

HV CoIIN Family Engagement Charter



A. WHAT ARE WE TRYING TO ACCOMPLISH?

Call to Action: Effectiveness of home visiting interventions depends on families receiving a sufficient number of visits. There are gaps between what we know and what we do- between the number of families we know could benefit from home visits and those who actually enroll and persist in services. Based on cross-site data from the Supporting Evidence Based Home Visiting Initiative (EBHV) funded by the Children’s Bureau,¹ across all implementing agencies in the study:

- 20-100% of families referred to HV services received a first home visit.
- Of those families:
 - 47% of families complete shorter term programs (those lasting less than six months)
 - 58-73% of families in multi-year programs complete one year
 - Participation and attrition rates differ across racial and ethnic groups, program types, HV organizations, and states.

All of this suggests that some programs do well in retention and engagement but that many programs struggle to enroll families and keep them engaged in the program for a significant amount of time.

Through Phase 1 of the HV CoIIN, great strides have been made in service delivery to enrolled families. For example, 76% of families are receiving the expected number of visits by home visitors (as required by model) and retention rates are steady at 85% at three months and 72% at six months. We see great variability across these improvements. For example, 33% of referred families receive their first face-to-face visit within 14 days, but for a large percentage of families, the time frame is much longer. Additionally, intentional testing should focus on intense early engagement practices that strengthen relationships between the home visitor and family, and empower the family as partners- supporting retention beyond three months. HV CoIIN teams saw a 13% drop in retention from three to six months and a 27% drop in retention from three month-rates to twelve months.

Mission: Together, in Year 4 Scale-Up, we will dramatically increase the proportion of eligible, referred families who participate at high levels over five months by redesigning the way we enroll, relate to, and engage families in services. We will strive to empower families as active partners in home visiting services, and continually improve policy and practices that ensure 1) competent and skilled workforce to support enrollment and retention, 2) comprehensive data-tracking system, 3) prompt and appropriate enrollment of eligible families, 4) intense early engagement (i.e., during first three months), and 5) active involvement of families in home visiting programs.

Interventions delivered by home visitors can make a difference for mothers and children, with positive impacts on:

- Frequency of child abuse and neglect and harsh punishment ^{2,4,7,9,12}

- Parental capacity and positive parenting practices ^{3,4,5,6,8,10,13}
- Healthy child development ^{4,7,9,11}

Home visiting programs have a unique opportunity to reach vulnerable families and to incorporate evidence-based and practice-informed strategies- what we know works, and what we do on the ground, to improve rates of family engagement.

SMART AIM: 85% of families receive the expected number of home visits.

PROCESS AIMS: *TBD by LIA participants*

B. HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?

To identify progress towards these shared aims, we will report a common group of measures monthly. Data will be graphed on run charts and shared with all HV CoIIN participants across the Collaborative to promote shared learning. The following measures were selected to reflect the processes necessary to achieve the SMART aim. They are listed in the order in which these processes occur in many sites, and are labeled with the Primary Driver they reflect.

FAMILY ENGAGEMENT MEASURES

Measure #1 (SMART AIM): % of families that received all of the expected home visits this month
Additional alternative: % of expected home visits delivered by the program.

Measure #2 (Primary Driver 3): % total capacity served

Measure #3 (Primary Driver 3): % of available capacity that was filled

Measure #4 (Primary Driver 3): Ratio of referrals to available service capacity (optional)

Measure #5 (Primary Driver 3): % of families contacted, among those attempted to contact (optional)

Measure #6 (Primary Driver 3): % of referrals that were appropriate (optional)

Measure #7 (Primary Driver 3): % of families contacted who received a first face-to-face contact within 14 days

Measure #8 (Primary Driver 3): Among families referred this month, Average N of days from referral to 1st face-to-face contact (optional)

Measure #9 (Primary Driver 3): % of families contacted that were offered home visiting services (optional)

Measure #10 (Primary Driver 3): % of families offered home visiting services that enrolled in home visiting services

Measure #11 (Primary Driver 3): Among families enrolled, Average N of days between receipt of referral and enrollment (optional)

Measure #12 (Primary Driver 4): Among families for whom weekly or every other week visits are expected, % of families with 21 or more days between visits

Measure #13 (Primary Driver 4): % of families on creative outreach, level X, alternate visit schedule

Measure #14 (Primary Driver 5): % of families whose 1st home visit was 90-120 days ago still enrolled in the home visiting program

Measure #15 (Primary Driver 5): % of families whose 1st home visit was 180-210 days ago still enrolled in the home visiting program

Measure #16 (Primary Driver 5): % of families whose 1st home visit was 365-395 days ago still enrolled in the home visiting program

Measure #17 (Primary Driver 5): % of families that disenrolled from the program for “Legitimate,” “valid” or “justified” reasons

C. WHAT CHANGES CAN WE MAKE THAT WILL LEAD TO IMPROVEMENT

The HV ColIN family engagement collaborative provides working technical documents that establish a common vision and mission, shared aims, theory, measures, and change ideas to guide its operation, in conjunction with participating partners. HV ColIN staff, faculty, and frontline home visiting teams applied the latest evidence-based research and practice to develop a family engagement Key Driver Diagram (KDD). The KDD displays our aims and our shared theory of how that aim will be achieved, including the primary drivers (i.e., what needs to be in place to accomplish the aim,), secondary drivers (i.e., actions necessary to achieve primary drivers), and the change ideas (i.e., how those primary drivers might be put in place). Teams from participating local implementing agencies (LIAs) select which of these change ideas might work in their particular contexts, and design Plan-Do-Study-Act (PDSA) cycles to test those changes and drive improvement. The change package provides examples from seasoned LIA teams that tested specific change ideas and sample PDSA plans.

D. COLLABORATIVE EXPECTATIONS

Education Development Center, the Collaborative Chair and the HV ColIN Planning Group will:

- Provide information on subject matter, application of that subject matter, and methods for process improvement during monthly calls.
- Offer coaching to state quality improvement teams to facilitate improvements in home visiting.
- Provide communication strategies to keep HV ColIN participants connected to the Planning Group and colleagues during the Collaborative.
- Provide monthly report to state leaders, model developers, and LIAs.
- Provide regular coaching and teaching on quality improvement topics.

Participating grantees are expected to:

- Identify state quality improvement lead(s) to be part of the HV ColIN project to provide support to local teams.
- Participate in every other month HV ColIN management/quality improvement meetings.
- Develop a spread plan for the HV ColIN work (e.g. aligned with MIECHV CQI plan and state strategic priorities).
- Meet regularly (e.g. monthly) with local quality improvement teams to review progress and provide coaching as needed (e.g. PDSA quality review, data progress and quality, etc.).
- Actively advise the HV ColIN planning group through participation in a grantee advisory committee which will meet on a quarterly basis.

Participating LIA s are expected to:

- Connect the goals of the Breakthrough Series work to a strategic initiative in the organization.
- Provide a senior leader to serve as sponsor for the team working on the Breakthrough Series.
- Set goals and work to achieve our AIMS.
- Perform tests of changes using PDSA rapid cycle methods.
- Make well-defined measurements related to the teams' aims at least monthly and plot the results over time for the duration of the Collaborative.
- Share information with the Collaborative including details and measurements of changes made.
- Participate in grantee-led quality improvement activities to review data, engage in learning, and problem-solve barriers.

- Work hard, implement change, and have fun.

E. OUR TEAM

Sponsor (State/Tribal Lead/Not-for-Profit Lead):

Agency Lead(s):

Day-to-Day Supervisor(s):

Home Visitor(s):

Family Member(s):

Others:

REFERENCES:

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