

Healthy Start Collaborative Innovation and Improvement Network (HS CoIIN)

HS CoIIN Priorities, 2015-2019 Overview



Top 5 Things to Remember

1. **Expert Panel to the Division of Healthy Start and Perinatal Services**
2. **Standardization of HS Program Approach**
3. **Communication**
 - A. Coordinate with Division
 - B. Elicit Feedback from Larger HS Community
4. **The Focus of the HS CoIIN Is Working Toward:**
 - A. Healthy Start as promoting equity;
 - B. Healthy Start as a standardized system of care; and
 - C. Standardization as a strategy for sustainability.

Initial Standardization Priorities

An initial day long planning meeting was conducted with CoIIN members on March 25, 2015. The HS CoIIN members recognized the importance of articulating a conceptual framework and science base for the long-term sustainability of the Healthy Start program. In response, HS CoIIN members expressed a majority interest in focusing HS CoIIN efforts on identifying opportunities for standardizing elements of the program. HS CoIIN members prioritized components of the Healthy Start Program that would benefit from standardization to include:

1. Portfolio of screening tools
2. Data collection and consistent tracking of data
3. Care coordination and case management

Initiative 1: Screening Tool Development

During Year 2, the CoIIN engaged in an inclusive process to develop a comprehensive screening process for Healthy Start participants. Screening has always been a fundamental component of Healthy Start services, and serves as the starting point for Healthy Start's case management approach with participants. This initiative was prioritized because a common, standardized screening approach will help to ensure comprehensive and consistent assessment of participants' needs across all Healthy Start programs.



The HS CoIIN developed, piloted, received OMB approval (November 2016: OMB Number: 0915-0338, expiration 11/30/2019) for six screening tools. These tools serve as a consistent and comprehensive assessment of HS participants' needs to inform care coordination/case management:

1. Demographic Tool
2. Past Pregnancy History Tool
3. Preconception
4. Prenatal
5. Postpartum
6. Parenting/Interconception

Training and support for the screening tools was provided by EPIC in advance of their implementation in January 2017. EPIC continues to provide support for the screening tool implementation through webinars, helpline and TA. In addition, a portal exists on the EPIC website to capture problems, best practice, and solutions related to HS screening tools implementation.

Initiative 2: Data Collection and Reporting

EPIC facilitated a working group to draft succinct definitions for numerators and denominators for all HS performance measures. A user manual was approved in December 2016. Grantees have been instructed to use the performance measure definitions to report starting January 2017. EPIC coordinated the development of data definitions with MCHB's efforts to revise the DGIS measures such that they are consistent.

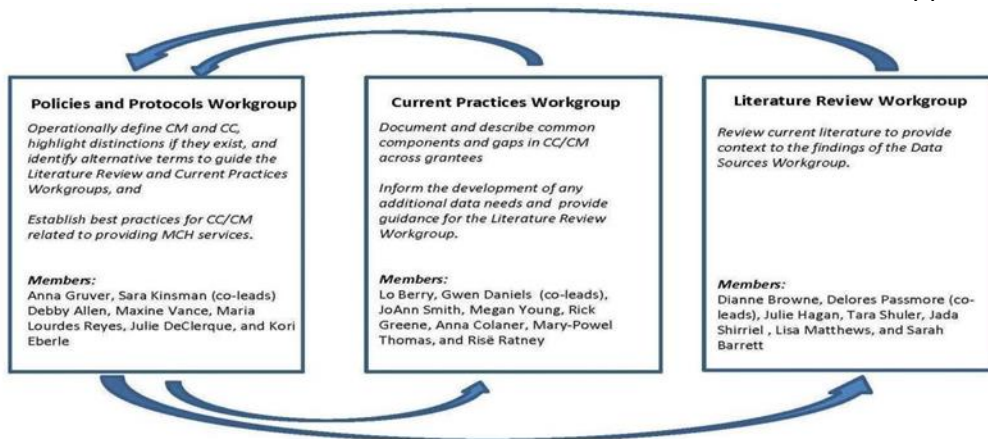
Initiative 3: Case Management/Care Coordination

The July 2016 CoIIN call began initial planning for Care Coordination and Case Management standardization. In a face-to-face meeting in September, the CoIIN established guiding principles for the development of a standardization approach to care coordination:

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; and
- Care Coordination/Case Management (CC/CM) 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.

The ColIN established three work groups to research and provide expertise for standardizing care coordination/case management for Healthy Start programs. Work groups have developed recommendations to inform efforts to define and standardize the CC/CM approach.



Define terms	What is current HS practice ?	What does the literature tell us?
Informs actions of Current Practices and Literature Review Workgroups (components, terms, etc.)	Based on adopted definition, identify existing functions in Healthy Start programs	How does the literature support current HS practice?
Informed by findings of Current Practices and Literature Review Workgroups	Identify Gaps	How can the literature address identified gaps
Establish best practices for recommendation to Healthy Start	Inform the establishment of best practices by the policy group	Inform the establishment of best practices by the policy group

The Policies and Protocols work group drafted a definition, which was shared with all HS grantees for feedback. Forty-five grantees responded to the request for feedback. A majority agreed that the proposed CM/CC definition honors the unique aspects of individual HS programs while standardizing critical components of the HS program, specifically:

- 76% reported that the proposed CM/CC definition completely or closely aligns with their current practice.
- 82% reported that the proposed definition would be either completely or somewhat feasible to implement with their current resources.
- 40% identified specific feedback on components to include in the proposed definition.

Key themes raised during the feedback process included:

- Requirement for a written care plan;
- Need for clarity for what constitutes face-to-face contact;
- Lack of clarity regarding the role of home visiting within the HS core services;
- Suggestions for specific additions to the definition:
 - providing services, strengths, advocacy, doula
 - working collectively with the client's/family's interdisciplinary team.



- health education and promotion.

In consultation with the Division regarding concerns shared by grantees, the final recommended definition was submitted to the Division on June 11, 2018 for consideration to inform the NOFO.

Healthy Start’s Case Management/Care Coordination is a partnering process between a Healthy Start affiliated provider and a Healthy Start enrolled participant and their family during which a strength-based, collaborative relationship is developed to support management of health and social needs, including participant risk screens, family needs assessments, establishment of care plans, providing needed services and health education, and ensuring maintenance of referrals and follow-up. Contacts between the Healthy Start provider and the Healthy Start participant may occur through home visiting, face-to-face encounters, and emerging care modalities that best meet the needs of the Healthy Start community.

The core components of Healthy Start CM/CC service delivery plan will document the following services:

- Screening and intake;
- A comprehensive assessment protocol for each enrolled participant;
- Creation of a service care plan;
- Identification and documentation of appropriate services;
- Facilitation and documentation of linkages to additional services;
- Monitoring of progress documented in the service plan;
- Reassessment and responsiveness to changes as needed; and,
- Case closure and the discharge plan.

Initiative 4: Lessons Learned Input for NOFO Recommendations

In May 2017, the Division requested the CoIIN’s efforts focus on documenting Lessons Learned from grantees to improve the Healthy Start program. On May 17, 2017, the CoIIN launched the Capturing Lessons Learned from the Field: Healthy Start survey. The purpose of this survey was to provide Healthy Start programs the opportunity to provide perspectives from the field by sharing promising and best practices they have used to implement Healthy Start 3.0 and lessons learned from those experiences.



The survey was out in the field for 5 weeks: May 17 to June 23, 2017. The final response rate reached was:

	Number of Responses	Percent Response Rate
Total Responses	N=84	84/100=84%
Level 1	N=45	45/60=75%
Level 2	N=21	21/22=95%
Level 3	N=18	18/18=100%

Results of the survey were summarized in a final report submitted to the Division by the HS CoIIN Co-Chair on 7/31/17.

Initiative 5: Healthy Start Screening Tool Review and Revision

On the March 2018 CoIIN call the Division raised the possibility of the CoIIN taking on the review and revision of the screening tools in order to include an abbreviated version for the next NOFO. At the March 2018 in-person planning meeting the CoIIN developed a plan and timeline for an iterative and comprehensive review of the tools by the CoIIN and all HS grantees.

Information was disseminated for the opportunity for feedback during the Conversation with the Division webinar, May 2018. The CoIIN and HS grantees provided feedback at multiple points during the timeline. Feedback from HS grantees as well as Dr. Shepherd was integrated throughout the process. High-level reviews were conducted at each monthly CoIIN call during April, May and June.

Received feedback on behalf of programs, individuals within programs and contractors to programs, which included high-level and specific and detailed feedback. There were 40 responses representing 32 programs responding to the draft recommendations which informed the final recommendations submitted to the Division. Tools that were reviewed along with the initial and final number of questions are listed below.



	Initial Number of Questions	Final Number of Questions
Demographic	14	28
Pregnancy History	11	9
Preconception*	70	70
Prenatal	63	43
Post-Partum	75	59
Parenting/Interconception	76	54
Total	309	263

**The preconception tool wasn't reviewed based on the Division's guidance during the March 29th CollN meeting indicated that these 5 tools should be the focus of the review and revision.*

The revision recommendation package was submitted to the Division on June 11, 2018 for consideration to inform the NOFO.