

Help Me Grow New Jersey:

Building a Continuous Quality Improvement (CQI) System



December 10, 2024

Nicole Hopkins, ECCS P-3/Help Me Grow Manager, NJ Department of Children and Families

Ericka Dickerson, Community Alignment Manager, NJ Department of Children and Families

Anne Lilly, Senior Research Associate, Johns Hopkins Bloomberg School of Public Health



Disclosure

The views expressed in this presentation are those of the speaker and not, necessarily, of the Help Me Grow National Center or Connecticut Children's Medical Center.

Further, the presence of a commercial vendor at a Help Me Grow National Center event, and the presentation of or by any vendor of any information regarding any specific commercial products, process, or service by trade name, trademark, manufacturer, or otherwise, does not constitute or imply Help Me Grow National's endorsement, recommendation, or favoring of such item or organization. Any such material presented by or for any vendor, in any format, without limitation, is for informational purposes only. Any potential customer of any vendor, who is present at a Help Me Grow National Center event, is expected to conduct their own due diligence and assessment of the vendor, product, or services as appropriate for their needs.

Collaborative Effort

Connecting NJ



Learning Objectives

1. State-level central access point leads will learn about the needed elements to support system-wide continuous quality improvement (CQI).
2. Local-level central access point leads will learn about promising everyday practices that they can test in their own settings to improve performance.



Connecting NJ (CNJ)

- Connecting NJ is New Jersey's Help Me Grow (HMG) system.
 - System is statewide, comprised of 21 central access points (one in each county).
- Implementation of CNJ is a collaboration between NJ Department of Children and Families and NJ Department of Health
- Families connected to CNJ
 - By prenatal care providers;
 - By community partners; or
 - Through self-referral.



Connecting NJ (CNJ)

- CNJ supports pregnant people, fathers, and families with young children
 - CNJ provides resources based on client interests and needs
 - Connection to a variety of resources to support family and child well-being
 - Two methods of connection:
 - **Program Assignment**
 - Community Health Workers
 - Doulas
 - Early Childhood Home Visiting
 - Family Connects NJ
 - **Service Referrals**
 - Child Care
 - Housing Resources
 - Special Supplemental Nutrition Program for Women, Infants and Children (WIC)



Continuous Quality Improvement (CQI)- Why?

- **2016- CNJ introduced to CQI in ECCS Impact**
 - Focus on developmental screening and promotion
 - Plan-Do-Study-Act (PDSA) cycles as strategy for testing and implementing process improvements.
 - Family/Parent leaders as CQI partners.
- **2019- Start to apply CQI to CNJ more broadly**
 - Home visiting evaluation focused on how CNJ links families to home visiting programs
 - Evaluation had identified potential areas for improvement



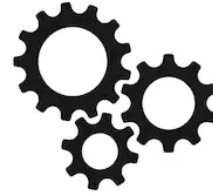
CQI- Why?

- Improve and streamline processes
- Enhance services for families and improve outcomes
- Empower and engage staff in their work
 - Capacity building in CQI skills and data fluency
 - Equal partners in CQI work

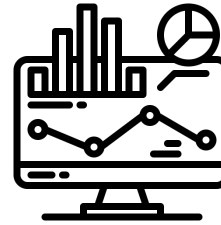


CQI- What?- Principles

1. Systems Perspective



2. Data-Centered



3. Teamwork

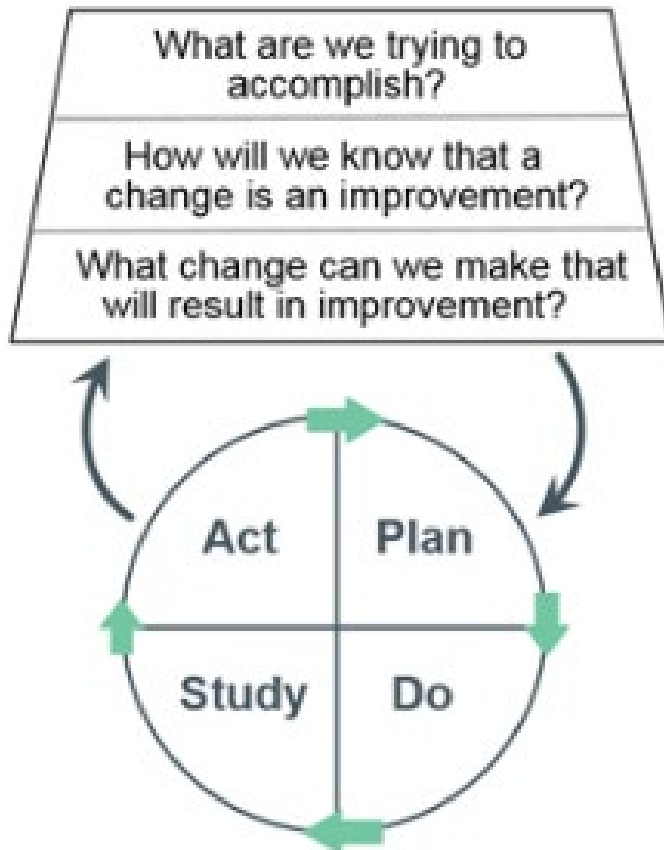


4. Family-Focus



CQI- What?- Our Model

Model for Improvement



CQI- How?- Two Groups Guide Work

1. CNJ CQI Dashboard Working Group (15 individuals, meets regularly)

- Department of Children and Families
- Department of Health
- Family Health Initiatives
- Johns Hopkins University

2. CQI Committee (35 individuals, meets quarterly)

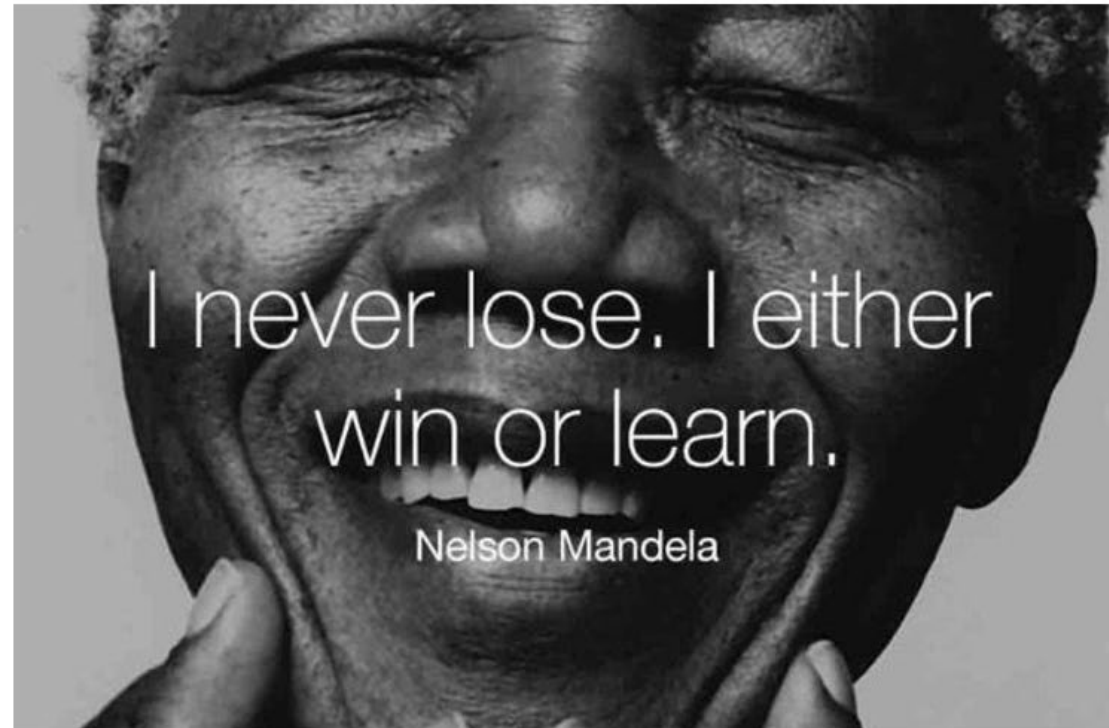
- Working Group Members
- CNJ Supervisors and Managers
- Home Visiting Partners
- Family/Parent Leader



CQI- How?- Foster CQI Culture

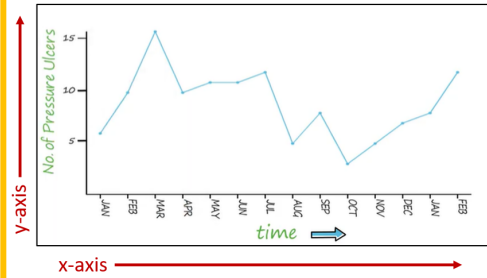
CNJ CQI Culture

- **Our foundations:**
 - All teach, all learn.
 - Data are for learning, not for judgement.
- **Focus:**
 - Improve overall well-being of children and families



CQI- How?- Enhance Capacity Regularly

CQI Mini-Lesson- Run Charts



- A run chart displays data over time.
- Data are displayed in time order.
- X-axis=
- Y-axis=

Run Charts (January 2022)

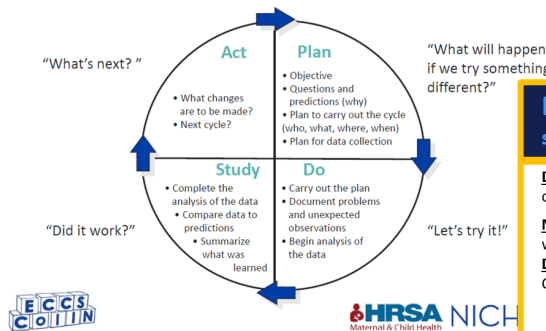
CQI Mini-Lesson- Goal Setting

Specific
Measurable
Actionable
Relatable
Time-bound
Evaluate
Reward

- Goals versus Targets
 - Today we're focused on proposed targets for our CNJ CQI Dashboards.
 - This video focused on goals.
 - Goals and targets include many of
- Goals
 - More formal
 - Timebound
- Targets
 - Less formal
 - Don't always have a timebound
 - Often used for quality improve

Goal Setting (January 2023)

Plan-Do-Study-Act (PDSA) Cycle



PDSA Cycles (April 2024)

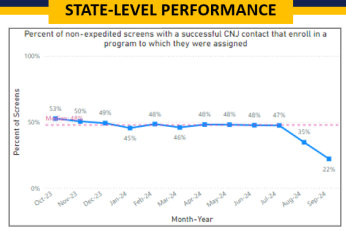
Measure 7A- Non-expedited screens with a successful contact that enroll in a program

- PRA and CHS
- ONLY Non-expedited

Definition: % of non-expedited screens with a successful CNJ contact that enroll in a program to which they were assigned

Numerator: # of screens enrolled in a program to which they were assigned

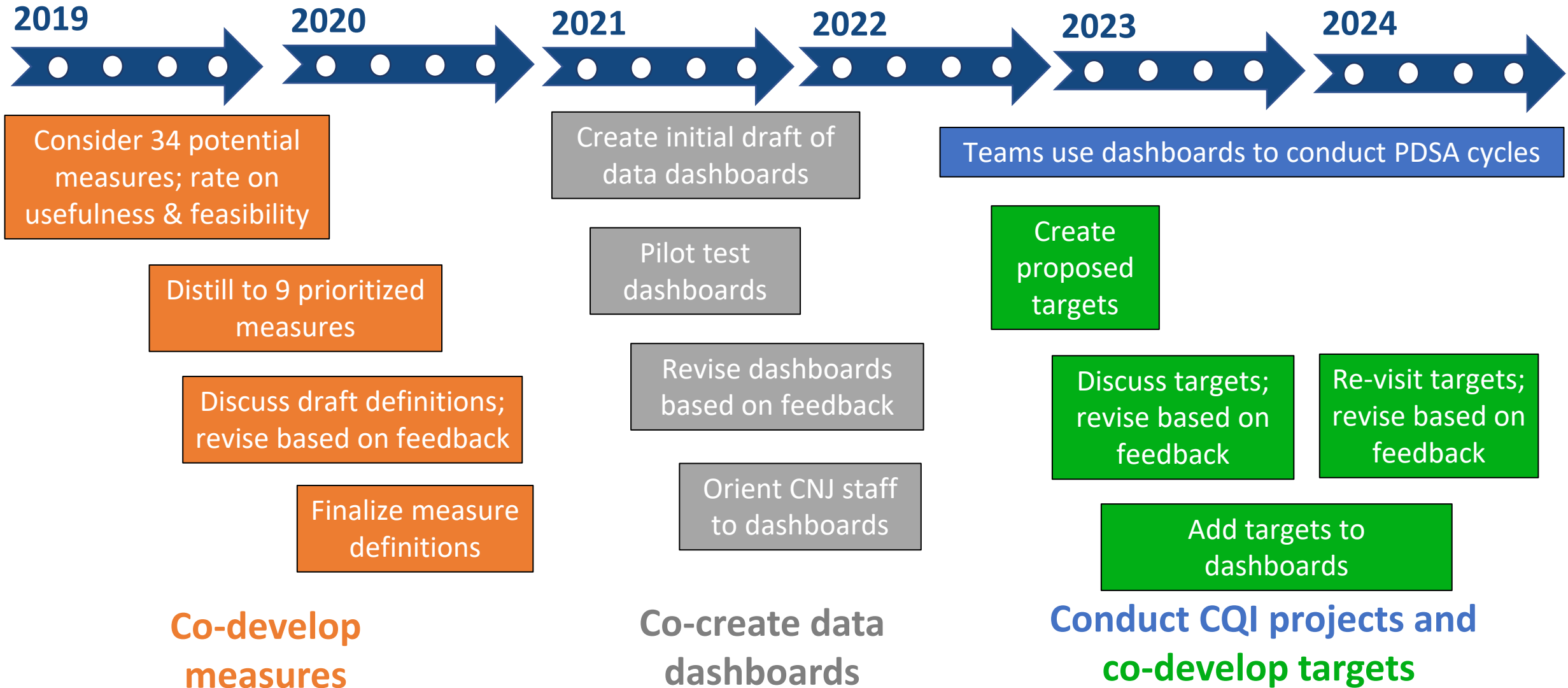
Denominator: # of screens not expedited with a successful CNJ contact and a program assignment



- Notes:**
- A Successful Contact must:
 - Be one of the following methods: cell voice, cell text, email, home phone, met in person, virtual meeting; and
 - Have a contact outcome of “contacted”
 - Enrollments must be recorded in CNJ Link (HF/PAT updated automatically, all other programs manually).

Measure 7A (October 2024)

CQI- How? Collaborative & Iterative Process



CQI- How?- Shared Measures

1	% of families ever referred to Connecting NJ
2	% of families with a Connecting NJ contact attempt
3	% of families with an initial Connecting NJ contact attempt within 2 days
4	% of families with a successful CNJ contact
5	% of families that receive a referral and/or program assignment
6	% of families assigned to a program in 14 days or less
7	% of families enrolling in a program
8	% of families enrolling in a long-term home visiting program

CQI- How?- Data Dashboards



Connecting NJ CQI Dashboard

Process Measures

Measure 1 Percent of individuals screened with a PRA that are ever referred to Connecting NJ	Measure 2 Percent of non-expedited screens with a CNJ contact attempt
Measure 3 Percent of screens with an initial CNJ contact attempt within 2 days of the Hub receiving the screen	Measure 4 Percent of non-expedited screens with a successful CNJ contact
Measure 6 Percent of non-expedited screens assigned to a program in 14 days or less	

Outcome Measures

Measure 5 Percent of screens with a successful CNJ contact that receive a service referral and/or program assignment	
Measure 7A Percent of non-expedited screens with a successful CNJ contact that enroll in a program to which they were assigned	Measure 7B Percent of expedited PRAs that enroll in a program to which they were assigned
Measure 8A Percent of non-expedited screens with a successful CNJ contact that enroll in a MIECHV program to which they were assigned	Measure 8B Percent of expedited PRAs enrolling in a MIECHV program to which they were assigned

Balancing Measure

Measure 9 Percent of individuals screened with a PRA who are expedited
--

CQI Measure Definitions



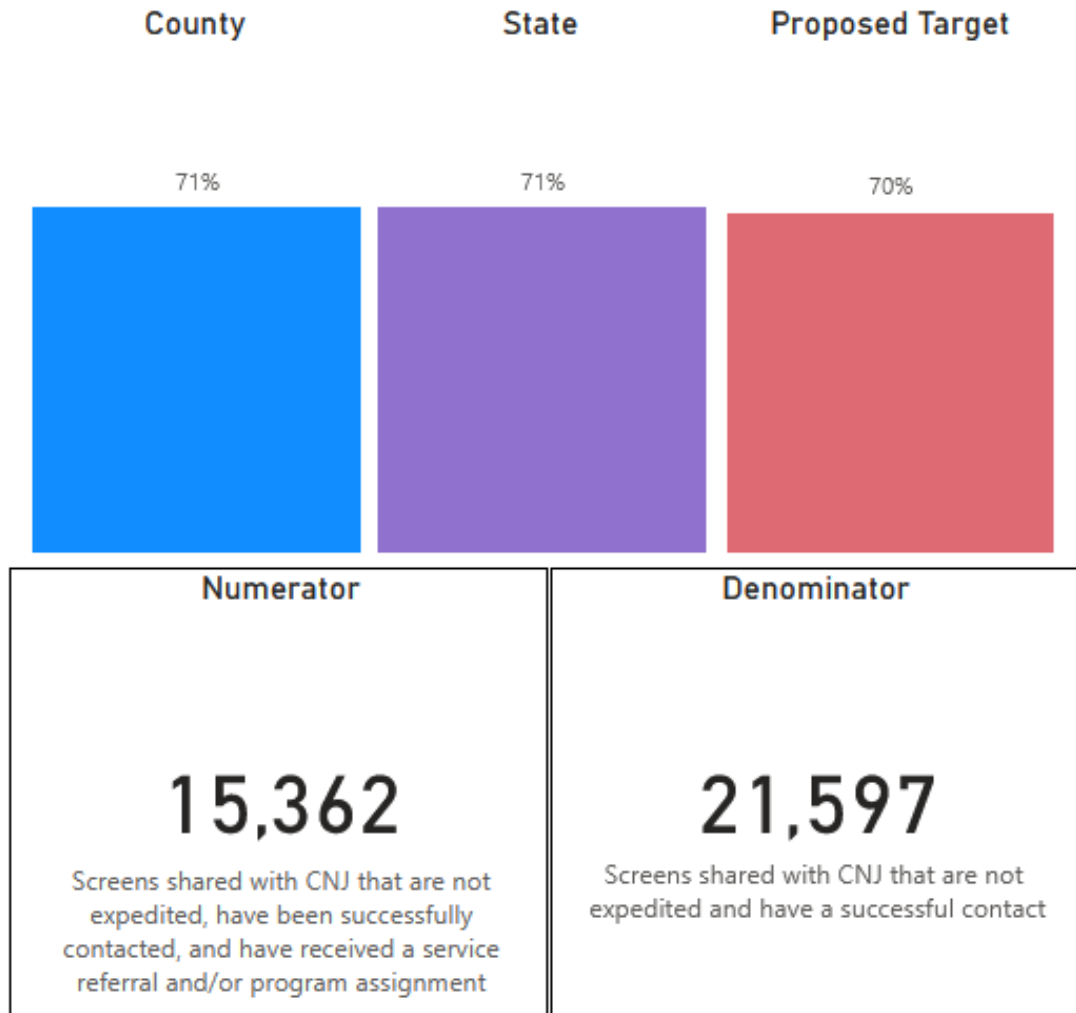
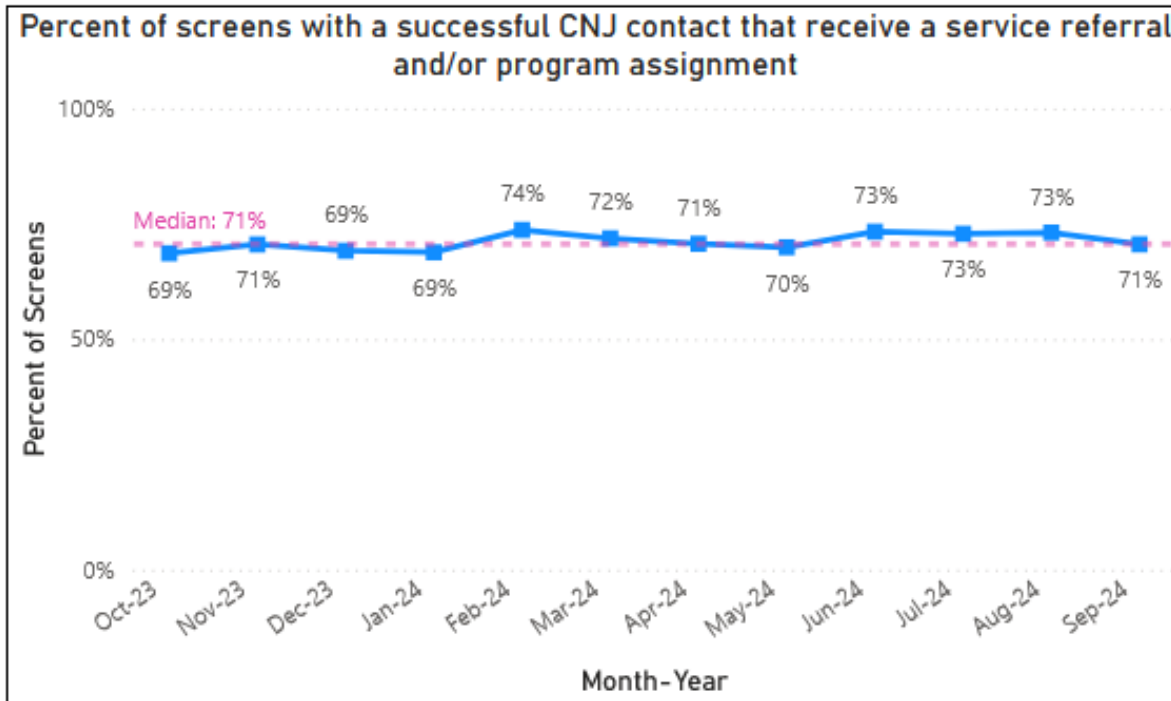
CQI- How?- Data Dashboards



Measure 5- % of families that receive a service referral and/or program assignment

Time Frame

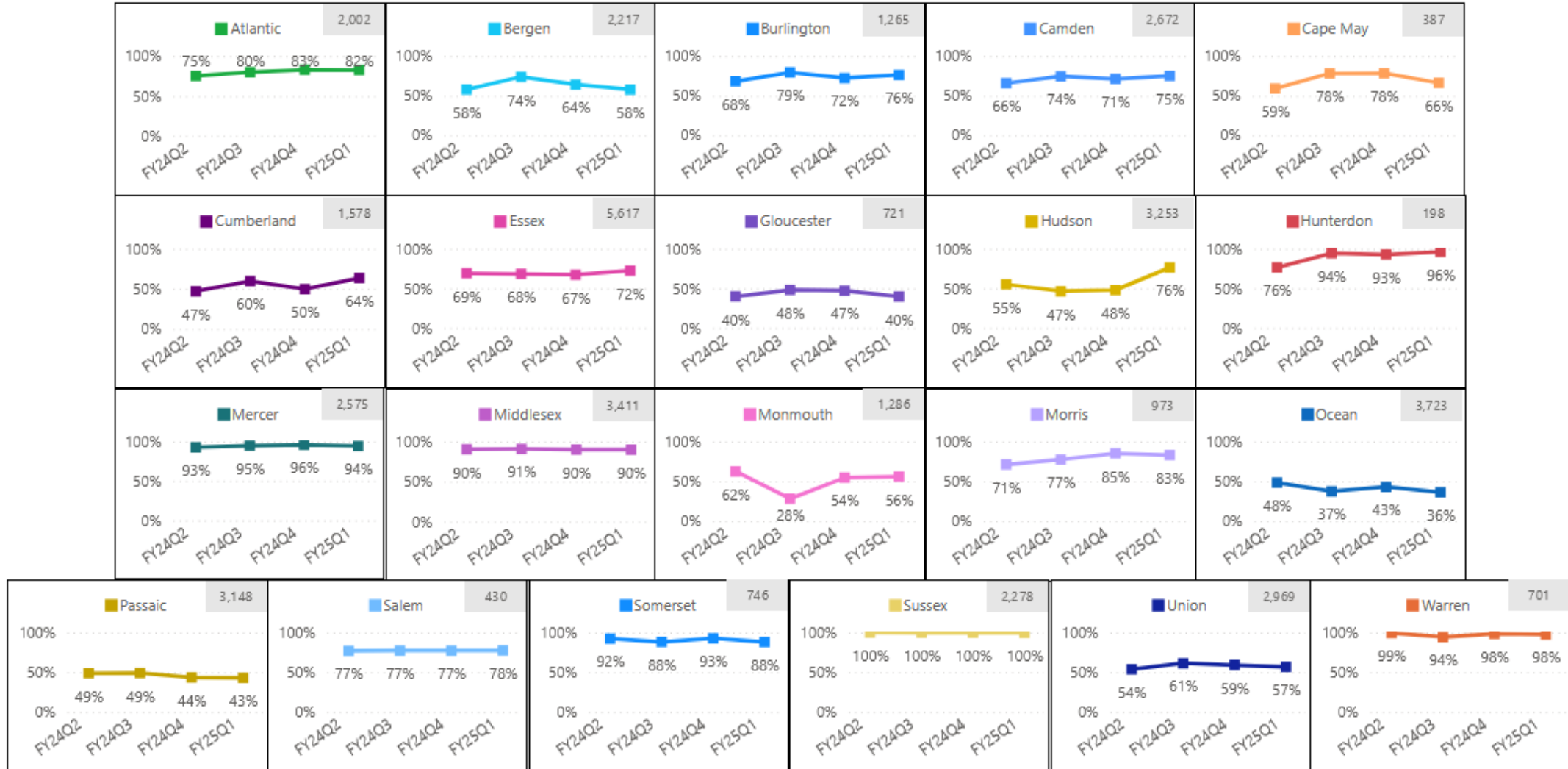
County



CQI- How?- Data Dashboards



Measure 5- % of families with service referral and/or program assignment



CQI- How? Measure Targets

- ▶ For quality improvement and learning, not for accountability.
- ▶ Setting targets is a balancing act!
 - ▶ What is realistic based on past performance?
 - We considered state-level and county-level performance.
 - ▶ What represents quality service for families?
- ▶ CNJ partner buy-in is critical, must take their feedback into account.
- ▶ We review targets annually and adjust as appropriate.



CQI- How? Set and Review Targets

	Measure	2024 Target
1	% of families ever referred to Connecting NJ	45%
2	% of families with a Connecting NJ contact attempt	98%
3	% of families with an initial Connecting NJ contact attempt within 2 days	75%
4	% of families with a successful CNJ contact	65%
5	% of families that receive a referral and/or program assignment	65%
6	% of families assigned to a program in 14 days or less	70%
7	% of families enrolling in a program	--
8	% of families enrolling in a long-term home visiting program	--

CQI- How? Set and Review Targets

5

MEASURE 5: % of families with a service referral and/or program assignment

Numerator: # of screens receiving a service referral and/or program assignment on or after the date of their first successful CNJ contact

Denominator: # of screens that are not expedited that have a successful CNJ contact

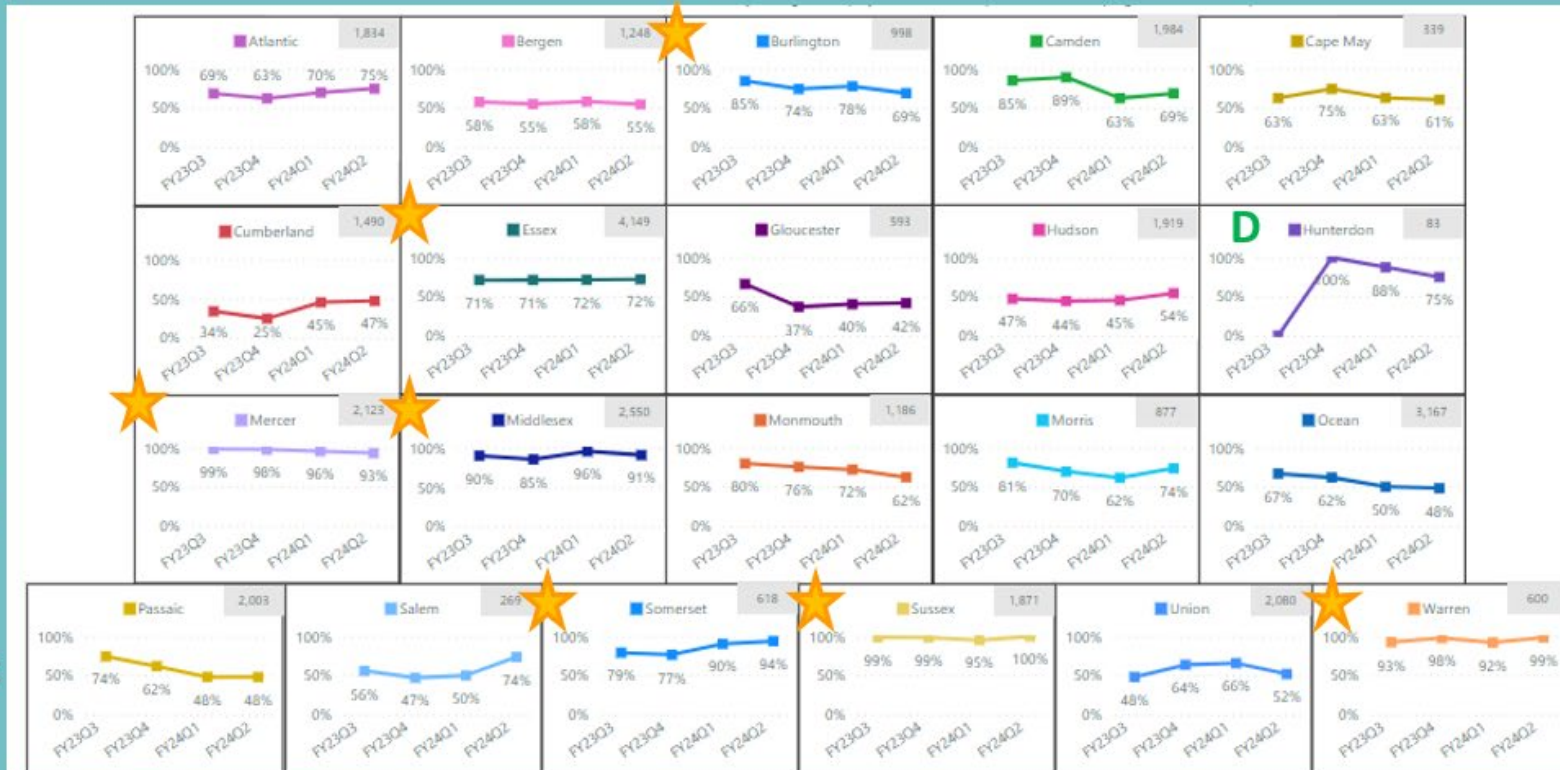
2023 State-level Performance: 71%

2023 Target: 65%

Counties Meeting/ Exceeding Target: 7

D Denominator of 20 or fewer screens in at least 1 quarter.

★ Indicates meeting or exceeding target in all 4 quarters.



CQI- How? Set and Review Targets

Measure 5- % of families with a service referral and/or program assignment

Definition: Percent of screens with successful CNJ contact that receive a service referral and/or program assignment

Numerator: # receiving a service referral and/or program assignment on or after the date of their first successful CNJ contact


Denominator: # that are not expedited and have successful CNJ contact

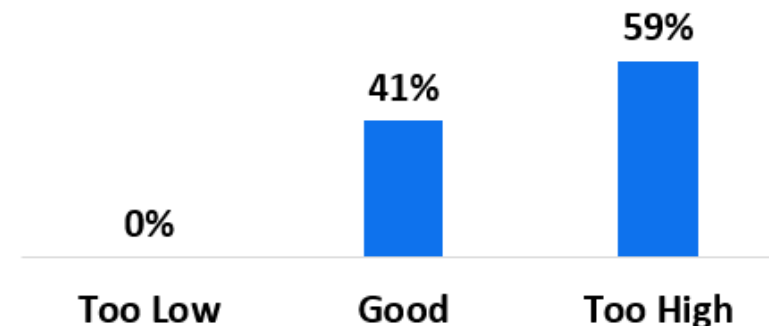
2023 Target: 65%


2023 State-level Performance: 71%

of Counties Meeting 2023 Target: 7

Proposed 2024 Target: 70%

 Jan 2024- What do you think of the proposed target?



 Our way forward- keep 65% target
Potential deep dive on those without a referral or program assignment

CQI- How?- Plan-Do-Study-Act (PDSA) Cycles-

- **Partners started regular PDSA cycles in 2022**
- **Focus of PDSA decided by CQI team**
 - CQI Dashboard Measures 1, 2, 4, 5, 7, 8
 - SNAP referrals
 - Returned referrals from Community Health Worker Program
- **Partners use CQI Dashboards and other CNJ reports to inform quality improvement work**
- **PDSAs are shared in quarterly meetings for peer-learning**



CQI- How?- PDSAs



	Partnership- Spring 2023- Measure 5
1.Test	Proactively ask all families if they are connected to SNAP
2.Counties	Morris
3.Time Period	2-week period in May 2023
4.Prediction	By proactively asking, we'll increase the number of service referrals to SNAP
5.Study-Data	24 referrals to SNAP
6.Study-Reflections	Discovered that service referrals for SNAP were being logged incorrectly. Confirmed the need for SNAP referrals in Morris County.
7.Act	Adopt and Adapt- want to consider how to craft specific messages for other types of service referrals with low numbers

CQI- How?- PDSAs



	CHS- Summer 2023- Measure 5
1.Test	Focus on quality of interaction with each client (good first impression, identify needs, actively listen) and highlight that services are free
2.Counties	Ocean
3.Time Period	July 1, 2023 to August 31, 2023
4.Prediction	By Aug 31st the percentage of families meeting Measure 5 will increase by 10%
5.Study-Data	July- 39% (n=66) Aug- 56% (n=300) Sept- 45% (n=207)
6.Study-Reflections	In Aug, denominator and performance increased. In Sept, denominator and performance decreased. Some contributing factors: staff turnover, population not receptive to receiving services, eligibility, lack of resources/services.
7.Act	Adapt

CQI- How?- PDSAs



	The Cooperative- Spring 2024- Measure 5
1.Test	We want to increase the overall number of service referrals in our hub.
2.Counties	Camden
3.Time Period	January 1, 2024 to March 31, 2024
4.Prediction	We predict that adding Project MyRide as a service referral will increase our total service referral numbers (Measure 5).
5.Study-Data	<ul style="list-style-type: none">• Transportation referrals from 2 in pre-test time period, to 93 during test.• Measure 5 increased from 66% to 74%.
6.Study-Reflections	“I was skeptical about this PDSA, which was chosen by the team, because I did not think it would make a significant impact on the numbers...Not only did the numbers far exceed my expectations, but I also learned something from my team, who saw the potential in a strategy when I did not.”
7.Act	Adopt

Thank you! Questions?

- Thanks to our incredible New Jersey partners!
 - Acenda Integrated Health
 - Central Jersey Family Health Consortium
 - Children's Home Society
 - The Cooperative
 - Department of Health
 - Department of Children and Families
 - Essex Pregnancy & Parenting Connection
 - Family and Parent Leaders
 - Family Health Initiatives
 - Johns Hopkins University
 - Partnership for Maternal and Child Health of Northern New Jersey
 - Project Self-Sufficiency
 - SPAN Advocacy Network
- Any questions?
 - Nicole Hopkins- Nicole.Hopkins@dcf.nj.gov
 - Ericka Dickerson- Ericka.Dickerson@dcf.nj.gov
 - Anne Lilly- alilly7@jh.edu

