Healthy Start Collaborative Improvement and Innovations Network (CoIIN) Update: Regional Meeting:

HS CollN Overview

HS CoIIN Role and Responsibilities

- Membership mandated for level 3 grantees and invited representation from Level 1 and 2 grantees.

- Functions as an Expert Panel on behalf of Healthy Start Grantees.

- Promotes communication among/between grantees, DHSPS and HS EPIC Center to ensure all grantees have a voice in setting the direction for HS.

- Disseminates standardization recommendations and lessons learned to the HS community.

- Promotes HS as an effective and vital community based resource in all communities to ensure the long-term success of HS.

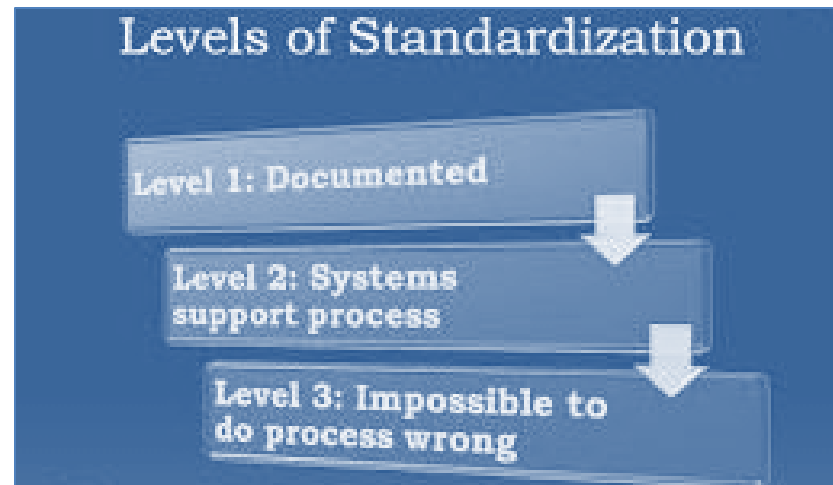# HS CoIIN Communication Strategy

Goals developed in collaboration with the Division are to support HS CoIIN members' ability to:

- communicate key issues related to the role of the CoIIN, topics discussed and decisions made in a consistent manner; and

- solicit input and feedback from all Healthy Start programs and colleagues to inform the CoIIN discussions.
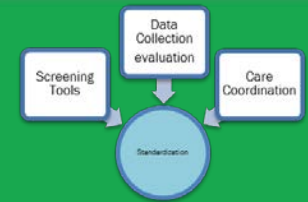
...with the intended outcome of enhancing communication with Bureau, Division, and Grantees.

Standardization Priorities Overview

Levels of Standardization

Level 1: Documented

Level 2: Systems support process

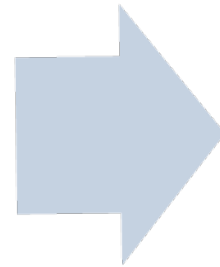Level 3: Impossible to do process wrong

Principles of the CoIIN's Standardization Work

- The initial step toward standardization is establishing a shared understanding of care coordination/case management across the Healthy Start CoIIN.

- Establish common definitions of care coordination and case management as a foundation for any other steps in standardization.

- Care Coordination/Case Management is the foundation of re-framing Healthy Start as a system of care:

  - To ensure sustainability of the program in order to mobilize more communities to create more equity for our families in need.

  - Ensure care coordination and case management are rooted in the community, are multidisciplinary: address linkages and referrals; include a family centered approach; incorporate advocacy and a cultural focus.

Building a Stronger Healthy Start Program Through Standardization

Identify components of the Healthy Start Program for standardizing across the HS community.

→

Promote implementation of the standardized components across the HS community.

Why standardize Healthy Start?
Provides a consistent, predictable, and replicable experience for Healthy Start participants designed to achieve positive health outcomes.
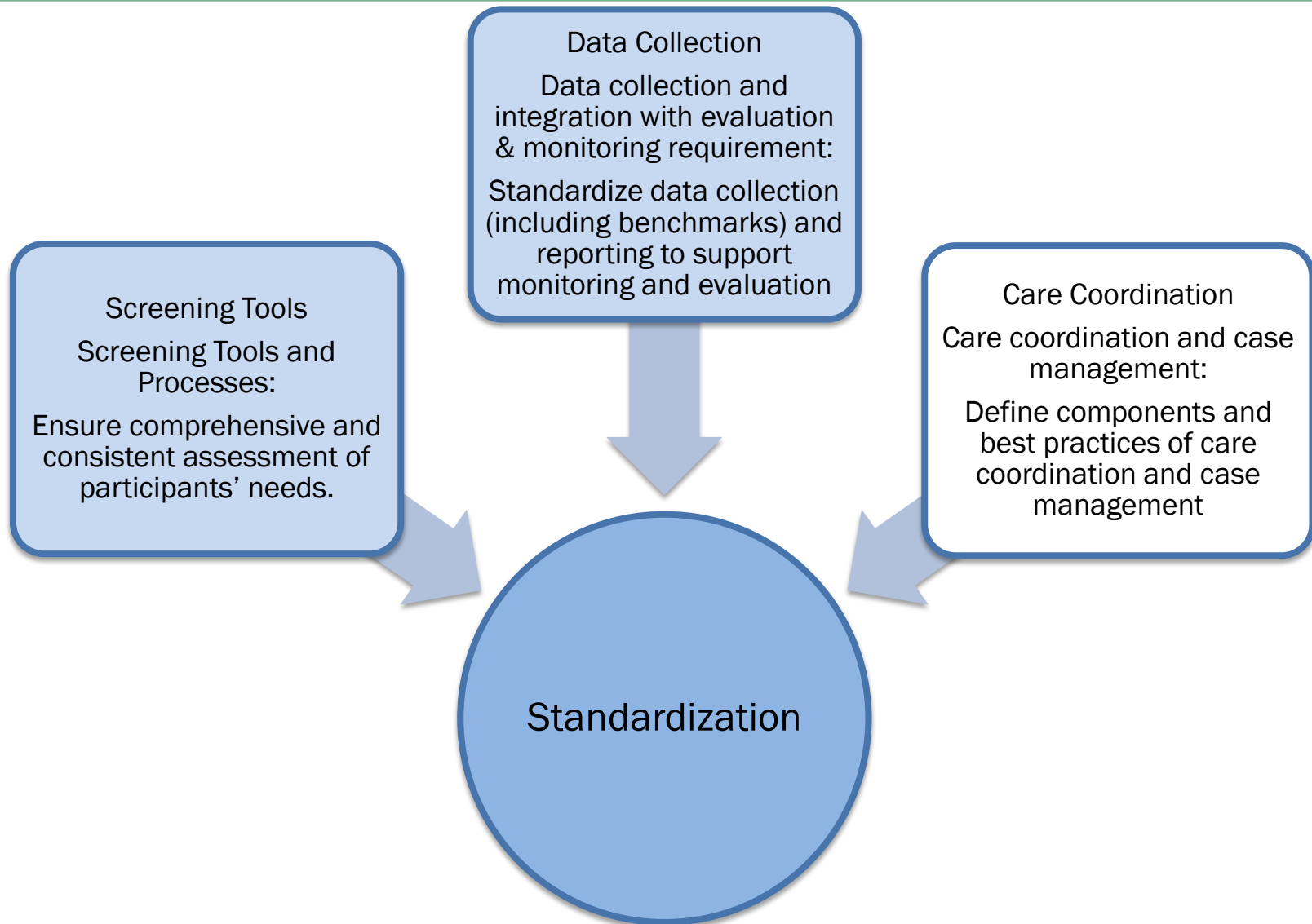
What Does Standardization Mean?

"Today's standardization is the necessary foundation on which tomorrow's improvement will be based. If you think of standardization as the best you know today, but which is to be improved tomorrow, you get somewhere. But if you think of standards as confining, then progress stops."
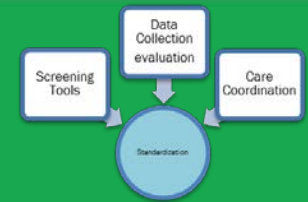
~Henry Ford 1926

Overview of CoIIN Priorities
(Adopted March 2015)

Data Collection

Data collection and integration with evaluation & monitoring requirement:

Standardize data collection (including benchmarks) and reporting to support monitoring and evaluation

Screening Tools

Screening Tools and Processes:

Ensure comprehensive and consistent assessment of participants' needs.

Care Coordination

Care coordination and case management:

Define components and best practices of care coordination and case management

Standardization

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Screening Tool Development
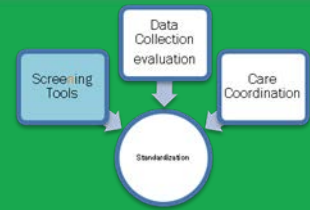
Method of Standardizing the Screening Tools

The tools designed by consensus of the HS CoIIN members, identify risks and needs based on the literature and HS performance measures.

HS CoIIN defined screening and assessment in order to develop tools that could be used by staff with a range of skill levels.

Development of the Screening Tools influenced by concurrent activities which the CoIIN was asked to engage in:

- Development of the data dictionary to establish definitions for each of the benchmarks required through the HS Grantee FOA released in 2014;

- The Office of Management and Budget (OMB) approval of the Divisions' evaluation tool (the 3 Ps Document);

- The release of the FOA for developing a data collection database for the National HS Evaluation.

Screening Tool Development: Guiding Principles
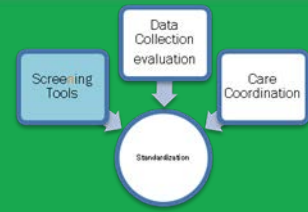
The Screening tools would:

- Serve as the foundation for care coordination and case management approach.

- Address comprehensive risks for each perinatal period

- Align with the HS benchmarks

- Provide a minimum requirement, but can be expanded by HS programs.

- Adapt screening questions from existing evidence-based screening tools.

HS Program Elements to Demonstrate Impact

- The HS screening tools:

    - allow documentation of care coordination such as information or education, specific services, or referral for ongoing services beyond the program.

    - align with other MCH Bureau measurements (reducing duplication of data collection efforts).

    - informed the development of the screening and assessment module as part of the HS Community Health Worker curriculum.

- Training is the initial step to implementing the Screening Tools.
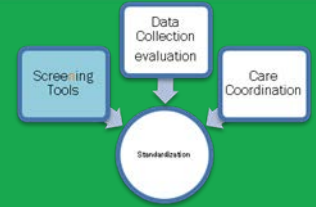
Support for Screening Tool Implementation
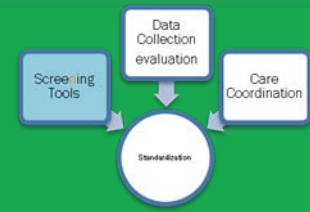
Screening Tools
Training and TA Activities

1. Screening Flowchart Updated
2. Website Updates
3. FAQs
4. **Webinar:** Talking Participants through the Healthy Start Screening Tools
5. **Job Aides:** HS Screening Tools Health History: A Reference for Medical Conditions and Medications
6. **Updated definitions:**
   - Initial Screening
   - Update Screening Questions
   - Re-screening
7. **Panel Webinar:** Five months of HS Screening Tools Implementation: Grantee Best Practices, Barriers, and Resolutions
   - How to efficiently facilitate accurate data collection at your Healthy Start site

In Progress…

1. **Recorded Training Module:** Using the EPIC Online Screening Tool

2. **CityMatch:** Standardized Screening Tools Are Changing the Way We Do Business

3. **Capturing feedback on screening tool implementation**

Lessons Learned from Screening Tool Development
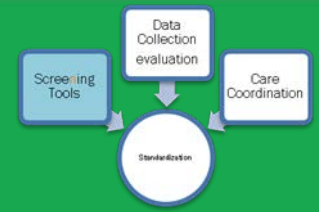
- Shift the core work from the large CoIIN group to small work group model to more efficiently address initiatives.

- Build in more frequent feedback opportunities from all grantees to manage workflow of each CoIIN work group.

- Recognize the diversity of approaches of Healthy Start programs and reinforce the need for standardizing certain components while honoring the uniqueness of each program.
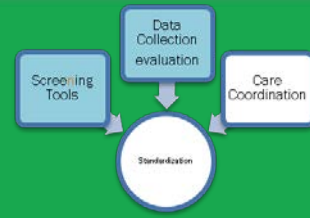
The data collection and reporting initiative involved:

- Drafting concise definitions for the Healthy Start benchmarks; and

- Aligning data collection with the national evaluation.

The Data Collection and Reporting Initiative

Other areas of assistance provided to support data collection and evaluation:

- EPIC provided assistance to grantees with ChallengerSoft and ETO to support group negotiation to:

  - Reduce cost of integrating screening tools into existing software programs that can generate data submission for evaluation to DSFederal.

  - Improve efficiency as tools are modified over time.

  - The initial phase of negotiation focused on existing users

    - 24 for ChallengerSoft and 12 for ETO

  - The negotiations have concluded, and contracts are available to other grantees upon request.

- Developed an electronic reporting tool to support grantees in collecting and reporting data.

Care Coordination/Case Management
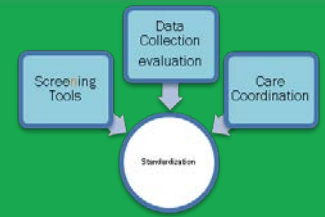
CoIIN CC/CM Initiative

Policies and Protocols Workgroup

1) Operationally define CM and CC, highlight distinctions if they exist, and identify alternative terms to guide the Literature Review and Data Sources Workgroups, and

2) Establish best practices for CC/CM related to providing MCH services.

Members:
Anna Gruver, Sara Kinsman (co-leads) Debby Allen, Maxine Vance, Maria Lourdes Reyes, Julie DeClerque, and Kori Eberle

Data Sources Workgroup

Begin documenting and describing common components and gaps in CC/CM across grantees through review of current grantee applications and currently available data sources to inform the development of any additional data needs and to provide guidance for the Literature Review Workgroup.

Members:
Lo Berry (Lead),
JoAnn Smith, Megan Young, Rick Greene, Anna Colaner, and Risë Ratney

Literature Review Workgroup

Review current literature to provide context to the findings of the Data Sources Workgroup.

The outcome for the literature review will support current CC/CM HS best practices and address identified gaps.

Members:
Dianne Browne, Mary Alexander, LaKeisha Johnson, Andrea Kimple, Lisa Matthews, and Delores Passmore

Healthy Start: Capturing Lessons Learned

Per the Division request, the CoIIN will focus their efforts for the time being on:

1) ensuring readiness of programs to fully engage in the national evaluation; and

2) focus on capturing timely feedback from the field to inform planning for the future of the Healthy Start program.

Healthy Start: Capturing Lessons Learned from the Field
Timeline and Process Overview

Activity	Timeline
Step One: First Virtual Town Hall	May 16, 3-4:30 ET
Gather CoIIN and Grantees input: lessons learned qualitative format	May17 to June 17
Present preliminary results to CoIIN	June 6
Step Two: CoIIN to prioritize issues from Practical Vision session at Spring meeting and build into NOFO feedback	June 15-30
EPIC CoIIN Team to organize results into themes and priorities	June 17-30
Step Three: CoIIN Face to Face Meeting: NOLA	July 6-7
Final virtual Town Hall with all HS grantees to present final recommendations	July 20
Provide final draft to CoIIN and grantees before it is submitted	July 28
Co-Chairs submit final recommendations	July 31

Process for Submission of Feedback

Capturing lessons learned period:
May 17- June 17

- The survey link will be distributed to the Project Director of each Healthy Start Program.
- We encourage you to engage a broad range of staff and other stakeholders.
- One comment form (via SurveyMonkey) per grantee.

Healthy Start: Capturing Lessons Learned from the Field

Division message encouraging participation:

"This is a key opportunity for the grantees to provide feedback and input into the future of Healthy Start. Without the information you would provide in this survey, MCHB/DHSPS will not be as well-informed moving forward. It is to your (and your community's) direct benefit to provide the information being requested.

To be clear – decisions will be made by HRSA/MCHB on the future of HS using the info from the survey. The Healthy Start program is at a critical period in its funding/program cycle. The transformed program has been operational for more than ½ of its first 5 year cycle. It is now time for HRSA/MCHB to use the lessons learned from the program's implementation as we begin to write the Notice of Funding Opportunity for the next five year budget cycle.

You will remember our Division's ongoing commitment to reach out to grantees for guidance and advice, and not to move forward without collecting your input. This is that opportunity. HRSA/MCHB expects every Healthy Start grantee to complete the survey. If you are unable to complete the survey, please contact your Project Officer who will help you work through the barriers."

Summary
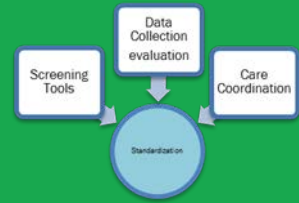
The focus of the HS CoIIN during this period is working toward:

- Healthy Start as promoting equity;

- Healthy Start as a standardized system of care; and

- Standardization as a strategy for sustainability.

Questions/Thoughts/Discussion