 75%.	The LIA will continue training on different curriculum to improve awareness and include conversations on curriculum into existing meetings on a regular basis.
Family Support Services	By September 30, 2022, the Referral Rockettes will have a complete list of referral sources.	The LIA is continuing to maintain the list of referral sources.
	By December 15, 2022, Family Support Services will increase the percent of referral sources who have information on the program from 0% to 50%.	The LIA developed relationships but due to staff turnover, the contact with referral sources has been paused.
	By April 2023, there will be an increase in the number of referrals to Owen and Montgomery County from 35 to 40.	The LIA hopes to resume contact with referral sources once additional staff are hired.
Goodwill of Central and Southern Indiana	By March 10, 2023, Goodwill Nurse Family Partnership home visiting nurses and certified community health workers will increase client's feelings of being empowered to share concerns with their provider.	The CUS tool educational PowerPoint is being integrated into the onboarding process and to established staff training.
	By January 31, 2023, Goodwill Central and Southern Indiana will attempt to contact 15 hard to reach referrals from November.	The LIA now uses text messages and mailed notecards to all hard to reach referrals following this cycle.
	By November 30, 2022, Goodwill Central and Southern Indiana NFP will have all 8 administrative coordinators involved in the referral process the program uses to ensure consistency.	The agency is continuing to expand communication opportunities with the statewide admin team and make sure that consistency continues.
	By September 30, 2022, Goodwill Central and Southern Indiana NFP will have a formalized in-bound referral process.	The agency is continuing to expand communication opportunities with the statewide admin team and making sure there is consistency with communication.
Goodwill Industries of Michiana	By January 1, 2023, Goodwill Michiana Tri County NFP team will increase the consistency of complete information	The LIA completed a standard operating procedure to ensure consistency in the process as the program expands and to sustain gains in the future.

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LIA/CQI Team	SMART Aim	What are you doing to sustain gains from this PDSA cycle?
	shared during the transfer process from 0% to 100%.	
HealthNet	By January 1/31/2023 HealthNet's Healthy Families will increase the completion rate of the CCI tool by 3% from 52.9% to 55.9%	The LIA has adjusted staff's Due/Done document, which outlines what is due for families and what has been done, to have the CCI be completed every 3-4 months.
	By September 15th, 2022, HealthNet Healthy Families will see an increase in home visit coverage from 9 visits to 15 visits covered.	The LIA shares upcoming home visit coverage availability in a weekly email that is sent to all staff.
	By March 31, 2022, Healthnet Healthy Families will report an increase in staff morale due to an increase in staff connection from 2.5 to 3.3.	The LIA has break-out groups that are held during the all staff bi-monthly meetings with Supervisor teams taking turns choosing and hosting discussion topics.
Marion County Public Health Department (MCPHD)	MCPHD Healthy Families home visitors will increase the 6-month immunization rate(7-2.B) by 12% from 48% to 60% by 09/24/22. MCPHD Healthy Families home visitors will increase the 18-month immunization rate(7-2.C) by 13% from 57% to 70% by 09/24/2022.	Integration of the new immunization training has been added to new hire orientation.
	MCPHD healthy families' supervisors will increase initial service plan completion rate by 10% from 31% to 41% by 01/31/2023.	The LIA has added the standardized tracking system for the initial service plan into all supervisors' caseload tracking systems.
	MCPHD healthy families' supervisors will increase the initial service plan completion rate by 10% from 38% by 04/30/2023.	The LIA determined a need to expand their test with service plans and will test this strategy on a wider scale.
Mental Health America of Northwest Indiana (MHANWI)	By May 2022, MHANWI Healthy Families will increase retention of high-risk families from consent to the 3-month mark from 50% to 60%.	The LIA will focus on creating relationships with high-risk families to engage them in the program instead of focusing on creating the relationship once they consent.
	By May 2022, MHANWI HF will improve employees (self-reported) feeling of connectedness from 2.17 to 2.5.	Due to the success, the LIA decided to add the activity to regularly scheduled seasonal/holiday events.
New Hope Services	By May 13, 2022, New Hope Services Supervisors and Family Support Specialists will increase compliance with monthly updates to service plans from 52% to 65%.	Data is pulled the first of every month to continue to monitor service plan compliance as well as training for any new supervisor.
	By February 28, 2023, New Hope Services will increase the number of monthly referrals in Floyd County from 8 to 12 referrals.	The LIA is continuing to do strategic outreach efforts and maintaining communication with community partners.
	Between October 20, 2022, and November 20, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs in Jackson County.	The Family Support Specialist (FSS) discusses the family's needs during home visits and continues to offer emergency supplies as needed. This was expanded to all 15 counties that New Hope Services serves.
	Between September 15 and October 15, 2022, New Hope Services will increase initial understanding of families' immediate needs and ability to fulfill needs.	The Family Support Specialist (FSS) discusses the family's needs during home visits and continues to offer emergency supplies as needed.
IN MIECHV State Team	By March 1, 2023, Indiana MIECHV will engage at least one home visitor in each data TA session to support improved engagement.	The team will continue to explore learning more about the next steps from the LIAs following the data TA sessions. The team will also look at the swim lane diagram that was developed for the data TA process to

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LIA/CQI Team	SMART Aim	What are you doing to sustain gains from this PDSA cycle?
		look for opportunities where there could potentially be some improvements that would support the time challenges the team has experienced with getting materials prepped and shared for the data TA sessions. Further, the team will continue to consider the amount of content covered at the data TA sessions to support finding balance with content and LIA discussion and sharing. The team plans to continue to invite home visitors to the data TA sessions based on the success of this effort.

8. Please explain the method(s) that you used to spread successful CQI activities to other LIAs? Please send as separate attachments any resources that were used to disseminate results.

As LIAs complete PDSA cycles, they assemble a story board to share the journey of their improvement effort as it unfolded. Story boards align with the stages and steps of the PDSA cycle and include examples of tools the LIA CQI team worked with to progress through their improvement effort. For Healthy Families Indiana (HFI) LIAs, story boards go through an approval process with the DCS Data Governance Committee before they are shared beyond the immediate CQI team.

As PDSA cycles were completed and appropriate approvals were received as needed, individual LIAs looked for opportunities to share their improvement efforts beyond the immediate project team. LIAs report sharing lessons learned during agency staff meetings, agency management meetings, with Advisory Boards, and with other relevant committees that had a stake or interest in the improvement efforts.

All story boards completed for PDSA cycles and approved to be shared, as applicable, are uploaded to the MPHI SharePoint Partner Portal for LIAs to access. Story boards are organized by topic area to support LIAs in locating boards they are interested in exploring. An Excel workbook is available on the portal that details all story boards that have been shared to the portal to provide another method to aid LIAs in locating story boards they would like to review. MPHI updates the portal on an ongoing basis. As of June 2023, there are 69 story boards available to LIAs illustrating PDSA cycles completed.

QI Coaches from MPHI stayed attune to topic areas LIAs were selecting for improvement and shared, when applicable, information from other Indiana MIECHV LIAs who had engaged in or were currently engaging in a similar improvement effort in the same topic area. While this did not necessarily result in the spread of testing successful change ideas beyond the original LIA who tested the idea, it began to support LIAs in *thinking* about how to potentially collaborate with one another when working in the same or similar topic areas.

QI Community of Learning (CoL) gatherings continued for the LIAs. Gatherings are virtual, 90 minutes in length, and occur once per quarter. The purpose of the QI CoL gatherings is to foster collaborative learning and support the spread of successful change ideas as well as the sharing of ideas that did not work as planned so LIAs can learn from one another. Gatherings for the remainder of FY 2023 have already been scheduled.

In the spring of 2022 and 2023, sessions were held in person at Indiana’s biannual Institute for Strengthening Families. This session focused on celebrating improvement efforts and offered an opportunity for LIAs to engage with their peers involved in MIECHV and beyond. During the session, story boards from past PDSA cycles were present along with team members who were involved in the improvement efforts and participants had the opportunity to travel around the room and learn about

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various cycles across a broad range of topics. The goal was for participants to gather learnings that they can bring back and apply at their own agency or program.

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

Each Indiana MIECHV LIA embarks on and completes PDSA cycles in topic areas that align with where the LIA determines improvement is warranted based on data and information they have at hand from their data systems and quarterly MIECHV performance measure reviews. Change ideas LIAs test are born out of the work the LIA does during the Plan stage of the PDSA cycle to review baseline data, examine their current process(es), explore root cause, and identify potential solutions that will best address the root cause of the problem/challenge they have at hand. LIAs are encouraged to look to promising and best practices as they engage in improvement efforts; however, most of the change ideas LIAs test are unique ideas the LIA developed based on the efforts carried out during the Plan stage of their PDSA cycle. The table below outlines successful change ideas tested by Indiana MIECHV LIAs that other awardees may find of interest.

LIA	Successful Innovation Tested
Child and Parent Services (CAPS)	Collaboration with external partners and an immunization packet that is not only being used by Healthy Families staff but also Elkhart County Health Dept staff.
Dunebrook	The LIA has offered to share the welcome letter that is used with unenrolled families as well as the tracking document and how to access the report for other LIAs looking at enrollments.
Family Support Services (FSS)	A tracking form where staff can document referral source, primary contact, agency information, last contact date, and the type of information that was provided to them.
Goodwill of Central and Southern Indiana	The Concerned Uncomfortable Safety (CUS) tool educational PowerPoint for empowering clients, as well as the notecards and referral process that is now being used to enroll clients.
Goodwill Industries of Michiana	A transfer form was created and has now been shared with other LIAs within the state.
Marion County Public Health Department	An immunization data entry training plan for immunizations and the tracking system used by supervisors for initial service plan completion.
Mental Health America of Northwest Indiana (MHANWI)	Utilizing a Gift Cards to incentivize family retentions in home visiting services.
New Hope Services	The LIA created a training specific to service plans, a panel card with a QR code to the online referral for community partners, and a list of emergency items offered to families.

10. What lessons learned will you apply to your FY23 CQI plan?

As each Indiana MIECHV CQI team identifies their own topic areas for improvement based on what their program and/or MIECHV performance measure data are telling them about opportunities for improvement that exist, they also identify lessons learned from their improvement efforts that are important to apply to future improvement efforts. The following table outlines lessons learned that were identified by agencies that will be applied as teams move into their FY 2023 CQI efforts and beyond.

Lessons Learned	LIAs who plan to Apply Lesson Learned to Future Improvement Efforts
Ensure that the data being collected will be able to show meaningful change within a short time period.	Child and Parent Services (CAPS)
Engage outside partner organizations in QI activities for a more robust and effective cycle.	Child and Parent Services (CAPS)
Regularly survey/collect feedback from staff and families to support/inform improvement efforts.	Mental Health America of Northwest Indiana (MHANWI); Goodwill of Central and Southern Indiana; HealthNet

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Lessons Learned	LIAs who plan to Apply Lesson Learned to Future Improvement Efforts
Provide intentional training for all staff related to home visiting activities. (Including curriculum usage, data consistency, etc.)	Family and Children’s Center; Dunebrook
Ensure all staff are aware of documentation requirements for service plans.	Family and Children’s Center
Monitor and review data sources to identify potential opportunities for improvement and engage in QI activities to improve.	New Hope Services; Dunebrook
Continue to use QI tools to explore current processes and root causes.	Marion County Public Health Department
Identify staff to carry out test during the Do Stage based on caseload and need in order to have a larger data set.	Marion County Public Health Department
Ensure that the change being tested is within the team’s influence and control.	Goodwill Industries of Michiana
Continue to use strategies that support service improvement (sending note cards to clients, supporting newly hired staff on how to assess client provider satisfaction and advocacy earlier in the prenatal stage of the program, etc.)	Goodwill of Central and Southern Indiana
Staff have differing opinions and thoughts on what morale means within an organization based on individual experiences.	HealthNet
Regular check-ins for the GCSI admin team support greater collaboration and consistency across service teams.	Goodwill of Central and Southern Indiana
Continue using successful strategies to sustain gains and periodically checking in with all staff to ensure updated process is being followed.	Family Support Services; Dunebrook
Build relationships with referral partners in the community so that there is common knowledge about services that are being offered.	Family Support Services
Adding home visitors to the data TA sessions and using collaboration tools (Google Jamboard) was key to generating helpful discussion.	IN MIECHV State Team

11. What goals do you have for growing your CQI capacity in the next year?

Since each Indiana MIECHV CQI team identifies their own topics for improvement and nurtures and fosters their own local culture of quality, they each offered up thoughts with regards to their plans for growing CQI capacity in the coming year. Those plans are included in the table below.

LIA	Plans for Growing CQI Capacity
Child and Parent Services (CAPS)	CAPS Elkhart County plans to integrate new staff members and hope to transition the point of contact for CQI for our site to one of the Healthy Families supervisors by the end of 2024. The LIA will also work towards assessing and encouraging readiness to partner with families and strengthen the culture of quality improvement in general.
Dunebrook	Healthy Families LaPorte County (HFLC) will recruit new staff to be involved in the CQI project as there are a lot of new Family Support Specialist’s. HFLC will also be working with MPHI on the family assessment to set goals for the next year on involving a family with a CQI project.
Family and Children’s Center	Family and Children’s Center would like to engage a fuller spectrum of staff members in varying roles.
Family Support Services	Family Support Services will continue growth in CQI once the agency has staff to do so. Once staff are onboard, a plan for getting staff trained will be put in place. New team members will give great new ideas.
Goodwill of Central and Southern Indiana	Goodwill of Central and Southern Indiana’s (GCSI) primary focus is to partner with families. To support this, GCSI will create a Parent Advisory Group which will help grow the LIA’s capacity as well as include parents more intentionally in QI work.

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LIA	Plans for Growing CQI Capacity
Goodwill Industries of Michiana	Goodwill Industries of Michiana (GIM) will send at least 2 staff members to MPHIs QI training in the fall. GIM will continue to work towards rotating team members through the QI team in an effort to give all staff an opportunity to contribute toward QI efforts.
HealthNet	HealthNet will continue to discuss CQI updates to projects during monthly all staff meetings, have conversations during supervision meetings related to CQI, and encourage staff to join future CQI teams. HealthNet will also bring on direct staff as “subject matter experts” for specific projects. The HealthNet CQI team is aware of the need and will work towards incorporating families in the CQI process.
Marion County Public Health Department (MCPHD)	MCPHD has readiness to partner with families and are currently working to establish an infrastructure to support the families’ engagement and leadership in QI projects.
Mental Health America of Northwest Indiana (MHANWI)	Mental Health America of Northwest Indiana is in the process of recruiting families and identifying the steps needed to contact, follow-up, and provide an overview of QI to interested families.
New Hope Services	New Hope Services plans to educate staff and leadership on the importance of family engagement in QI activities and establish a shared understanding and formal goal for engagement.

In addition to LIA specific plans for growing CQI capacity, Indiana is committed to supporting growth in CQI capacity at the state and local level in the following ways:

- **Workshops, Learning Opportunities, and Community of Learning Gatherings:** CQI focused workshops, learning opportunities, and Community of Learning gatherings will continue to be planned, developed, and carried out. Needs will be assessed across the state and local levels on an ongoing basis to ensure that all learning opportunities align with those needs.
- **Family Engagement in Local CQI Teams:** Indiana is committed to working with LIAs in the space of family engagement to support growth. Strategies will include both those that support all LIAs collective growth and tailored support that meets individual LIAs where they are on the continuum of engagement. Support implemented will be guided by assessment results from each LIA. Between December 2022 and January 2023, each Indiana MIECHV LIA completed the HV CoLIN’s Parent Leadership assessment tool for the second time to assess their current progress across the stage’s of the continuum. This assessment will continue to be completed by each LIA on an annual basis to determine progress and appropriate supports for continued growth. For more information on this aspect of Indiana’s plans, please see item 5 in Part 2 of this plan.
- **Health Equity:** Indiana continues to develop a data overlay process using demographics (Form 1) to understand performance measure data (Form 2) in a way that will support understanding and addressing health equity concerns within MIECHV data. Beyond analyzing data, learning opportunities will be offered along with tailored support based on LIA needs. For more information on this aspect, please see items 16 and 17 in Part 2 of this plan. Additionally, workshops, learning opportunities and CoLs have at various times had a specific Healthy Equity focus.

Part 2. CQI Plan Updates for FY 2024 – FY 2025

Organizational System and Support

Awardee Level

1. Will modifications to state/territory level personnel assigned to CQI teams be made for FY 2024 – FY 2025?

Yes.

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The Indiana Department of Health (IDOH) is working to hire a new Home Visiting Coordinator that will take the lead in coordinator of quality improvement projects for NFP LIAs. The person who assumes this position will be responsible for working directly with the NFP LIAs in collaboration with the team at MPHI.

The Indiana Department of Child Services will continue to utilize MPHI coaches to support HFI LIAs in coordinating quality improvement efforts that best reflect local needs. The DCS Prevention Team, and Aunt Carrie Consulting, Inc. will continue to support local HFI teams in assuring alignment of quality improvement activities with HFI and MIECHV priorities. The DCS Prevention Team has participated in CQI foundational training provided by MPHI as well as other QI training and methodology (specifically LEAN) used by the Department of Child Services. Aunt Carrie Consulting, Inc. has been supporting HFI LIAs serving MIECHV-funded families in quality improvement activities and training since 2012.

2. How will you ensure LIA teams are trained in CQI? This may include methods and/or frequency of CQI trainings you provide to LIA teams, additional trainings to strengthen CQI competencies or trainings to understand and interpret data collected for CQI projects.

Element	Method	Frequency	Additional Comments	Indicators of Effectiveness
Describe point person and training methods planned to strengthen CQI competencies for state/ territory and LIA teams	Point Person: Michigan Public Health Institute Method: Quality Improvement Foundations Workshop (virtual or in-person depending on preference of the majority of participants)	Once per fiscal year	This workshop includes a mix of lecture-style content delivery, discussion, and hands-on activities/exercises to provide participants the opportunity to immediately apply the workshop content. Throughout the workshop, participants will apply learnings as they go with the support of the trainers. Participants will leave this opportunity with a basic understanding of quality improvement, the PDSA cycle, and key tools for carrying out quality improvement efforts in their day-to-day work. Materials will be provided to participants in hardcopy and electronic format.	Participants will complete short evaluations after each session to gauge satisfaction. Participants will also complete a pre/post assessment to determine if there is an increase in knowledge/understanding of QI concepts.
	Point Person: Michigan Public Health Institute Method: Quality Improvement Foundations Self-Paced Modules with Live Application Workshop	Once per fiscal year	The self-paced modules with live application workshop is conducted by the participant completing a small set of assigned self-paced modules (approximately 90-minute commitment prior to each live-application session) that	Participants will complete a pre/post assessment to determine if there is an increase in knowledge/understanding of QI concepts. An evaluation of the modules/live application will take place to assess

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Element	Method	Frequency	Additional Comments	Indicators of Effectiveness
			include the lecture-style content, and then attending a 90-minute live application session via Zoom (four of these are held throughout the workshop) to work through discussion and hands-on activities/exercises. Participants will leave this opportunity with a basic understanding of quality improvement, the PDSA cycle, and key tools for carrying out quality improvement efforts in their day-to-day work. Materials will be provided to participants in hardcopy and electronic format.	satisfaction and understand if updates are needed.
	Point Person: Michigan Public Health Institute Method: Learning Opportunities (will take place virtually)	Three per fiscal year	These one-hour to 90 minute opportunities provide participants with specific content, resources, and tools related to a variety of QI topics.	LIA staff will be sent a survey to determine specific QI related topic areas that they would like to learn more about. Indiana State MIECHV Team and MPHI coaches may also identify training topics that represent state level priorities (such as family engagement in quality improvement activities) or opportunities for growth identified by MPHI coaches.
	Point Person: Michigan Public Health Institute Method: Community of Learning Gatherings (will take place virtually with one in-person gathering per fiscal year)	Quarterly	These opportunities offer a space for peer-to-peer discussion, sharing, and learning around various QI topics.	LIA staff will be sent a survey to determine specific QI related topic areas that they would like to have the opportunity to discuss and engage with their peers. While LIA identified topics will be prioritized, Indiana State MIECHV Team and MPHI coaches may also identify training topics that represent state level priorities (such as family

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Element	Method	Frequency	Additional Comments	Indicators of Effectiveness
				engagement in quality improvement activities) or opportunities for growth identified by MPHI coaches.
	<p>Point Person: Michigan Public Health Institute</p> <p>Method: Institute for Strengthening Families (in-person in the spring, virtual in the fall)</p>	Twice per fiscal year (Spring/Fall)	Sessions will be developed and offered based on current needs as identified by LIAs, State MIECHV Team, or MPHI coaches. In the spring, one session will be devoted to a Community of Learning gathering with a second session that is topical focused. In the fall, one to two topical focused sessions will be provided.	Evaluations are completed for all Institute sessions. Evaluation feedback will be reviewed and considered as future plans for sessions are made.
Describe how you will integrate learning based on data into training and coaching.	Tables, run charts, bar charts, etc.	Ongoing	<p>Indiana LIAs determine their own CQI topics and develop PDSA cycles based on the identified topics. MPHI QI coaches provide direct, tailored, one-on-one support to teams as they develop their PDSAs. Support is almost always needed with regards to data. MPHI QI coaches support LIAs in developing measures, data collection tools, analyzing data, and developing charts.</p> <p>LIAs will be encouraged to share their PDSA testing and data results with peers via QI Community of Learning gatherings, learning opportunities (as applicable), at Institute, and so forth.</p>	LIAs are regularly surveyed to determine training and coaching needs. Data topics are a key focus in these surveys to determine needs, knowledge, and comfort.

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3. **Do you anticipate changes in the level of financial support at the awardee level over the next two years (e.g., allocation of resources and staff time)?**

No significant modifications related to FTE resources dedicated to CQI teams will be made at the state level.

4. **Describe how you will engage with technical assistance providers for the purposes of improving agency level practices and methods (e.g., TARC, CQI practicum, HV CoIIN, etc.).**

Indiana will engage with technical assistance providers as needs arise in FY 2024 and 2025 and beyond. Indiana MIECHV team members plan to participate in learning opportunities offered by TARC, as appropriate, to strengthen the support provided to the LIAs.

Currently, in FY 2023, Indiana State team representatives and one LIA, Goodwill Central and Southern Indiana, are participating in the HV CoIIN 3.0 Lead the Change effort focused on Staff Recruitment and Retention. During Indiana's short time participating in this effort so far, technical assistance has already been sought with regards to the family experiences survey and a few other CoIIN related asks. Indiana is committed to connecting with the HV CoIIN team in a timely manner to seek assistance as needs arise.

Local Level

5. **Describe the resources and strategies in place to involve home visiting families in local CQI teams.**

- a. **To what extent are home visiting families partnering in CQI activities? (e.g., families are involved in ad hoc ways through surveys or focus groups; families are trained in CQI methods; families lead or co-lead CQI activities).**

- b. **What steps will you take to grow your partnership with home visiting families in CQI activities over the next two years?**

Each LIA considers family involvement when planning CQI efforts. Indiana MIECHV LIAs are at various levels of family involvement with their improvement efforts. Most teams are currently engaging families by asking for their feedback through surveys or post service interviews which places them in the early stage of family involvement in CQI efforts with plans to more formally integrate families into CQI efforts in the future.

To better understand and review each LIA's progress and needs with regards to family involvement and develop steps for making progress, Indiana LIAs completed the HV CoIIN's *Building Blocks for Parent Leadership in CQI: LIA Team Assessment* in February 2022 and again in December 2022/January 2023. Results from both years were compared for each LIA and captured in a report developed by the MPHI team. Results were discussed during a coaching session with MPHI and each LIA. A Family Engagement Action Plan was developed by each LIA based on where they are in the continuum of family engagement. Goals in the Family Engagement Action Plans are both short and long term to support progress on engaging families prior to completing the HV CoIIN's *Building Blocks for Parent Leadership in CQI: LIA Team Assessment* again in January 2024. The following details results across all completed assessments based on the stages of the continuum:

- **Stage 1 – Awareness:** The majority of LIAs report that they have made progress in being aware of the importance of having families engage in CQI efforts, a readiness to explore partnerships with families, and agency awareness of the importance of parent leadership. Some LIAs reported that they feel ready to fully move into stage 2, whereas others are working on accomplishing stage 1 over the next three months. A few LIAs raised concerns with PDSA cycle topics being an appropriate fit for family engagement and others noted that the agency needed further education and foundation of quality improvement before moving to stage 2 in the continuum. Actions that LIAs have determined will accomplish agency awareness of family engagement are: sharing the importance with executive leadership, introduction to CQI at an all-staff meeting, create CQI as a standing meeting agenda item at team meetings, and gather information and resources about engaging families, among others.

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- **Stage 2 and 3 – Interest:** The majority of LIAs felt that their teams have established or made progress when it comes to having a shared understanding of what family partnering looks like within CQI. Some LIAs have engaged in discussions and established a goal for family engagement at their agency while others have not yet had these discussions. Some actions that were incorporated into the Family Engagement Action Plans at this stage are: defining family engagement for their agency, establishing a SMART/SMARTIE goal of family engagement, creating a process for engaging families, identifying key roles and expectations of families who participate, and identifying potential PDSA topics where family engagement would be integral.
- **Stage 4 – Engagement:** When it comes family engagement, most of the LIAs indicated that they have ‘not yet’ developed a family leadership job description, a clear recruitment process for family leaders, a training or mentoring process for onboarding families, or a compensation process for families’ time. As noted earlier, LIAs have engaged families by asking for their feedback through surveys or post-service interviews. A few of the LIAs have intentionally incorporated actions for stage 4 into their Family Engagement Action Plans by: creating a CQI packet for family representatives and new staff who join the CQI team in the future, having a leadership discussion on how to compensate families for their participation, and creating foundational documentation for recruitment like job descriptions and process maps.
- **Stage 5 – Sustained Partnership:** For sustaining partnerships, most LIAs shared that they were ‘not yet’ ready to work in this area. Sustaining partnerships includes having shared agreements in place with families, opportunities for families to interact with each other around CQI efforts, having at least one family actively engaged in developing PDSA cycles/reviewing data/participating in meetings, having families leading efforts to build awareness among other families, active participation from families in refining goals and action plans, and families helping to recruit other families’ leaders.

Given the information provided in the assessments and the strategies that were outlined in the action plans, LIAs will continue to move forward along the continuum over the next two years and beyond. Indiana will continue to support all LIAs in their collective growth as well as offer tailored support that meets individual LIAs where they are on the continuum of engagement. All support implemented will be guided by assessment results from the LIAs which will occur annually to identify growth and current supports needed.

Indiana MIECHV recognizes that there are important supports needed for physical family participation on CQI teams such as supports that enable families to participate (childcare, transportation, financial compensation for time, etc.), orientation to QI, orientation to the role they can provide in improvement efforts through participation on the team, and so forth. It is anticipated that physical participation of a home visiting parent on LIA teams may not be realistic in FY 2024 or even FY2025 since many LIAs are still in the early stages of family involvement and that it takes time to build the infrastructure to fully support authentic family engagement in CQI teams. However, it is expected that each team will make strides towards physical participation of a home visiting family through the work carried out in this plan.

Each LIA serving MIECHV-funded families has provided a statement of management support, as indicated in the table below.

LIA	Statement of Management Support
Child and Parent Services (CAPS)	“CAPS, our umbrella agency, is committed to continuous quality improvement. Healthy Families Elkhart County has two staff trained in the CQI process. We are excited to see positive changes in our culture of serving families and our community. CAPS supports Healthy Families Elkhart County to be intentional about growth and improvement.” Ellen Graber-McCrae, Senior Director
Dunebrook	“It is with pleasure that I send you this note confirming my support of the Continuous Quality Improvement efforts of Ms. Gabby Ginther, the Healthy

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LIA	Statement of Management Support
	<p>Families LaPorte County CQI committee and the Staff of Healthy Families LaPorte County.</p> <p>In order to grow this program, the committee meets to brainstorm ideas, staff improvement, sets goals and action plans to meet those goals. As Executive Director, I fully support these efforts and look forward to seeing the program develop. The CQI efforts also complement our strategic plan, mission and vision of Dunebrook.” - Tammy Button</p>
Family and Children’s Center	<p>“As the executive, I am fully supportive of CQI. Leah and her staff are supported in spending time and resources working on and completing their CQI Projects. These projects help to strengthen our program, our agency, and most importantly, the families that we serve. Being CQI trained myself, I see the importance of this process and building a culture of CQI.” – Roxanne Ultz</p>
Family Support Services (FSS)	<p>“All Supervisors and Program Manager have been trained in the PSDA cycle and receive support from Program Manager in carrying out the CQI projects. We have had a few setbacks, but we are committed to get staff hired and trained so that we can continue our CQI projects.” Program Manager and Executive Director fully support the CQI efforts.</p>
Goodwill of Central and Southern Indiana	<p>“Continuous Quality Improvement is a part of the Nursing Process, and is strongly supported by leadership, both in Nurse-Family Partnership and within the Goodwill executive team. Together with the National Service Office (NSO), Nurse-Family Partnership implemented by Goodwill of Central and Southern Indiana, monitors quality at every phase of the program by focusing on program implementation, outcome achievement and client interaction.</p> <p>Goodwill utilizes a product called Disease Management Coordination Network (DMCN), a complete electronic documentation system that is robust in its query operations and is approved by the NSO. Data collected with DMCN is uploaded to the NFP database and DOMO, Goodwill’s data visualization software, nightly.</p> <p>The NSO’s Business Intelligence (BI) Portal allows our team to evaluate several key performance indicators and compare them to national rates. It also provides quarterly standard reports that includes the Outcomes, Fidelity and Quarterly cumulative reports.</p> <p>This holistic approach to quality assurance and improvement allows our site to successfully implement NFP as designed, and work towards achieving and maintaining targeted outcomes with fidelity to the model.” – Lynn Baldwin</p>
Goodwill Industries of Michiana	<p>“I am an ardent supporter of quality improvement, and as Director of NFP-NI, I will continue to encourage staff members to participate in available CQI training and activities. In addition, I will work to incorporate CQI activities and processes into our organizational culture.” – Laura Pate</p>
HealthNet	<p>“As the Program Director, I support continuous quality improvement activities at our program. Part of the Lead Supervisor’s job description is CQI. We give CQI updates at each of our monthly meetings and also quarterly Advisory Boards. I am currently the Sponsor for the CQI Team, and plan to be for the upcoming projects. We will continue our CQI activities and have a CQI plan in 2023.” – Brianne Biancardi</p>
Marion County Public Health Department (MCPHD)	<p>“The mission of the Marion County Public Health Department (MCPHD) is to promote physical, mental, and environment health. In addition, the health department strives to prevent and protect against disease, injury and disability. In working towards the achievement of this mission we must always be working towards improving our processes and different program areas and departments within MCPHD. Continuous Quality Improvement is one way we work towards meeting our goals and serving our clients in a way that best meets their needs.” – Jennifer Long, Administrator, Community Based Care, Marion County Health Department</p>
Mental Health America of Northwest Indiana	<p>“Mental Health America of Northwest Indiana administration is fully committed to CQI and sustaining a culture of quality within the organization. The Vice President of Operations, the Senior Director of Programs and Partnerships and the Program Director have all received intensive training in CQI using the Plan, Do, Study, Act method. Agency executive staff have approved involvement of staff at all levels for CQI work. The CQI teams plan their staff time as needed per project, with full support. CQI progress and</p>

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LIA	Statement of Management Support
	results are shared throughout the organization and updates are provided to the board of directors.” – Wendy Hensley
New Hope Services	“New Hope Services management is invested in the success of our Continuous Quality Improvement Team. Currently the team has both the Healthy Families Indiana Assistant Program Manager and the Program Manager on the team. The Team Sponsor is the Director of Family Services. New Hope has supported travel and training related to this endeavor. Outcomes from projects are shared with our Advisory Board. Current project outcomes are reviewed quarterly by the Senior Management team.” – Klarinda Tutterow

6. Have modifications been made to financial support for CQI, including allocation of resources and staff time at the LIA level? ? Do you anticipate changes in the level of financial support at the LIA level over the next two years?

LIAs determine resources necessary to meet the expectation of participating in quality improvement activities based on their local culture of quality. The table below represents a self-report from each LIA regarding approximate leadership resources committed to CQI activities for the 2024-2025 reporting period, as well as approximate hours per month for all staff resources committed to CQI activities. It is important to note that in Indiana, several LIAs have developed robust cultures of quality, integrating quality improvement seamlessly into everyday activities. Therefore, it is difficult to quantify time spent solely on quality improvement. The estimated FTE and staff hours are more representative of formal meeting time and data analysis related to CQI formalized practices of Plan-Do-Study-Act cycle efforts and should be viewed as under-representative of all quality improvement work and resources necessary to carry out the many quality improvement efforts conducted by Indiana LIAs. It is also important to note that as staff continue to build their quality improvement skill sets. CQI Champion roles are being taken on by more than just LIA management, including supervisors and other staff taking on facilitation and documentation roles within quality improvement efforts, which may inflate approximate staff hours as reported here, if the CQI LIA management lead is not the facilitator.

Indiana does not have requirements around time or FTE dedicated to CQI for LIAs serving MIECHV-funded families. LIAs are required to complete 2 PDSA cycles that result in storyboards each reporting period. As quality improvement is embedded within each local culture of quality, the time and resources dedicated to CQI will vary by LIA as well as season for each LIA. Some LIAs periodically embark on additional activities related to CQI, such as local or national training or collaborative, or a more intensive focus on a specific topic to address a perceived need for improvement. Additionally, staff time (again the information in the table below is “formal meeting time” and is considered under-representative) in CQI specific meetings may (and often does) vary across larger vs. smaller LIAs. Indiana anticipates that level of effort reported toward CQI activities will continue to fluctuate to meet the needs and resource availability of each LIA. Indiana does not have plans to require minimum or maximum FTE or resources dedicated to quality improvement efforts as long as LIAs continue to illustrate culture of quality and quality improvement activities focused on home visiting and MIECHV-related outcomes.

LIA	LIA Management Lead/Approx FTE	Approx. Staff Hours/Month
Child and Parent Services (CAPS)	Ellen Graber-McCrae, Senior Director/.011FTE	6
Dunebrook	Gabrielle Ginther, Program Director/.046 FTE	28
Family and Children’s Center	Lauren Edinborough, Program Manager/.023FTE	20
Family Support Services	Starla Bradley, Healthy Families Program Director/.016FTE	11
Goodwill of Central and Southern Indiana	Lynn Baldwin, Director of Operations/.011 FTE	42

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LIA	LIA Management Lead/Approx FTE	Approx. Staff Hours/Month
Goodwill Industries of Michiana	Andrea Voisard, Director of Operations/.011 FTE	16
HealthNet	Tina Rhoades, Supervisor/.020 FTE	28.5
Marion County Public Health Department	Julie Dishon, Program Director/.011	44
Mental Health America of Northwest Indiana	Wendy Hensley, Senior Director of Programs & Partnerships/.016FTE	35
New Hope Services	Klarinda Tutterow, Program Manager/.052 FTE	55

CQI Priority(s)

7. Describe the current topic(s) of focus for each LIA using the below. Teams may continue to consider their Demonstration of Improvement data when identifying priorities for FY 2024.

Topics of focus for LIAs are determined at the local level by LIAs to meet their quality improvement needs within the local culture of quality, while addressing MIECHV related and Indiana priorities.

LIA	Topics selected for CQI	Why were these topic(s) chosen? (For example, was the need identified from performance data, self- assessments, or other methods? Did clients provide input on areas for strengthening services?)	How does the topic(s) align with State priorities?
Child and Parent Services (CAPS)	Increasing awareness and acceptance of Quality Improvement	In discussing the family engagement plan we determined that additional focus was needed on this for optimal success with the ultimate goal of family engagement	Family engagement is a state priority
Dunebrook	Increase documentation of the CHEERS tool to agency standards	LIA supervisors noted that they currently do not have a consistent way to track the topics that are documented in the CHEERS tool. According to agency policy, home visitors are required to rotate documenting the domain areas that are captured with the CHEERS tool.	The CHEERS tool is a best practice standard and directly aligns with a MIECHV performance measure.
Family and Children's Center	Timely completion of family goal plans	The site has an overabundance of past due family goal plans.	Family goal plans are a part of HFA policy and major component of services.
Family Support Services	Referrals	We were getting ready to have a lot of openings that would need to be filled.	The overall goal of Healthy Families is to reach as many families as possible that fit our criteria for enrollment.
Goodwill of Central and Southern Indiana	Infant Mortality and Miscarriage	The LIA noticed an increase of clients experiencing infant loss and miscarriage. In anticipation of future improvement efforts on this topic, the LIA has begun to formally document this in the data.	Supporting healthy pregnancies and families through challenging circumstances in life is a priority of home visiting.
	Staff Recruitment and Retention	The LIA is going through a time of expansion and hiring needs across teams. Participating in the HV CoIIN 3.0 Lead the Change Staff Recruitment and Retention CoIIN was a wonderful opportunity to focus on this need.	To provide home visiting services, staff need to be onboard and retained.
Goodwill Industries of Michiana	Program Retention	Based on quarterly data reports, the LIA identified that program retention rates could be improved.	Retention in the program is vital to getting families the support that they need.

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LIA	Topics selected for CQI	Why were these topic(s) chosen? (For example, was the need identified from performance data, self- assessments, or other methods? Did clients provide input on areas for strengthening services?)	How does the topic(s) align with State priorities?
HealthNet	Immunizations	The LIA used data to choose immunization as a topic, then brainstormed a specific need/focus from that topic area.	The HFA 8 th Edition Best Practice Standards have stated the importance of CQI at the site level with focus on immunizations, safe sleep, proactive health and safety, medical home, etc.
Marion County Public Health Department	Initial Service Plan Completion, Family Engagement in QI	Improvement needs were identified from Healthy Families Indiana’s yearly site visit.	Improvement needs identified by family leadership engagement assessment report. Service plans guide services provided by the LIA and is an essential standard.
Mental Health America of Northwest Indiana	Prenatal Service Plans	Our site was out of compliance with service plans and wasn’t completing them within in 30 days, so we focused our efforts here.	Service plans is what guide services and is an essential standard.
	UE Acceptance	Our site’s current goal is 50 % HV acceptance rate and for the last 2 quarters our site has been at 43% HV acceptance rate.	As a site we are required to monitor and analyze HV acceptance rate and strategize ways to improve.
New Hope Services	Enrollment	Our enrollment numbers are down. We feel families aren’t aware of their participation “expectations” in the program. We would like to increase our enrollment and offer services to more families to improve outcomes.	Enrollment into the healthy families program aligns with state priorities of reaching eligible families who need home visiting services and sustain program services over time.
IN MIECHV State Team	Data TA Process	The Indiana MIECHV Data TA process is not generating desired outcomes with regards to active engagement and collaboration in TA sessions, actions taken between TA sessions, reduced missing data, and improved metrics.	Data analysis and sharing is vital to advancing the system. For Indiana to work toward the definition of improvement for MIECHV, data TA must occur.

How does the topic(s) address health equity goals in your State / Territory?

The above CQI topics address Indiana’s health equity goals, specifically the Indiana Department of Health’s (IDOH) strategic plan goals and agency-wide policy. One key action from IDOH’s strategic plan is to “actively pursue and intervene in root causes of health inequity and disparity to include social determinants of health”. Indiana’s CQI priority areas directly or indirectly address at least one social determinant of health. Additionally, LIAs are emphasizing integrating health equity and family voice intentionally into the quality improvement topics they select. By working to improve program processes related to home visiting acceptance, enrollment, family service plans, retention, and more, LIAs can improve service delivery to their families, who are typically impacted by health inequities.

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8. Describe your process for how you will select future CQI topics.

When selecting CQI topics, Indiana LIAs take similar approaches to supporting and engaging staff, as well as creating agency and staff buy-in. Depending on the LIA, QI teams and/or all staff come together to participate in a brainstorming session. When brainstorming, staff will review data from different sources including MIECHV performance measure data, performance score cards, and/or site visit feedback. After reviewing data, staff will share challenges/barriers they experience and ideas for improvement. Through discussion, staff will come to consensus and determine which topic to focus on for their PDSA cycle.

Goals and Objectives

9. Describe SMART/SMARTIE aim(s) for the topic(s) listed above. You can use the optional table format or describe the SMART/SMARTIE aims for each LIA; include CQI practicum and HV CoIIN aim(s) for participating LIAs

Each Indiana MIECHV LIA embarks on and completes PDSA cycles in topic areas that align with where the LIA determines improvement is warranted based on data and information, they have at hand from their data systems and quarterly MIECHV performance measure reviews. An initial SMART aim is developed at the beginning of the Plan stage and modified as the team learns more about the current process they are working to improve, root cause, and baseline data. SMART aims are revised throughout the Plan stage as needed and finalized before moving to the Do stage of the PDSA cycle. PDSA cycles begin and end at timeframes determined by the LIAs. LIAs are encouraged and supported to run short, rapid PDSA cycles as applicable.

The following table includes current SMART aims for each LIA. Note that in some cases, LIAs are still determining the time frame or rate of improvement for their cycle, as indicated by “x” or “y”.

LIA	SMART Aim Statement
Child and Parent Services (CAPS)	The LIA just began a new cycle and has not yet developed an aim statement.
Dunebrook Family and Children’s Center	The LIA just began a new cycle and has not yet developed an aim statement. By (Date still TBD) Family & Children’s Center Family Support Specialists will increase the percentage of final review goal dates that are occurring before the target completion date from x to y.
Family Support Services	By June 2023, Family Support Services will increase the number of referrals for Boone and Putnam County from 24 to 27.
Goodwill of Central and Southern Indiana	The team working on infant mortality is on pause and has not yet developed an aim statement for their infant mortality/miscarriage effort. HV CoIIN participants will work to improve the professional well-being of home visitors and home visiting supervisors, including: <ul style="list-style-type: none"> • Job and pay satisfaction, • Psychological well-being, • Self-efficacy and confidence, and • Job meaning and fulfillment. By April 2024, 85% of home visiting staff will report they always feel supported to manage their work and still be present for the families or staff they support.
Goodwill Industries of Michiana HealthNet	By July 30, 2023, the Tri-County NFP team will increase the infancy retention rate from 68% to 75%. By May 31, 2023, HealthNet Healthy Families Family Support Specialists in Team C will increase entered completed immunizations in Enlite by 10%, from 44.4% to 54.4% at 6 months and 67.5% to 77.5% at 18 months. By May 31, 2023, HealthNet Healthy Families Family Support Specialists in Team E will increase entered completed immunizations in Enlite by 10%, from 52.9% to 62.9% at 6 months and 56.3% to 66.3% at 18 months.

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LIA	SMART Aim Statement
Marion County Public Health Department	The LIA just began a new cycle and has not yet developed an aim statement.
Mental Health America of Northwest Indiana	By June 2023, MHANWI will increase the percent of level 1/prenatal service plans that are updated per state policy (monthly) from 61% to 65%.
New Hope Services	By June 30, 2023, New Hope Services will create and distribute a welcome handout outlining expectations for new families enrolling into the program.
IN MIECHV State Team	By May 31, 2023, Indiana MIECHV will engage at least one home visitor from 2 NFP LIAs and 3 HFI LIAs in each data TA session to support improved engagement.

Changes to Be Tested

10. Describe your process for identifying changes that teams will test out to achieve the goals and objectives of your CQI projects. If known, please include changes that teams will test.

- When identifying changes to test, LIAs come together as a team to brainstorm, review, and discuss potential changes. These discussions occur once the team has identified an opportunity for improvement, explored their current process related to the opportunity for improvement, reviewed relevant data to understand whether they truly have a challenge at hand and what challenge they have, conducted root cause analysis, and established a measure(s) (could be one they reviewed or something else that is more proximal to their improvement effort at hand). All this information and planning is then used to inform brainstorming that occurs to support generation of potential strategies the team could test to overcome the challenge at hand and work toward the SMART(IE) aim statement they set. Teams use different quality improvement tools to support this discussion including, but not limited to, affinity diagrams, tree diagrams, and the prioritization matrix. When brainstorming potential strategies to test, teams come together to carry out this part of the planning. Teams include coordinators/managers, supervisors, home visitors, and various other support staff. Depending on the area of focus, teams sometimes include partners as well who play a key role in the process being addressed for improvement. At this time, there are not any teams who have a family present for this part of the plan stage. However, all teams have action plans they are working on to support growth along the continuum of family engagement based on the results of their assessments. Indiana anticipates that in the years to come, more LIA teams will have a family engaged on their CQI team with them. Given that many of the LIA teams are in the early stages of family engagement, Indiana does not necessarily anticipate this will occur in FY2024 or FY2025, but may based on team progress. MPHI QI coaches support teams in strategy generation to the extent the team determines support is needed, in recognition of local culture of quality. For some teams this means MPHI is present for the brainstorming process, for others MPHI is brought in following the brainstorming session. Quality improvement tools used for strategy brainstorming are maintained for the life of the current cycle and future PDSA cycles that focus on the same topic area for the LIA. At this time, Indiana LIAs do not develop Key Driver Diagrams.

LIA	Improvement Theory
Child and Parent Services (CAPS)	The LIA just began a new cycle and has not yet developed an improvement theory.
Dunebrook	The LIA just began a new cycle and has not yet developed an improvement theory.
Family and Children's Center	The LIA just began a new cycle and has not yet developed an improvement theory.
Family Support Services	If Family Support Services staff meet with referral sources in person to share one-pager on the program that can be handed out to families and a small gift for referral source, then there will be an increase in the number of referrals received.
Goodwill of Central and Southern Indiana	The LIA is on pause and has not yet developed an improvement theory for their infant mortality/miscarriage improvement effort. Current improvement theories for the HV CoIIN effort for Primary Driver 1: If we clarify what is meant by a 'varied schedule based on client needs' with

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LIA	Improvement Theory
	<p>new hires through the initial interview, supervision session during orientation week and following unit 2 training, then new hires will have a clearer understanding of what is meant by 'varied schedule based on client needs' and be able to practice the varied schedule.</p> <p>If we integrate items regarding 'varied schedule based on client needs' into Candidate Data Form (CDF) that is completed during the interview process, then we will have better initial understanding of what candidates understand and do not understand about this aspect of their job description.</p>
Goodwill Industries of Michiana	The LIA has just began a new cycle and has not yet developed an improvement theory.
HealthNet	If we set aside time during a supervision session during each month to enter remaining immunizations in Enlite then immunizations entered into Enlite will increase.
Marion County Public Health Department	The LIA just began a new cycle and has not yet developed an improvement theory.
Mental Health America of Northwest Indiana	The LIA just began a new cycle and has not yet developed an improvement theory.
New Hope Services	If New Hope Services develops a welcome handout that states what families can expect to receive from the program and what is expected of them as a participant, then families will have a better understanding of the program.
IN MIECHV State Team	If the IN MIECHV-State Team broadens the group of local team members engaged in the data TA sessions to include 2 NFP LIAs and 3 HFI LIAs with at least one home visitor from each of the Local Implementing Agencies, then we will improve engagement in the data TA process.

Methods and Tools

11. Identify the CQI methods that are used by your LIA teams during the implementation period (September 30, 2023 – September 29, 2025)

Indiana MIECHV LIA teams will use the following CQI tools in FY 2023 and FY 2024:

- Team Charter that outlines the scope of the PDSA cycle
- Process mapping or flow charts or standard operating procedure that outline the process at hand that is the focus of the improvement effort
- Root-cause analysis – fishbone diagram, force field analysis, tree diagram, five whys
- Brainstorming potential solutions – affinity diagram, tree diagram, prioritization matrix
- Data charts – tables, run charts, bar charts, pie charts, etc.
- Story board that captures the journey of the PDSA cycle

12. Identify the methods that will be utilized by LIA teams during the implementation period (September 30, 2023 – September 29, 2025).

All Indiana MIECHV LIAs utilize the Plan-Do-Study-Act (PDSA) cycle. Indiana MIECHV representatives participating in the HV CoIIN also use Model for Improvement, Breakthrough Series model.

Measurement and Data Collection

13. Describe the type of data that will be collected for your CQI project(s), how often, and how data will be reviewed and utilized below or in the

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Local Implementing Agency (LIA)	Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
Child and Parent Services (CAPS)	The LIA has not developed an aim statement yet.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will use a pre/post survey to collect data related to staff understanding and engagement in QI activities.	The pre-survey will go out at the end of May.	Each LIA has an assigned QI coach from MPHI. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
Dunebrook	The LIA has not developed an aim statement yet.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA has not yet determined the data to be collected to show improvements for this PDSA cycle.	This will be determined once the LIA establishes how the data will be collected.	Each LIA has an assigned QI coach from MPHI. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
Family and Children's Center	By (Date still TBD) Family & Children's Center Family Support Specialists will increase the percentage of final review goal dates that are occurring before the target completion date from x to y.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA has not yet determined the data to be collected to show improvements for this PDSA cycle.	Data will be collected via Enlite and frequency will be determined once the LIA establishes how the data will be collected.	Each LIA has an assigned QI coach from MPHI. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.

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Local Implementing Agency (LIA)	Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
Family Support Services	By June 2023, Family Support Services will increase the number of referrals for Boone and Putnam County from 24 to 27.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will collect the following qualitative data: The total number of referrals received in Boone and Putnam Counties.	The data will be collecting data monthly using the Healthy Families Indiana Data system to pull the data.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
Goodwill of Central and Southern Indiana	<p>The LIA has not developed an aim statement yet for their infant mortality/miscarriage improvement effort.</p> <p>HV CoIIN aim: HV CoIIN participants will work to improve the professional well-being of home visitors and home visiting supervisors, including:</p> <ul style="list-style-type: none"> • Job and pay satisfaction, • Psychological well-being, • Self-efficacy and confidence, and • Job meaning and fulfillment. <p>By April 2024, 85% of home visiting staff will report they always feel supported to manage their work and still be present for the families or staff they support.</p>	<p>The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.</p> <p>For HV CoIIN efforts, LIA will use the PDSA cycle and associated HV CoIIN tools – Key Driver Diagram, Change Package, Driver Planner, and so forth.</p>	<p>The LIA has not yet determined the data to be collected to show improvements for this PDSA cycle.</p> <p>For HV CoIIN efforts, the LIA will field the experience survey every two weeks with staff and develop data measures for PDSA cycles that align with what the team is hoping to accomplish through the cycle.</p>	<p>This will be determined once the LIA establishes how the data will be collected.</p> <p>For the HV CoIIN: Experiences survey: every two weeks; data for PDSA cycles: will align with cycle</p>	<p>Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.</p> <p>HV CoIIN efforts: the above is true along with access to the HV CoIIN team for support.</p>

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Local Implementing Agency (LIA)	Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
Goodwill Industries of Michiana	By July 30, 2023, the Tri-County NFP team will increase the infancy retention rate from 68% to 75%.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA has not yet determined the data to be collected to show improvements for this PDSA cycle.	This will be determined once the LIA establishes how the data will be collected.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
HealthNet	<p>By May 31, 2023, HealthNet Healthy Families Family Support Specialists in Team C will increase entered completed immunizations in Enlite by 10%, from 44.4% to 54.4% at 6 months and 67.5% to 77.5% at 18 months.</p> <p>By May 31, 2023, HealthNet Healthy Families Family Support Specialists in Team E will increase entered completed immunizations in Enlite by 10%, from 52.9% to 62.9% at 6 months and 56.3% to 66.3% at 18 months.</p>	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will collect the following quantitative data: immunization data entered into Enlite within specified timeframe.	The LIA will collect the data from the reports created on Enlite, the database, and collected after the two-month test period.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
Marion County Public Health Department	The LIA has not developed an aim statement yet.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA has not yet determined the data to be collected to show improvements for this PDSA cycle.	This will be determined once the LIA establishes how the data will be collected.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.

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Local Implementing Agency (LIA)	Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
Mental Health America of Northwest Indiana (MHANWI)	By June 2023, MHANWI will increase the percent of level 1/prenatal service plans that are updated per state policy (monthly) from 61% to 65%.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will collect the following quantitative data: Numerator: Total number of service plans that are updated for prenatal/level 1 Denominator: total number of enrolled prenatal/level 1	The LIA is collecting data monthly and using their Healthy Families Indiana Data system to pull the data.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
Mental Health America of Northwest Indiana (MHANWI)	By July 2023, HFCL will increase the UE acceptance rate from 34% (January) to 38%.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will collect the following qualitative data: Home Visiting acceptance rates.	The LIA is collecting data monthly and using their Healthy Families Indiana Data system to pull the data. Home Visiting acceptance rate will be analyzed monthly for 3 months.	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.
New Hope Services	By June 30, 2023, New Hope Services will create and distribute a welcome handout outlining expectations for new families enrolling into the program.	The LIA will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The LIA will collect qualitative data from the Family Support Services who distribute the welcome handout.	The LIA will collect this data through EnLite following the test period, June 30 th .	Each LIA has an assigned QI coach from MPH. Those coaches work with the LIAs as they move through their improvement efforts. Coaches will support the LIAs in identifying, collecting, and analyzing their data. Leading to identification of improvements and improvement opportunities.

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Local Implementing Agency (LIA)	Modified SMART/SMARTIE Aim	Method(s) Tool(s)	Data Type	Data Collection and Timeline	Data Review and Utilization
IN MIECHV State Team	By May 31, 2023, Indiana MIECHV will engage at least one home visitor from 2 NFP LIAs and 3 HFI LIAs in each data TA session to support improved engagement.	The team will use the PDSA cycle methodology and supporting QI tools to help identify the process, root cause, and potential solutions.	The team will collect the following qualitative data: •What worked well about the structure of the Data TA sessions? •What could be improved? •How do you plan to use the information you learned in the Data TA sessions in your work? •What information would be helpful in the future to support you in better participating in the Data TA sessions?	The team will collect data via a MS Forms form or discussions with home visitors. Data will be collected one week following the Data TA session.	Forms will be submitted via MS Forms or LIA team leads/supervisors will send completed tools to MPHI and MPHI will compile data/information and theme for the team to review and determine next steps.

Sustaining the Gains

14. Describe strategies to be used at the awardee and local levels to sustain the gains after the CQI project has ended (e.g., integrating new processes into staff training, updating agency protocols, ongoing monitoring of data, etc.).

Each LIA has an assigned QI Coach from the Michigan Public Health Institute. QI Coaches support LIAs in wrapping up their QI efforts and determining how to act on what they learned through their PDSA cycle. A critical component of the Act stage of the PDSA cycle is determining how any gains made through the improvement effort will be sustained. Strategies used to sustain gains were tailored to each LIA’s PDSA cycle outcomes. Each LIA’s QI Coach worked with the LIA to determine how gains achieved could be sustained and what ongoing support MPHI and DCS/IDOH could provide to ensure gains were sustained so the LIA’s improvement efforts live on and continue to benefit the program. Specific strategies LIAs used to sustain gains at the end of their CQI project included:

- Ongoing monitoring of data, updating training plans, and updating/standardizing processes, policies, and/or procedures.
- Training staff on updates/changes to the process to ensure that everyone has the necessary tools and understands the new process.
- Incorporating successful strategies into daily work with families.

Spread and Scale

15. Describe the methods and strategies you will use to spread and scale successful interventions and lessons learned to additional LIAs. Consider when these activities will occur given the two-year period.

Indiana MIECHV plans to use three main methods/ strategies to support spread and scale of successful interventions and lessons learned to additional LIAs.

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First, via Indiana MIECHV's CQI provider, MPHI, QI Coaches stay attune to efforts each LIA is engaged in and directly connect LIAs who are embarking on improvement efforts in similar topic areas via email or Community of Learning. Indiana MIECHV has engaged in using this method since MPHI started supporting LIA improvement efforts and has started see the benefits of these connections. Connecting LIAs as like topics of focus arise will continue on an ongoing basis.

Second, virtual and in-person QI Community of Learning (CoL) gatherings will continue to be convened on a once per quarter basis throughout this CQI plan period. The primary purpose of these gatherings is to foster collaborative learning and support spread of successful change ideas as well as sharing of ideas that did not work as planned so LIAs can learn from one another. These gatherings provide protected time and space for LIAs to share improvement efforts with one another allowing for spread and scale of successful change ideas.

Third, the shared space that was developed via MPHI's SharePoint Partner Portal in 2020 will continue to be updated as story boards are completed and approved (when applicable). New LIA staff involved in improvement efforts will be given access to the partner portal. Story Boards and Team Charters support spread and scale of successful improvement efforts from one LIA to the next as key pieces of information that can be replicated are detailed in each. Access to these resources for all LIAs is ongoing.

Spread and scale of successful improvement efforts and lessons learned is something Indiana MIECHV is committed to supporting in this FY 2024 and 2025 plan. Indiana MIECHV will continue to learn from how the three above strategies are working as well as brainstorm other methods/ strategies that may be beneficial to employ in the future. Indiana will continue working closely with the CQI provider, MPHI and Indiana LIAs as key resources in scale and spread of improvement efforts.

Health Equity

16. Describe strategies that you can take to advance health equity in your CQI work over the next two years. What is the next step you could take?

Each LIA completed the *HV CollIN's Building Blocks for Parent Leadership in CQI: LIA Team Assessment* in February 2022 and again in December 2022/January 2023. Responses to these assessments were used to create an action plan outlining next steps to take to advance health equity in CQI efforts. Many LIAs have committed to reflecting on the work that they are doing with an equity lens, identifying biases and barriers their families may face, and areas that can be addressed through quality improvement. LIAs have also identified the need for families to participate in their QI efforts and to establish additional connections to the communities they serve. Some LIAs identified more specific areas where quality improvement can be used to advance health equity including expanding translation to different languages, equitable representation amongst the workforce, onboarding for new staff, among others.

Indiana will continue to offer CQI training opportunities for LIAs with an equity lens and/or with equity integrated throughout. Over the next two years, workshops, learning opportunities, and Community of Learning gatherings will be used as platforms to continue to support LIAs in weaving equity into their improvement efforts. Steps to ensure that upcoming opportunities are supporting LIAs on their equity journey in an appropriate and timely manner will include surveying LIAs, addressing challenges or areas for improvement identified during coaching calls, and topic areas that will support overall state goals to advance health equity.

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17. What steps will you take to identify disparities rooted in inequitable systems in your available data within your CQI topic? (e.g., analyzing data by race, ethnicity, primary language, geography, income or other relevant subgroups)

During the FY 2021 CQI plan year, Indiana began to explore equity in the data space by creating demographic overlays for the performance measure data. The initial set of overlay data revealed some potential opportunities to address equity, however, the group sizes were very small creating a barrier in being able to identify appropriate ways to explore equity further, even when combining multiple years of data. In order to be able to examine data at the LIA level and share findings, Indiana has adjusted the methodology and is working with pilot analysis during 2022 – 2023. Indiana anticipates being able to have data that can be used to inform LIA home visiting practice as early as FY2023 Performance Measure reporting

While a few LIAs have specifically looked at disparities illustrated in their local data to date, looking at race, ethnicity and language spoken, many LIAs are preparing to more formally identify disparities through desegregating data in future cycles. Indiana hopes that the demographic overlay data will be supportive to LIAs with regards to the identification of disparities within the Indiana performance measurement data. Indiana also plans to explore and implement other strategies that will support LIAs in the equity space, including coaching support from MPHI to work on actions outlined in the Family Engagement Action Plans and beyond.

18. Describe strategies you will use to partner with community members in dialogue about your CQI topic, including identifying change ideas for meaningful improvement.

Indiana's approach to CQI is focused on the LIA local culture of quality and locally relevant CQI projects. Some teams incorporate advisory members and/or subject matter experts from their local communities in the CQI process. Many LIAs describe engaging community stakeholders by sharing quality improvement projects with advisory boards and gaining insight and feedback through that discussion. Additionally, many LIAs have goals to formally engage families in their CQI efforts in the future. Indiana does not have plans to formalize a requirement to engage community stakeholders in CQI efforts, however, with improved data communication, Indiana will provide local teams with more tools to use in addressing their local concerns with disparity in access, and support their local connections with community members addressing CQI topics.