A Learning Collaborative for the Florida Maternal, Infant, and Early Childhood Home Visiting Program's Coordinated Intake and Referral Initiative

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Introduction

- The University of South Florida Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program evaluation team and the Florida Association of Healthy Start Coalitions partnered to develop and test Coordinated Intake and Referral (CI&R) initiatives using the state's universal prenatal and infant risk screens.
- The purpose of the CI&R system is to:
  o streamline an often complex process by minimizing duplication of services.
  o utilize resources effectively, and determine best services for the needs of families.
  o follow family participation and referrals collectively.
- The project was implemented using a learning collaborative approach.
  o In this approach, different coalitions share information on implementing CI&R system changes so as to learn from each other.
- Florida MIECHV provided participating coalitions with financial support to design and implement system changes as part of the learning collaborative.
- Evaluation of the learning collaborative was based on the Consolidated Framework for Implementation Research (CFIR).
  o CFIR examines individual, organizational, community, and team process factors contributing to change.

Objectives

- To describe the organization-level collaborative characteristics, perceptions, and processes.
- To document successes and challenges in integrating CI&R initiatives into local systems of care.

Methods

- Eight Healthy Start Coalition teams self-selected in response to a request for proposals sent to all of the 32 coalitions.
- The first learning collaborative meeting was in Jacksonville, Florida in March 2016.
- Activities to share information regarding CI&R among the travel teams included guest speakers, break-out sessions, and team poster presentations.
- A baseline comprehensive CI&R readiness survey was distributed to 53 participants prior to the meeting.
  - Survey descriptives were generated using Qualtrics.
- Three focus groups were conducted with travel team members at the meeting, based on CFIR constructs.
  - Discussions were audio recorded and professionally transcribed verbatim.
  - Transcripts were reviewed for accuracy by the MIECHV evaluation team.

Results

Participant Demographics

- 66% were home visiting programs, 12% did not identify a predetermined category, 4% described their organizations as healthcare, and 1% as early childhood care/education.
- Half identified as administrators or directors in their organizations. Experience in their professional field ranged from 0 to 46 years, averaging 17 years of experience; 56% had professional or graduate degrees, 26% a bachelors, 6% an associate degree, and 10% some college without a degree.

CFIR Domains

Characteristics & perceptions of system changes

- Majority perceived evidence for strategies to improve CI&R systems to meaningfully impact family outcomes to be strong (86%).
- Most agreed respected officials within the organization would rate the strength of evidence as strong (86%).

"Competing against each other, too, has led to negative outcomes. I mean if we have multiple programs coming into a home, it overwhelms the family sometimes. They don't want any of us there. So, maybe coordinating those efforts helps us all to better serve the families."

Individual involvement in system changes

Most participants agreed that:
- their degree of commitment to the changes was positive (100%).
- their attitude towards and value placed on changes was positive (96%).
- they believed in their own capabilities to execute courses of action to achieve implementation goals (90%).
- they were familiar with facts, truths, and principles related to CI&R system changes (81%).

Majority of participants:
- were actively planning to implement changes (90%).
- were already working on changes (71%).

"I do believe that our involvement and participation with the CI&R learning collaborative will assist us in enhancing our processes and improve services for families in our community."

Outer setting (Broader community)

Majority of participants agreed that:
- system change teams were networked with external community organizations (81%).
- changes took into consideration needs and preferences of recipients (e.g. families) (71%); and participants (e.g. community partners, other agencies) (79%).
- patient awareness/need is available to make changes work (65%).

31% agree there was peer pressure to implement CI&R changes.
27% agree implementation of changes was influenced by external policy and incentives.

"A lot of the folks on our team have been working together on other collaborative initiatives. So, basically, I just called everybody… 'We have another opportunity to apply for some funding. We'd like you at the table. It's really important to have the whole continuum.' Pretty much everybody said yes."

Inner setting (CI&R Team)

Most participants agreed that:
- communication will be maintained with regular project meetings (94%).
- leadership promote communication among community partners (88%).
- leadership promote team building to solve problems in implementation (86%).
- communication will be maintained by involving quality management staff in planning and implementation (86%).
- system changes take into account needs and preferences of families (85%).
- staff are receptive to system changes (82%).
- leadership have clearly defined areas of responsibility to implement changes (73%).

21% believed the current system was intolerable/needed change.

"The lead is very knowledgeable and capable to move forward with CI & R."

"I am sure there are areas of improvement and opportunities to take it to the next level."

Group dynamics

Majority of participants agreed that among community partners there was:
- leadership and participation (85%).
- communication (88%).
- decision-making capabilities (80%).
- problem solving skills (78%).
- trust (77%).
- agenda-making capabilities (73%).
- cohesion (71%).
- conflict resolution (67%).
- perceived empowerment (69%).
- satisfaction (65%).

80% agreed there are benefits of participation with community partners.
67% agreed community members were consistent with attendance at planning meetings.

"I think the leaders of all the home visiting programs are really involved and really onboard to really create this collaborative approach. So, I think we're kind of ahead of the curve just because the provider meetings and the relationships we've established…"

Implementation process

- 67% agreed team members were expected to share the responsibility of changes leading to success.
- 67% believed they had a systems team in place.
- 57% agreed there was provider buy-in.
- 53% agree implementation plan identifies specific roles and responsibilities.
- About half indicated clearly defined roles and responsibilities.
- Half indicated organization had a staff participation/satisfaction survey.
- Less than half (47%) had a dissemination plan for performance measures.

"Integrating assessment processes and data collection have been key for the progress we have made so far. We would really like to use technology more to our advantage by giving participants more access to services through 'apps' and self-assessment/screening."

Conclusions

- The CI&R readiness survey and focus groups showed predominantly positive feedback from the CI&R team members, particularly for individual-level involvement and the team (inner setting). At the beginning of the initiative, team participant buy-in and enthusiasm is high. Responses regarding group dynamics were slightly lower as teams are in differing stages of formation and implementation.
  o This mix of experienced and inexperienced participants in the collaborative proved to be instrumental in the exchange of information and knowledge.
- At baseline, a smaller proportion of respondents provided positive feedback relating to outer setting (community) and the process of implementing system changes than the other constructs.
- Factors associated with implementation of CI&R system changes will continue to be monitored in two subsequent learning collaborative sessions, to document and guide improvements over time.

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