Quality Improvement, Protective Factors, and the Centralized Access Point: A Targeted Effort to Enhance Support for Families

2017 *Help Me Grow* National Forum

Purpose

Outcome
Share a completed affiliate-based project

Protective Factors
Discuss how the PF align with *HMG*

Quality Improvement
Consider QI strategies that can enhance *HMG*

Affiliate Impact
Hear how this project enhanced CAP

Agenda

Protective Factors Overview
Judy Langford
Center for the Study of Social Policy

Design of Project
Jaquely Yniguez
HMG Orange County, CA

Quality Improvement Methodology
Eminet Gurganus
Practice Quality Improvement Program

Overview of Data
Lisa Soenen
HMG South Carolina

Affiliate Experience
Lisa Soenen
HMG South Carolina

Nadia Thind
HMG San Francisco, CA

Jaquely Yniguez
HMG Orange County, CA

Elizabeth Gilman
HMG Vermont

Closing
Von Jessee
HMG National Center

Protective Factors Overview

CENTER FOR THE STUDY
OF SOCIAL POLICY'S

strengthening families™
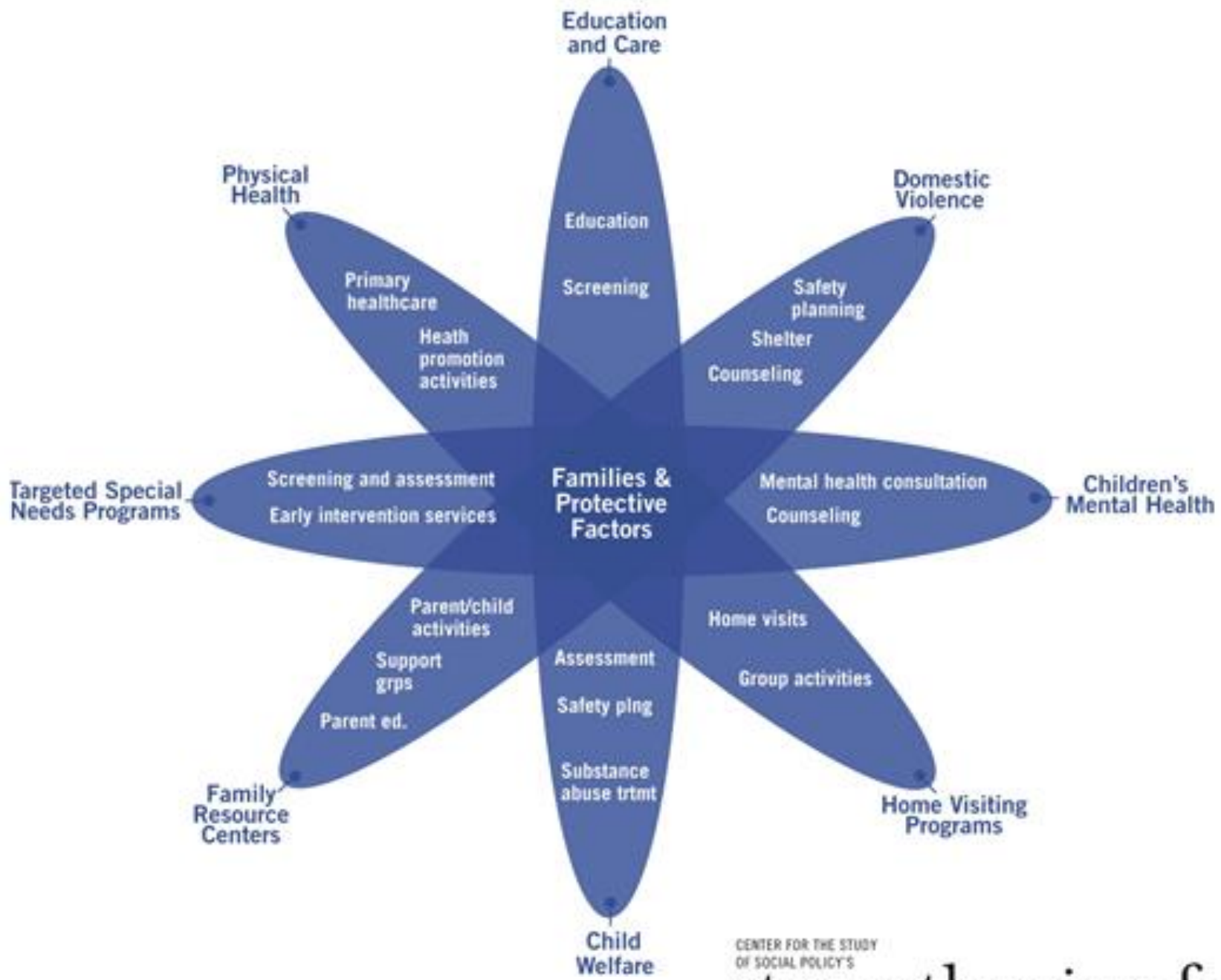A PROTECTIVE FACTORS FRAMEWORK

Mobilizing partners,
communities and families to
build family strengths, promote
optimal development and reduce
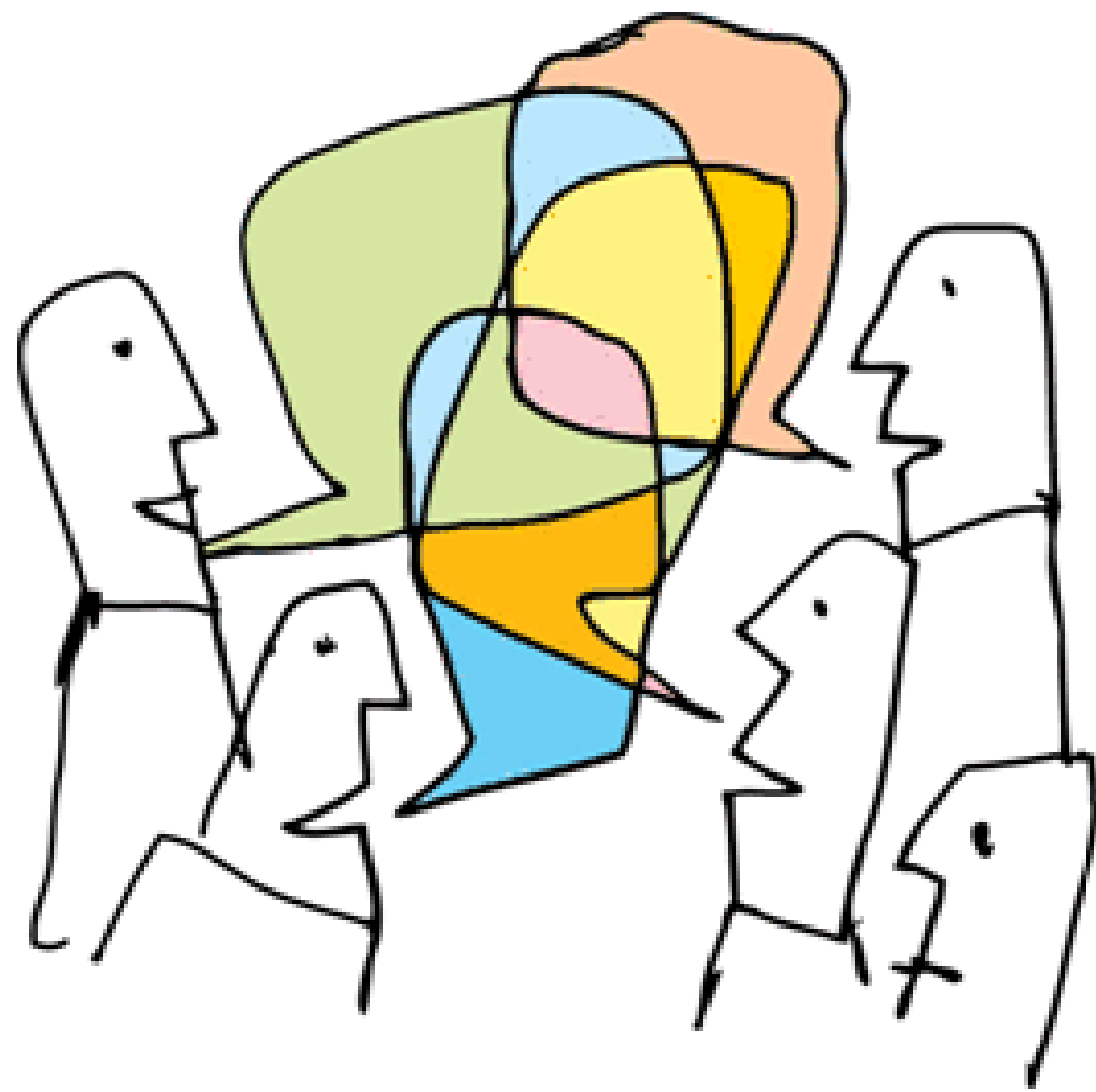child abuse and neglect

Center
for the
Study
of
Social
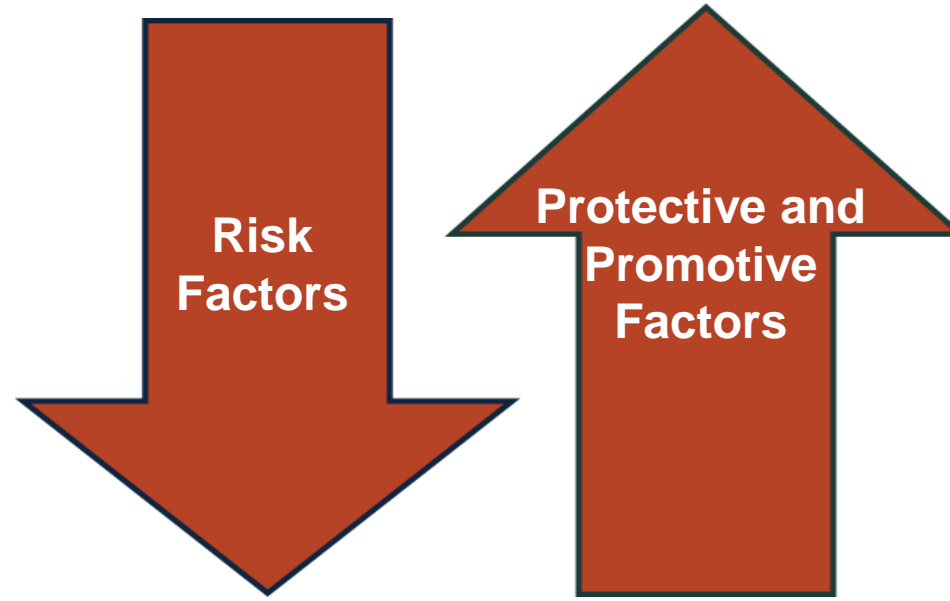Policy

A practical approach for big impact

- What does current research about children's development tell us about what *ALL* families need to be successful?

- Learn from places where families already have comfortable relationships how they create effective support for families through small but significant practice changes.

- Build a new perspective on family strengths into existing programs and strategies; ***don't invent a new model***

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A PROTECTIVE FACTORS FRAMEWORK

Education and Care
- Education
- Screening

Physical Health
- Primary healthcare
- Heath promotion activities

Domestic Violence
- Safety planning
- Shelter
- Counseling

Targeted Special Needs Programs
- Screening and assessment
- Early intervention services

Families & Protective Factors

Children's Mental Health
- Mental health consultation
- Counseling

Family Resource Centers
- Parent/child activities
- Support grps
- Parent ed.

Child Welfare
- Assessment
- Safety plng
- Substance abuse trtmt

Home Visiting Programs
- Home visits
- Group activities

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A PROTECTIVE FACTORS FRAMEWORK

A Protective (and Promotive) Factors Approach

- Protective Factors: conditions or attributes of individuals, families, communities, or the larger society that mitigate or eliminate risk

- Promotive Factors: conditions or attributes of individuals, families, communities, or the larger society that actively enhance well-being

Resilience

The process of managing stress and functioning well
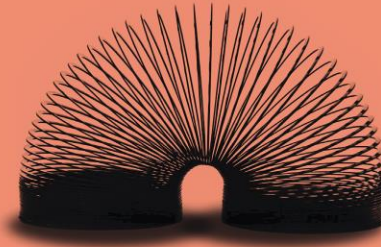even when faced with challenges, adversity, and trauma

Parental Resilience

EXERCISE FLEXIBILITY & DEVELOP INNER STRENGTH

Flexibility & Inner Strength = Resilience

Resilience makes your family STRONG

GREAT START COLLABORATIVE
Charlevoix, Emmet Northern Antrim Counties

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A PROTECTIVE FACTORS FRAMEWORK

CRATER

Generated by the Great Start Collaborative
of Charlevoix, Emmet, & northern Antrim Counties
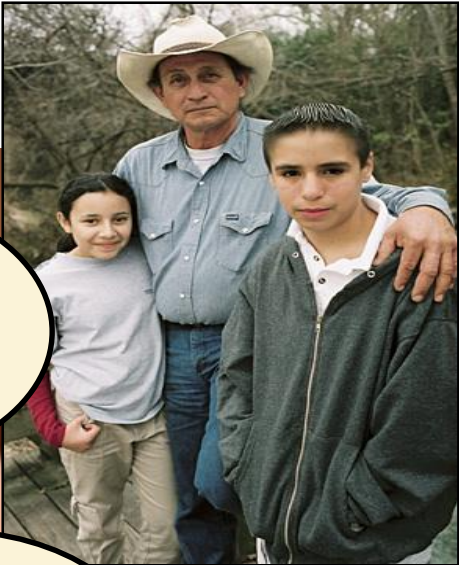www.greatstartforkids.com

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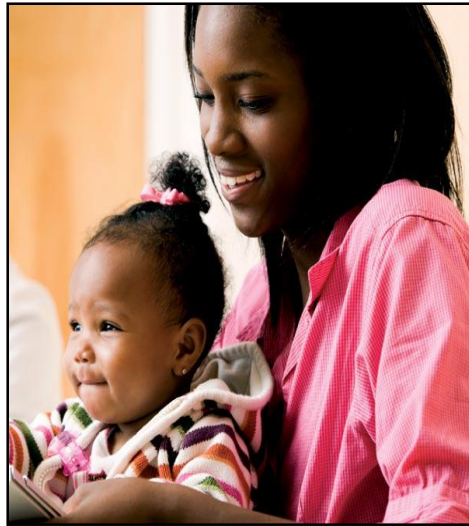
Knowledge of Parenting and Child Development

Concrete Support in Times of Need

Nurturing Social-Emotional Competence
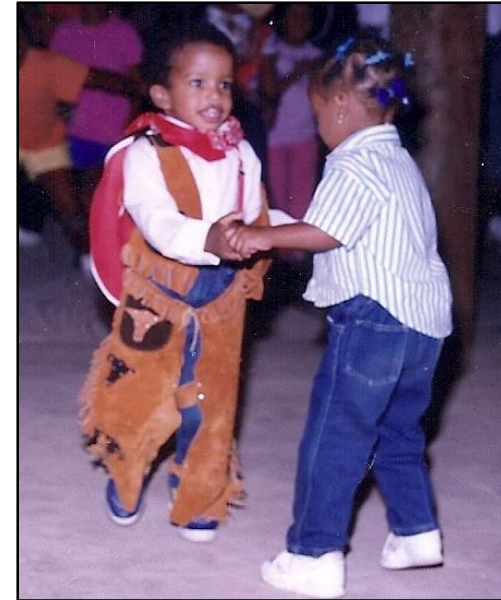
Social & Emotional Competence of Children

GIVE YOUR CHILD WORDS TO EXPRESS HOW THEY FEEL

Teaching your child to effectively communicate & interact builds positive relationships and makes your family **STRONG**

Strengthening Families National Network

Implementing states, localities and programs

Federal Relationships; Other National Connections

Implementing States

States in Network

States with some implementation activities
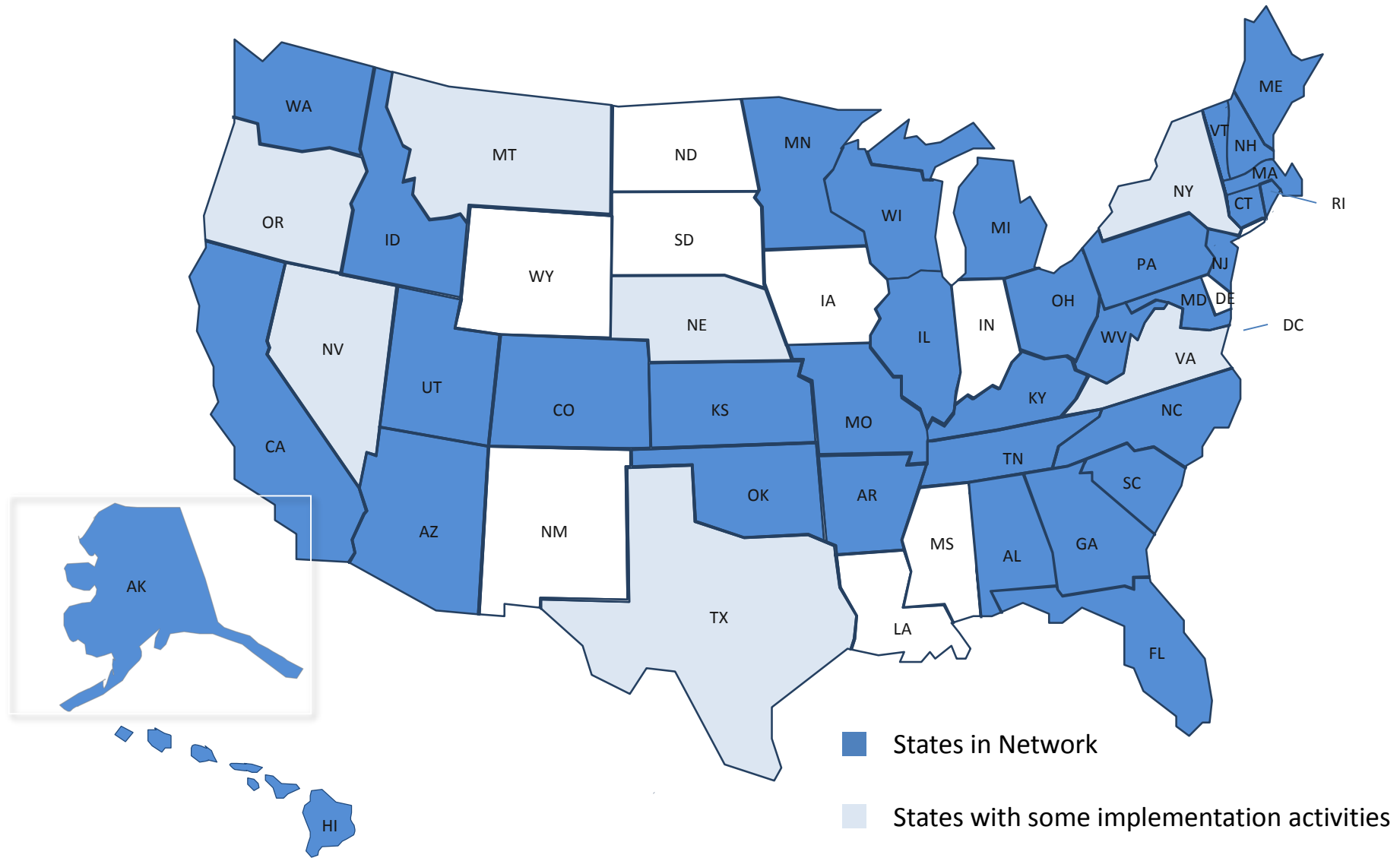
Project Design

Project Design

■ Site Selection

- Request for applicants was sent out to all HMG affiliate networks

-Those chosen were able to demonstrate experience and familiarity using PF in their work

-Emphasis on affiliates who expressed commitment to data collection, analysis, & reporting

■ Selected Measures & the Center for the Study of Social Policy (CSPP)

-CSPP's self-assessment for community based program was narrowed down to 10 measures that were particularly relevant to CDCCs at the centralized access point for HMG—Call Center

-These 10 measures speak to 3 of the 5 PF measures

-Parental Resilience

-Knowledge of Parenting and Child Development

-Concrete Support in Times of Need

■ Length of the Project

-May-December 2016 (7 months)

-5 reporting cycles; 4 site meetings; 3 learning collaborative

-Bookended by an initial webinar to provide introduction into project and over view of PF/CSSP & a Concluding Meeting

The Model for Improvement: Three Questions

1. AIM: What are we trying to accomplish?

2. MEASURES: How will we know a change is an improvement?

3. CHANGES: What changes can we make that will result in improvement?

- Each month, sites completed the Protective Factors Self-Assessment survey in QInsight
  - Reflect individually on their experiences
  - Look through their records for any documentation that may indicate how they did on each measure

*7.Parenting information and materials used by the program are culturally and linguistically appropriate.
- Strongly Agree
- Agree
- Neither Agree nor Disagree
- Disagree
- Strongly Disagree
- Not Applicable

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MEDICAL CENTER

The Three Questions

1. AIM: What are we trying to accomplish?

Improve any measure for which sites chose Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree

2. MEASURES: How will we know a change is an improvement?

Sustain the improvement for 3 or more months

3. CHANGES: What changes can we make that will result in improvement?

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Plan-Do-Study-Act (PDSA) Cycles

- What changes need to be made?
- Next cycle?

Act

- Objectives
- Who, what, When Where
- Data collection

Plan

- Analyze data
- Summarize what was learned

Study

Do

- Carry out plan
- Document problems

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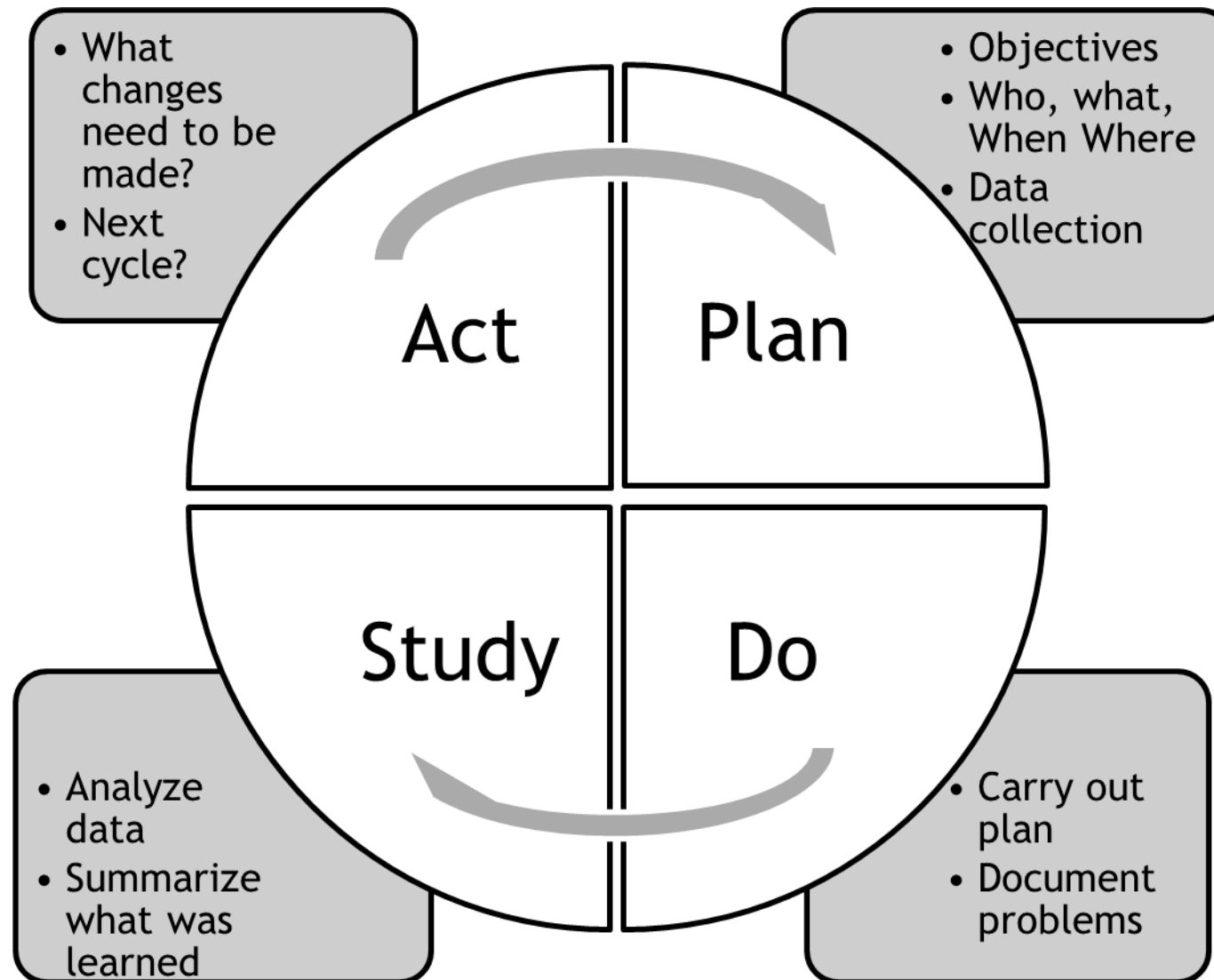
PDSA

- **PLAN:** Plan the test or observation, including a plan for collecting data
- **DO:** Try out the test on a small scale
- **STUDY:** Set aside time to analyze the data and study the results
- **ACT:** Refine the change, based on what was learned from the test

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Example of Change Cycle: Plan

- **What is the objective of this improvement cycle? What were your predictions? What was your plan for change or test (including Who, What, When, and Where)?**

  - **Focus measure:** Measure 4
  - **Aim:** To help families access specialty services if appropriate
  - **Measure:** # of families received services/# of families referred to services
  - **Change:** Updated protocol for care coordinators

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Example of Change Cycle: Do

- **What did you practice do? Was the cycle carried out as planned? What did you observe that was not part of the plan or expected?**

    – Measure 4: Care coordinators provided families with information regarding documentation that is and is not needed to access the needed services. Families were becoming confused between which documents were needed and which were not needed for services. C are coordinators will now list only the documents that WILL be needed and ask, "Would you like me to repeat any of those or would you like to repeat them back to me?"

Example of Change Cycle: Study

- **How did or didn't the results of this cycle agree with the predictions you made? What did you learn from this cycle?**

  - Measure 4: As we predicted, the team saw an increase in the specialty service access rate in this data cycle (month 1-month 2). We learned that only listing the documents the family DOES need and having families repeat the needed documents made for less confusing, more streamlined calls.

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Example of Change Cycle: Act

- **What actions will you take as a result of this cycle? What do you plan to do next?**

    – Measure 4: CCs will continue to follow the revised protocol- listing only the documents that the caller WILL need to access services and offering to repeat themselves or have the caller repeat it back. CCs will additionally ask if the caller would like to grab a pen and paper before listing the needed documentation.

Overview of Data

Protective Factor: Parental Resilience

Sites choosing at least one metric: 2
Sites with demonstrated improvement: 2

Metric chosen:

#2: Site 4

#4: Site 3   Improvement: Site 1,3,4

Metric Two: Parents participate in the screening and/or are informed of the results of all screenings as soon as possible.
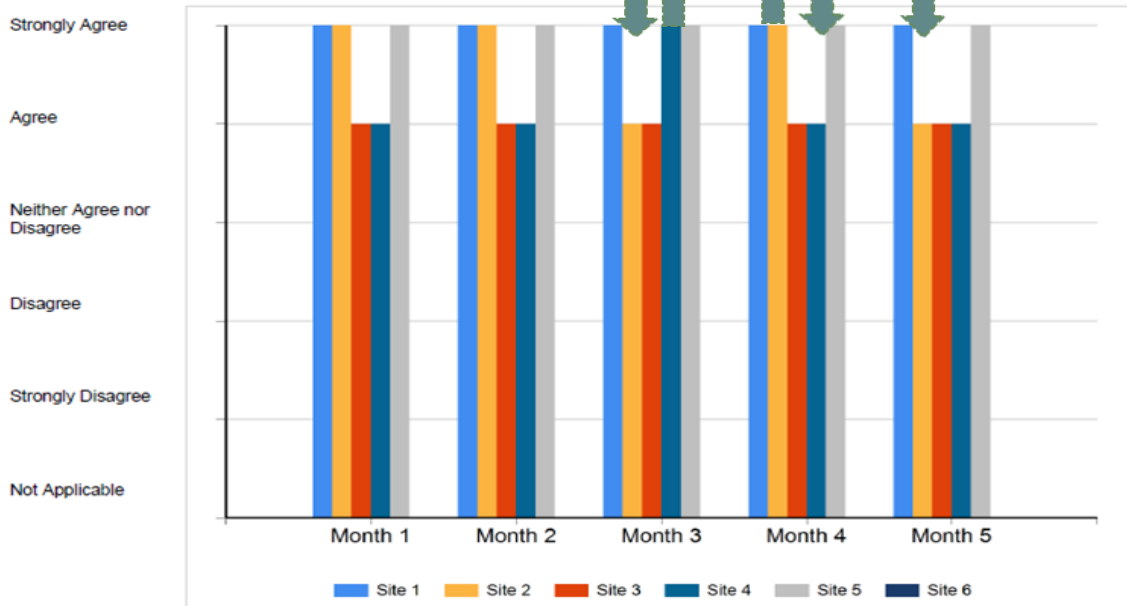
Metric Four: *Help Me Grow (HMG)* Care Coordinators assist parents in finding and connecting to specialists (e.g. a physician, physical therapist, or child study team) for further evaluation when their children are identified in the screening process as having possible special needs.
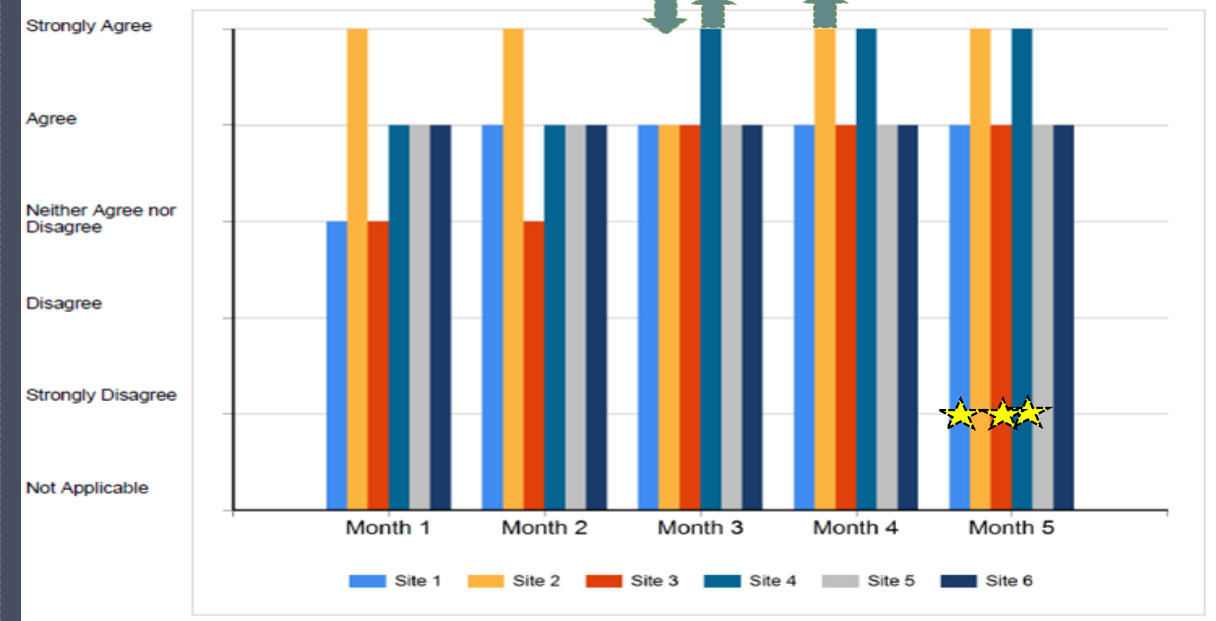
Metric One: Parents are engaged as partners in developmental screening or assessments of their child.
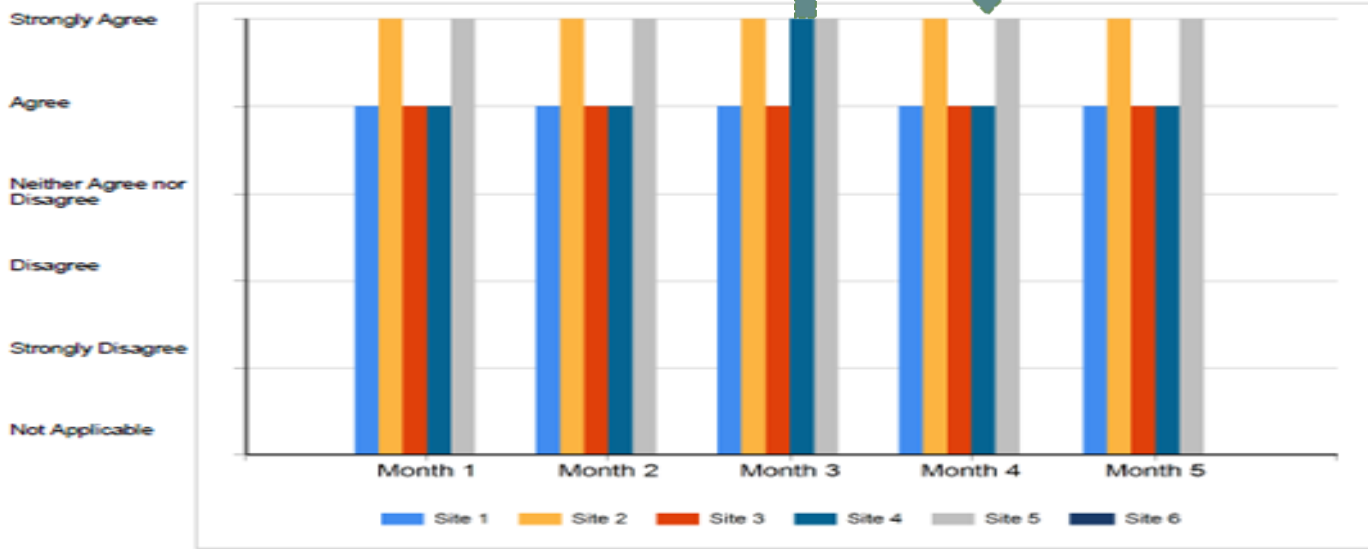
Metrics not chosen by any site: 1,3
3   Improvement: Site 5

Metric Three: Parents work with staff to develop plans and accomodations for their child based on the screening.
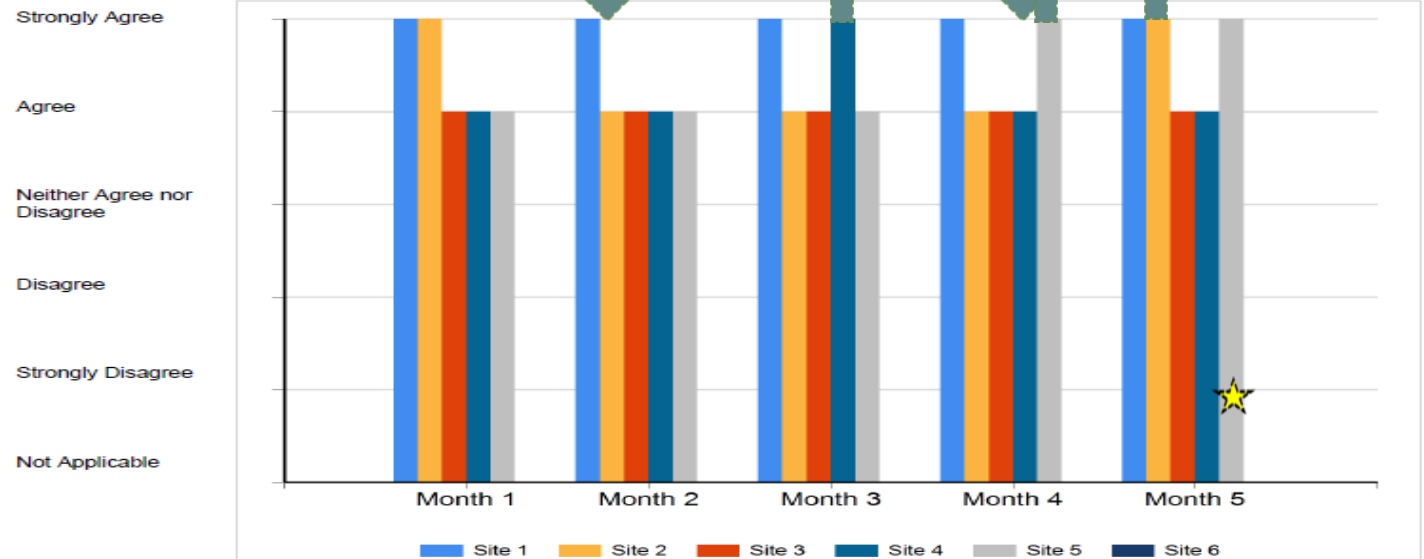
Protective Factor: Knowledge of Parenting and Child Development

Sites choosing at least one metric: 4
Sites demonstrating improvement : 5

Metric chosen: #5
Sites: 1,3,5,6 Improvement: Sites 1,4,6

Metric Five: *HMG* Staff works collaboratively with parents to coordinate support for children's development.

Metric Six: *HMG* Staff and parents together use appropriate assessment tools to screen for developmental concerns and monitor development.
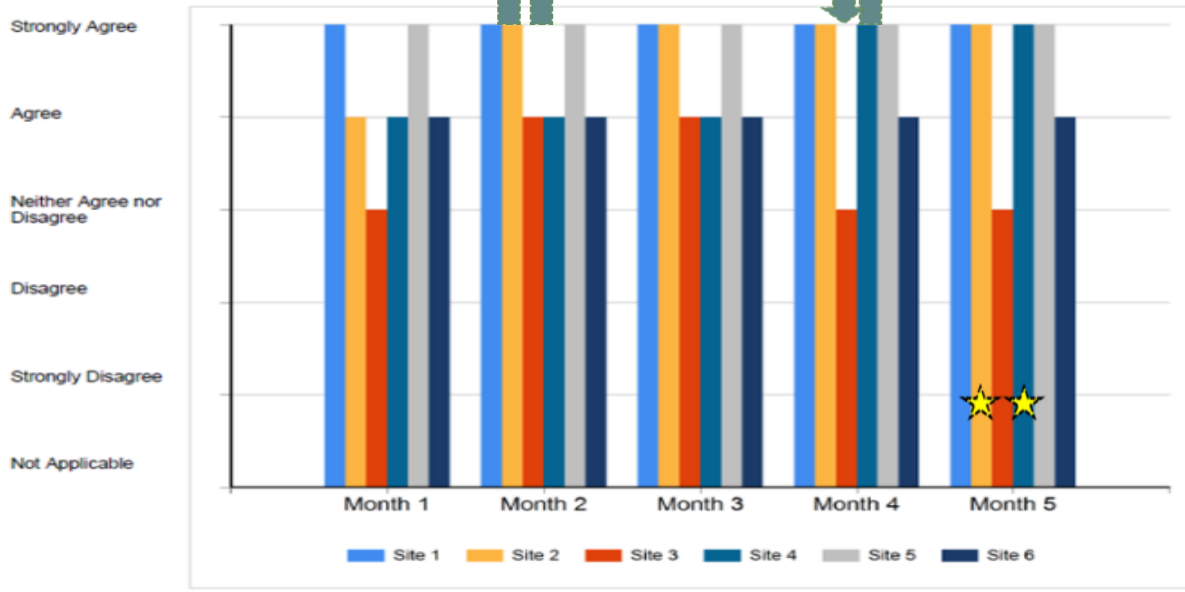
Metrics not chosen by any site: 6,7
#6 Improvement: Sites 2,4
#7 Improvement: Sites 1,2,5,6

Metric Seven: Parenting information and materials used by the program are culturally and linguistically appropriate.
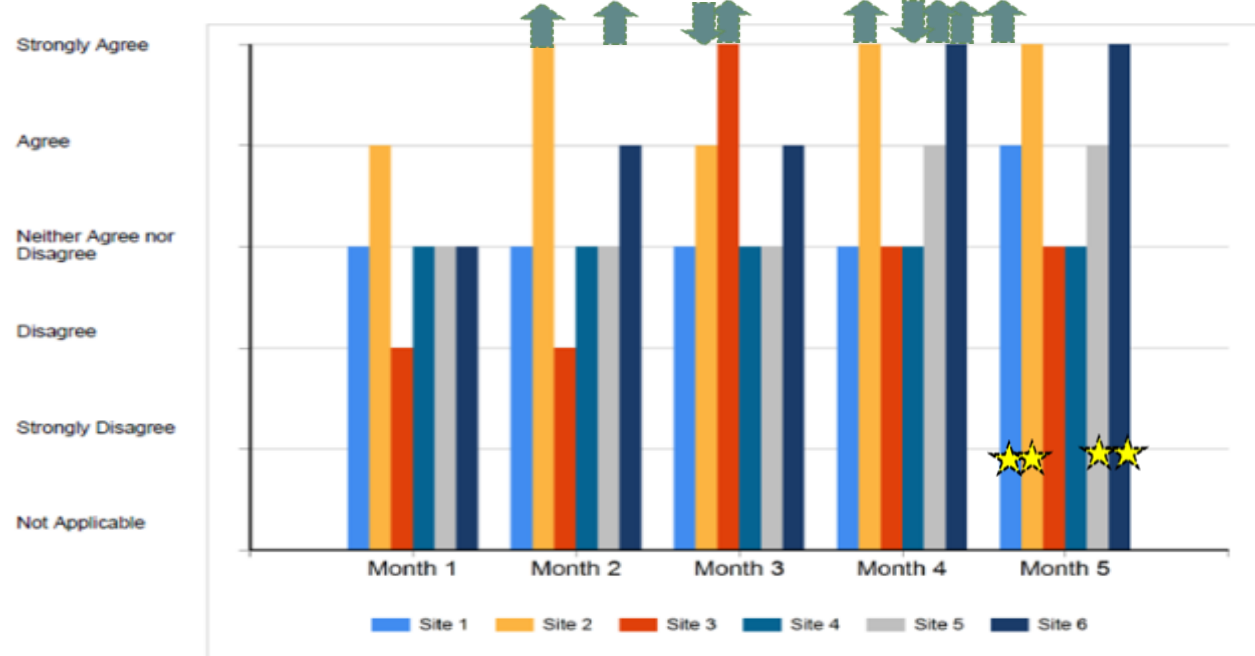
Protective Factor: Concrete Support in Times of Need

Sites choosing at least one metric: 5
Sites demonstrating improvement: 5

Metric chosen:

#8: Sites 2,4 Improvement: 2,3,4,6

Metric Eight: The *HMG* call center maintains up-to-date information about services in the community that includes hours of operation, fees, locations, eligibility requirements, language capacities, etc.
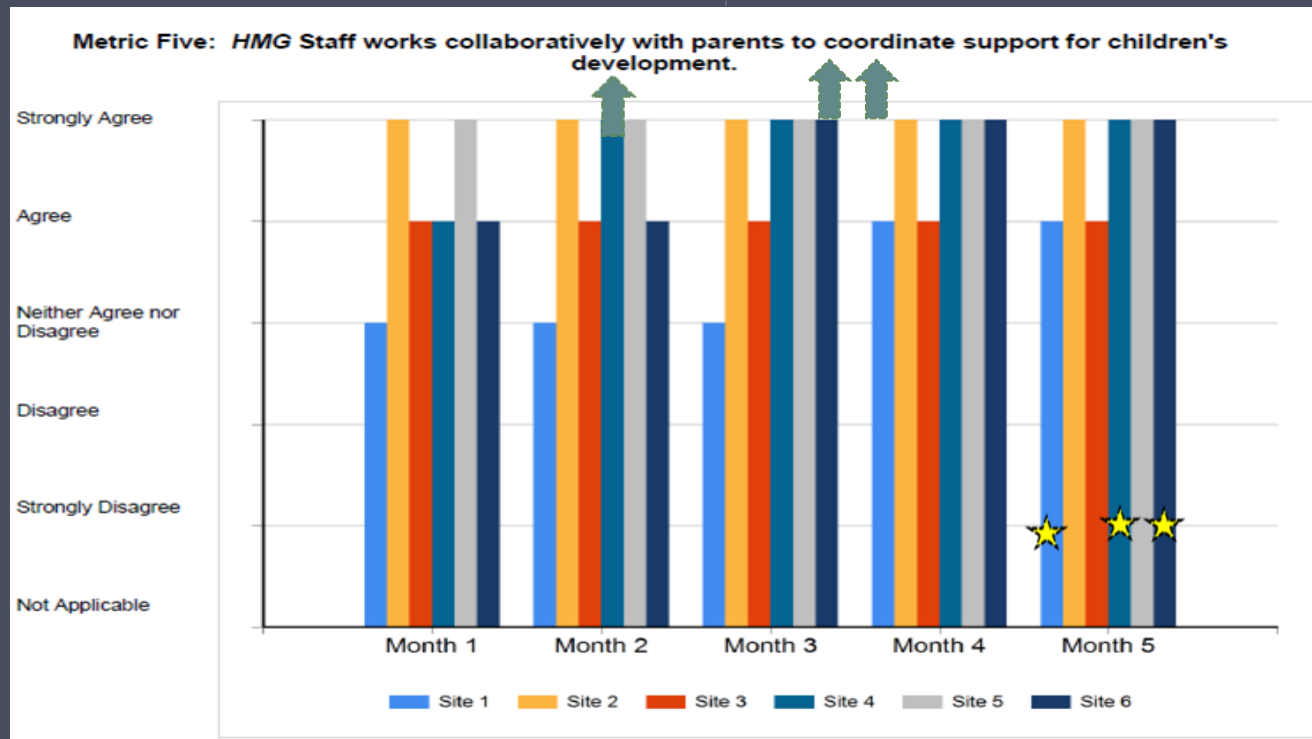
Metric Nine: *HMG* actively builds collaborative links with other service providers by easing the referral process by ensuring the workers in different programs know each other and work together and coordinating follow-up efforst across service providers, ensuring that the family is involved in service coordination and informed about all communication.

Metric chosen:
#9: Sites 1,2   Improvement: 1,2,4,6
#10: Sites 5,6 Improvement: 6

Metric Ten: *HMG* staff helps parents to identify and mobiize their own resources to address their families' needs by providing information and guidance to families so that they understand their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems.

Highlights

- All sites demonstrated improvement in at least one metric

- Sites experienced improvements in metrics that were not areas of focus

- Themes: Building relationships (families, agencies), collaboration, the influence of unpredictable factors

AFFILIATE EXPERIENCE

Focus Measure

The Help Me Grow call center maintains up-to-date information about the services in the community that include hours of operation, fees, locations, eligibility requirements, language capacities, etc.

Approach: South Carolina
Focus: Resource Database Improvement
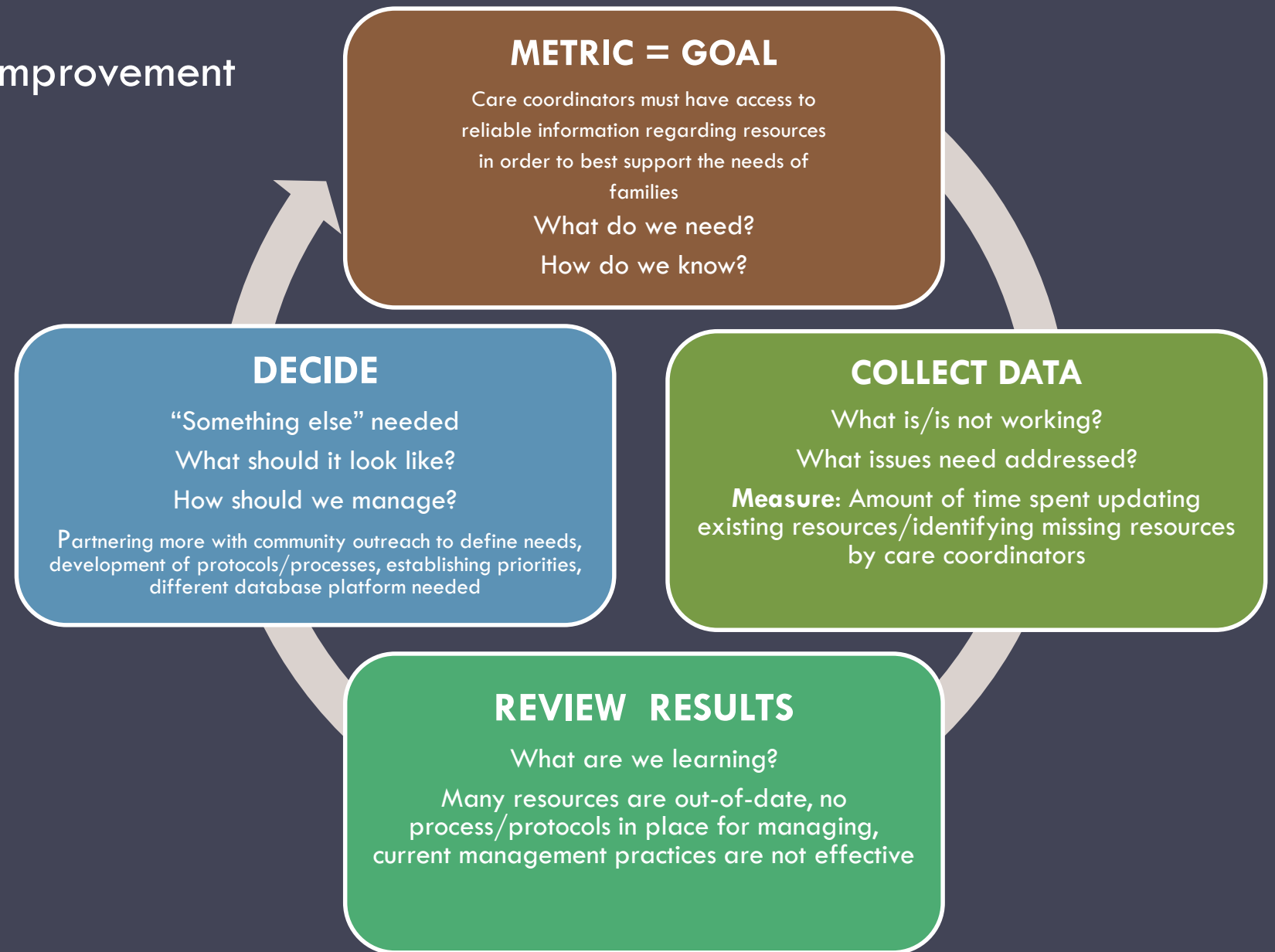
METRIC = GOAL
Care coordinators must have access to reliable information regarding resources in order to best support the needs of families
What do we need?
How do we know?

COLLECT DATA
What is/is not working?
What issues need addressed?
Measure: Amount of time spent updating existing resources/identifying missing resources by care coordinators

REVIEW RESULTS
What are we learning?
Many resources are out-of-date, no process/protocols in place for managing, current management practices are not effective

DECIDE
"Something else" needed
What should it look like?
How should we manage?
Partnering more with community outreach to define needs, development of protocols/processes, establishing priorities, different database platform needed
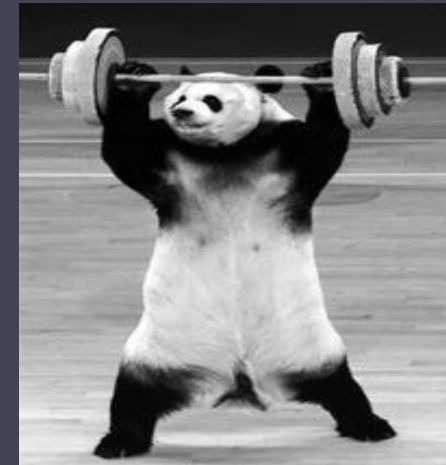
Experience

Challenges
- External factors
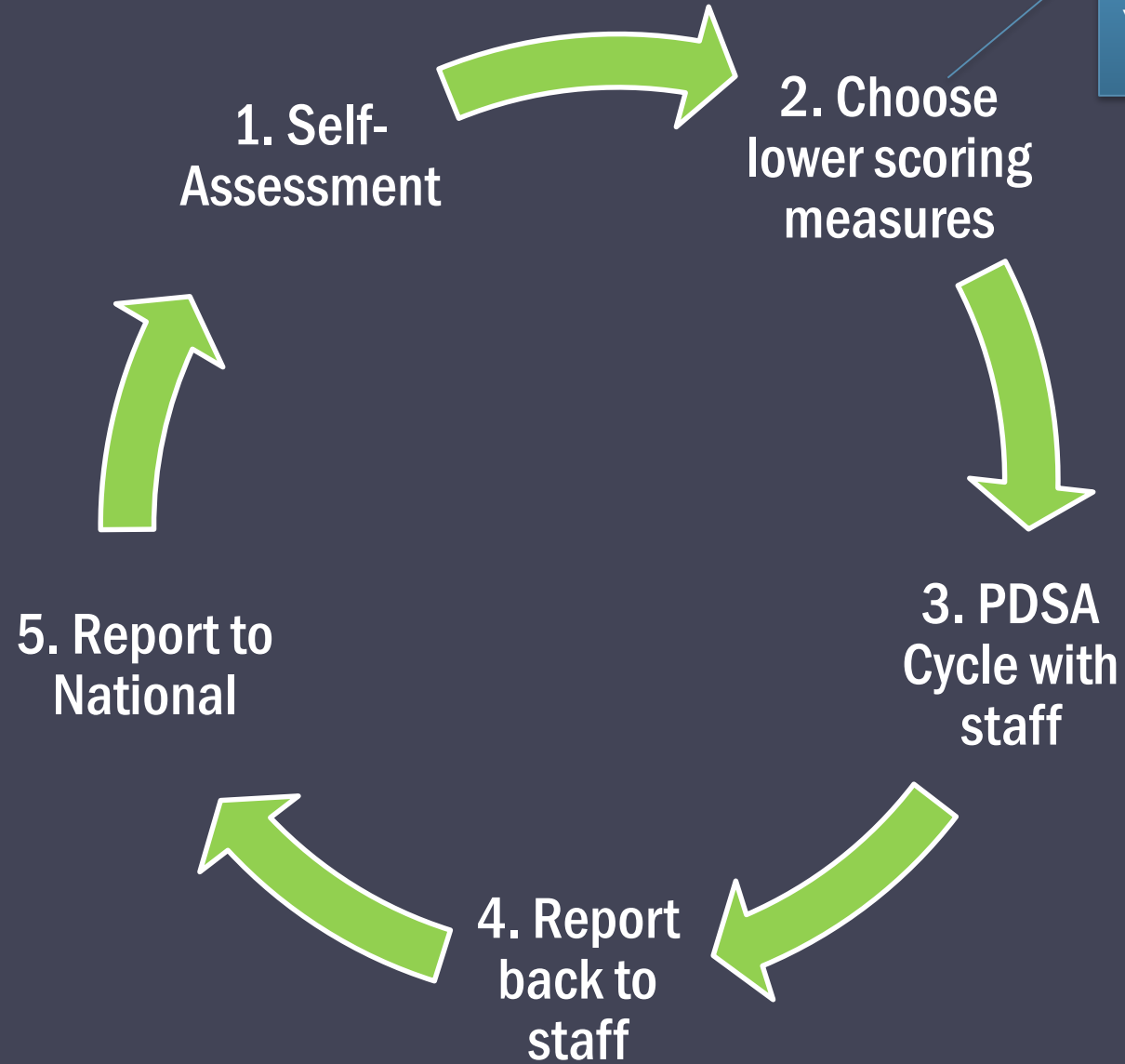- Defining measurements
- Interpreting data

Successes
- Improvements
- Identified additional/ongoing QI efforts needed around resources
- Improved collaboration between community outreach and care coordination teams

Approach: San Francisco

1. Self-Assessment

2. Choose lower scoring measures

3. PDSA Cycle with staff

4. Report back to staff

5. Report to National

Measure 8 and 9. Once these measures were determined, we completed steps 1, 3, 4, 5 each month

Approach: San Francisco

- Monthly self-assessment with call center staff
- Information everywhere!
- Need a system for services in the community

Experience

Challenges
- Common language and understanding
- Staffing
- Technology

Successes
- Understanding PDSA cycles
- Building relationships
- Other measures- improve? stable?

Focus Measure

HMG staff works collaboratively with parents to coordinate support for children's development.

Approach:
Orange County

Aim: To improve collaboration with parents by having an abandonment call rate that stays on or below 15%

Measure: Percentage of abandoned calls

Predications: By decreasing abandonment rate, collaborations will increase between parents and CDCCs at the centralized access point at HMG OC

5 cycles implemented:

1. Decrease amount of follow-ups per case
2. Move after-hours voicemail to main menu & remove reporting to %
3. Create menu options for new callers & those with an open case
4. Add part-time staff member during peak call hours
5. Add queue waiting promotions/blurbs

Total % of Abandoned Calls
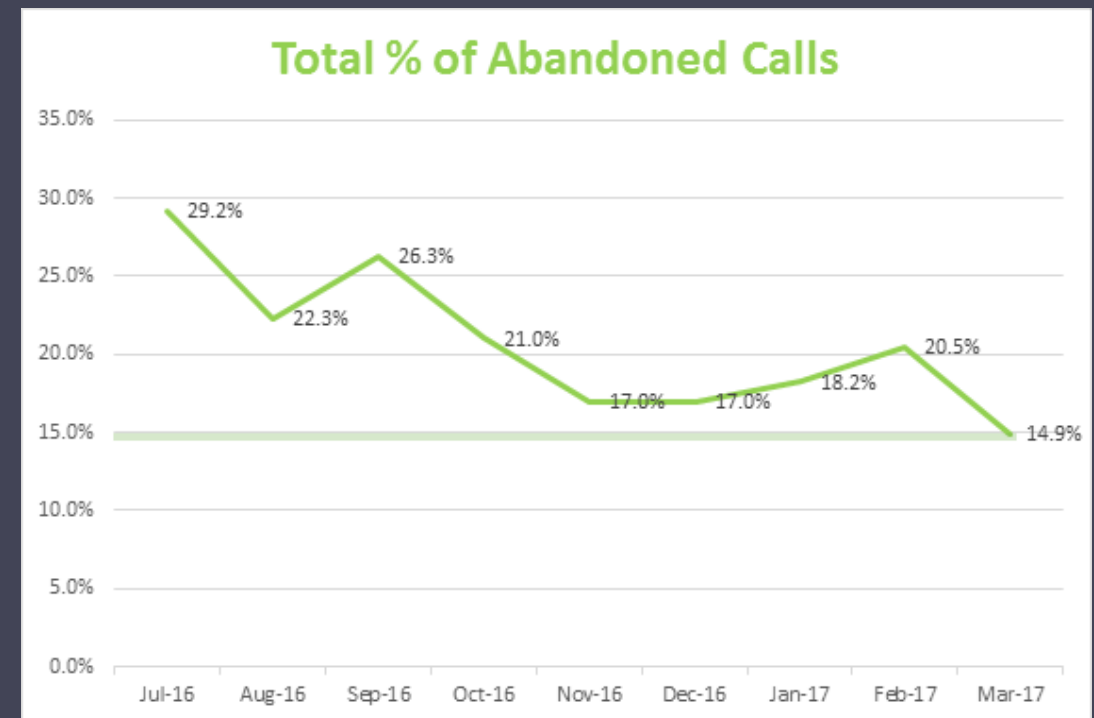
Experience

Challenges

- Unpredictability
- Accounting for multiple variables
- Natural Fluctuation

Successes

- Decrease in overall percentage
- Successful PDSA cycle implementation
- Coordination among HMG staff to meet common goal of working collaboratively with parents

Approach:
Vermont

Support parents in creating shared moments to support their child's development and help them connect to early child development systems.

Strategies included:

★ Parenting tip sheets

★ Supplemental resource guide with parent- friendly information on child development, including websites and downloads

★ Assistance and encouragement to explore their own strengths and resources

Experience

Challenges-

- **Coming to our own understanding of the measure as a staff.**

Other participants interpreted the measure differently, adapting to each community is a positive but caused us to question our own interpretation at times.

- **Determining changes to implement with each cycle.**

To collect useful data and see if our strategies were working, we made little to no changes between cycles and committed to continuing to implement our strategies/data collection after the pilot ended.

Successes-

- **Found opportunities to strengthen and improve conversations in a more formalized, thoughtful way using the protective factors**

Having a tracking form and supplemental resource document to refer to while talking with parents and caregivers, for use with our existing database, encouraged more in-depth conversations

- **We saw an increase in families getting connected to services**

We saw an increase in families connecting to services, parents/caregivers expressed improved understanding of early childhood systems and self-advocacy skills

Want to learn more?

Attend the Poster and Networking Session

- Visit Elizabeth's poster!
- Connect with our presenters

Contact Von Jessee

vjessee@connecticutchildrens.org

Questions and Answers

Thank you!