

# HV-PM/CQI Webinar

FY 2020 CQI Plan Updates and Building Capacity for CQI Coaching and LIA Support

January 21, 2020

>> Welcome, everyone, to our HVPQCQI Webinar today. Please continue to introduce yourselves in the chat box, and we'll go ahead and get started. I'm Sara Voelker, and I serve as the Associate Project Director for HV-PM/CQI at Education Development Center. And we're so glad that you're all able to join us today to discuss your upcoming CQI Plan updates as well as some strategies that you can use for coaching and supporting LIAs in their CQI work.

We have just a few reminders for you as you're participating in the webinar today. First, everyone is joining with your phone lines open so that you can ask questions and talk with each other, but to help us manage any outside noise, we are going to ask that you keep yourself on mute until you're ready to talk. You can also post questions or comments using the chat box which you'll find on the left side of your screen. Please feel free to do that throughout the presentation and we'll come back to them when we pause for discussion at the end.

There is a technical support box below the slide deck. If you're experiencing any technical issues today, we have people who can support you. We are recording this webinar so that it can be available on the HRSA website to listen to in the future. And finally, you'll see a file share pod on your screen, and in that pod you will find a copy of the slides for today, and a number of resource documents that we'll be referencing. And at this time, I am pleased to introduce Dr. Monique Fountain Hanna. The Chief Medical Officer and CQI and Innovation Advisor at HRSA to share some opening remarks with us. Monique, are you connected?

>> I am. Good afternoon.

>> Great.

>> Thank you. I appreciate it. So good afternoon, again, on behalf of HRSA and the division leadership and staff, I'd like to welcome you again to today's webinar. As we've mentioned, it provides important updates on the FY '20 CQI Plan and review process as well as some support on how you might be able to support your local implementing agencies. I want to also express a gratitude to each of you for continuing to partner with us [indiscernible] if you're joining us by phone. So this is absolutely an opportunity for us to say thank you again for helping us to be able to provide and build capacity for state and local implementing agencies to utilize Continuous Quality Improvement as a tool and the methodology for improving outcomes for high risk families and young children across the state and territories in your communities.

Together we've been hard at work at identifying tools and resources that lend themselves to greater improvements in home visiting outcomes. Last year in a summary of your 2018 Quality Improvement Plans, your QI efforts were focused in on topics such as maternal depression, recruitment and referral to service, family retention, breastfeeding, and intimate partner violence just to name a few. And in response to your ongoing work and identified need for additional support, we created a number of TA supports that address both individual needs with one-on-one TA, and also broader support through written and virtual resources such as our CQI Practicum and the work of our Home Visiting CoIINs.

In this coming year, we're going to continue to listen and learn from you, and provide feedback to you and gather that input on what you provide to us to be able to help us determine what CQI investments provide the greatest opportunity for you to continue to move the needle forward for your families that you serve. There is a quote on Quality Improvement by an unknown author that says, "Practice the philosophy of continuous improvement. Get a little better every day." It's our hope that if

we continue to practice improving the quality of home visiting services, we will all get a little better every day at the work we do on behalf of children and families. And with that I'm going to turn it back over to Sara. Thank you very much.

>> Thank you so much, Monique. And if anyone is joining us a couple of minutes late today, please do keep your phone lines muted until you're ready to speak. And if you are dialing in on the phone and using your computer, please make sure your computer mics are also muted. All right. And I'm pleased to introduce our speakers for today. So first, we'll have Julie Leis, Senior Research Associate at James Bell Associates, and HV-PM/CQI TA Specialist for Region 7. Then Jessica Diedling, MIECHV Data and Quality Manager for the Louisiana Office of Public Health. And finally, Meredith Martinez, Family Home Visiting Supervisor for the Minnesota Department of Health.

And our objectives for today are to review the process and timeline for submitting your CQI Plan updates, review the key components to include in your CQI Plan, highlight available TA resources to support the development and implementation of your CQI Plan, and learn from two awardees as they share their CQI coaching and support strategies. And Julie is going to start us off today, so I will turn things over to here.

>> Thanks, Sara. Hi, everyone. I'm going to cover the first three objectives during the webinar today, and then I'll pass it over to the other speakers. So first, I'll talk about the Fiscal Year 2020 CQI Plan submission process and timeline. The process for CQI Plan submissions will be similar to previous years. Updated CQI Plans are due to your HRSA Project Officer via email by February 28th. Next, TA Specialist and Project Officers will review to check that all required components have been addressed and will offer written feedback and recommendations via email within 13 days -- sorry, 30 days.

Your Project Officer will provide you with a timeline for making any needed revisions to your Plan. We'll ask for minor revisions to come back within seven days and for more extensive revisions you'll have up to two weeks. TA Specialist and Project Officers will be available to discuss your Plan and the feedback provided during this time. We're always happy to jump on a call if you'd like.

Next, the TA Specialist will review your revised Plan and forward it on to your Project Officer for final approval no later than April 30th. Last, once approved by your Project Officer you'll receive a request for information to upload the final approved CQI Plan in EHB on or before May 22nd, 2020. And now that we've covered the process for submitting and reviewing CQI Plans, we'll talk more about what to include when you're putting together your Plan update.

In the file pod, you'll see two documents titled "Fiscal Year 2020 MIECHV CQI Plan Update Instructions and Recommended Template." There is both a PDF version and a Word document. This document includes key questions to be addressed in your Plan and an optional template for organizing your information. It's not required that you use the template, but we do highly recommend it as a tool to facilitate completion of the key components of the CQI Plan and update. That document also provides links to additional resources that can help support your CQI work.

The first section of your Plan update should focus on key activities, accomplishments, challenges, and lessons learned from implementing your CQI projects since the last update. That update will cover the period from February 2019 through January 2020. Please be sure to describe your topic, smart aims, and progress toward meeting those aims. You should also discuss your use of any technical assistance to support CQI, any actions that you've taken to sustain gains realized through your CQI projects, and what lessons you learned that you'll apply to your fiscal year 2020 Plan.

The second part will address your Plans for fiscal year 2020. Again, the document in the file pod can be very helpful with updating this section of your Plan. There is a lot of points on this slide and it's going to take me a bit to walk through each of them. But I know that this is a review for many of you who have created these Plans in the past, and all of the information I'm covering is included in that fiscal year 2020 MIECHV CQI Plan Update Instructions and Recommended Template.

So there are nine key components to address in Part 2. Organizational system and supports

includes information about your CQI team, trainings, financial support, and plans to engage technical assistance. You will also be expected to address the extent to which LIA staff, and management, and home visiting participants are involved in CQI in that section. CQI priorities will include the topics selected for CQI for fiscal year 2020, the reasons those topics were selected and how they align with state or territory priorities.

If you're participating in HV CoIIN 2.0, you should include the specific LIAs who are participating and those topics here in this section. In Part 2, you'll also report on the smart aims for your fiscal year '20 projects as part of goals and objectives, the changes to be tested or your plan for identifying changes to test, methods and tools that LIAs use in their CQI work such as process mapping, key driver diagrams, and PDSA cycles. If you're participating in HV CoIIN 2.0 this year, there is more information in the document about the methods and tools that CoIIN will be using for you include as well.

You'll also report on how CQI data are collected, reviewed, and analyzed; how to plan to sustain the gains you achieve in your project after it ends; strategies used to spread and scale successful changes to additional LIAs; and in the communication section, you'll address how you will assess progress and provide support to LIAs when needed. There are several TA resources available to assist you in completing your Plan. Again, please refer to the file pod and you'll see the file I was just referring to, the Fiscal Year '20 MIECHV CQI Plan Update Instructions and Recommended Template document. Again, some of you may have used this template in the past. It has been updated this year to reflect current date to offer some more detail about how to incorporate HV CoIIN 2.0 activities into your Plan, and you can find that guidance in the appendix, and to remind you about considering health equity goals in your work.

Also available in the file pod is the document title updating your fiscal year 2020 CQI Plan. This resource will be helpful if you want more information on what a CQI Plan is and examples of type of content to address in each section of the Plan. This resource might be most helpful for those who are new to creating these CQI updates and Plans or who need guidance on the development on a certain section of the Plan. Another resource available in the file pod is a recently released brief that highlight strategies from three awardees to highlight -- to align, sorry, performance measurement and CQI activities.

This resource describes recommended activities and provides a template for you to create an individualized plan for integrating your PM and CQI work. And finally, you can always request additional assistance from your Project Officer and your HV-PM/CQI TA Specialist to support you in a number of ways. From the development of your Plan, to reviewing it, and/or support implementing your Plan. If you're interested in support with the development or implementation of your Plan or you'd like a pre-review before it's officially due, you can include that as a priority in your annual TA Priority Scan. If you've already finalized your scan, that's totally fine, you can feel free to reach out to your TA Specialist, and they can support you with updating the scan.

We'll now transition from talking about CQI Plan development to implementing those Plans and specifically to how two states are supporting their LIAs in their CQI work. I'm really pleased to turn things over to Jessica Diedling who will first share Louisiana's approach to providing CQI coaching and support to their LIAs.

>> Great. Thank you. Hello, everyone. My name is Jessica Diedling, and I'm with the Louisiana Office of Public Health Bureau of Family Health who's the State's MIECHV grantee. In my role, I oversee all of our data collection and reporting as well as our state's CQI Plan and activities. I've been with MIECHV for seven years now. And when we started -- or when I started, we had no CQI experience at all. So rest assured if you're new to MIECHV or if you're new to CQI, this is possible. You can learn how to do these things.

But I didn't get there alone. We've taken advantage a lot of the support from HRSA. So a lot of the strategies that I'm going to be sharing today have come from TA. We also have participated in the

HRSA CQI Practicum, and we are currently participating in the HV CoIIN Scale project on Maternal Depression. So a lot of the strategies I'll be sharing -- it's come from experience but also comes from participating in these projects.

So the first strategies I was going to look at is frequent and predictable communication. So I found that working with LIAs, that we're asking them to push boundaries and get out of their comfort zone quite a bit. So anywhere that these -- how that happened. So what percent of your LIAs [indiscernible] by the deadline. And that -- okay. And then the other part of that is that placing -- along with those deadlines, that provides an accountability for the LIAs, but then also making deadlines and making an opportunity for the state wide team to provide feedback to the LIAs.

So incorporated in the HV CoIIN website which is a great feature is that you can give feedback to the LIAs on their PDSAs. So we also set deadlines for ourselves so respond to that so that everybody is accountable for using the platform and making the information available to everybody. And then, finally, the last strategy, and this has been one of the most important I've learned, to really in your CQI work prioritize relationship building. This is really, I think something that can get lost, but the most impact that I've seen is when there is strong relationships.

So that can be a strong relationship within the LIA that those local CQI teams have a strong relationship amongst each other. This is a strong relationship between the local CQI teams and the statewide CQI teams and then also strong relationships between teams. And this makes sense. Home visiting is based on relationships. You're -- the program is only as strong as that relationship between the home visitor and their clients. And so that's what is going to go really resonate with your home visitors and your local implementing agencies is keeping -- paralleling that process.

And so we, to build relationships, really try to prioritize fun in our meeting. And this seems like it can be an easy task, but oftentimes when we have more content that we need to present than we have time available to present, those fun activities can be the first on the chopping block. And I would just really encourage everybody to not make that first on the chopping block. To make sure that you have that dedicated time. Because if you think about the meetings you've been to and the ones -- the lessons that have really stuck, it's usually coming out of those fun activities and that time where you got to develop relationships with your peers.

So the way that we've incorporated fun into our meetings is we use games that teach CQI principals or focus on team building. So there is the famous coin spinning game. You can Google these terms. Google coin spinning game and that's a great game that will teach you CQI, rapid testing and collecting CQI data. We've also done something called a spaghetti marshmallow challenge where everyone compete to build the tallest tower out of spaghetti and marshmallows. We always start our meetings with icebreakers. So we've had people lead the whole group in meditation. So there is calm ways to do icebreakers, but then we've also most recently done rock paper scissors championship round that got really heated.

And also making sure you have fun ways to celebrate those successes of the teams. You know, it's really easy to lose sight of some successes especially if you haven't reached your aims. But there is a lot of successes that happen along the way to reaching those aims. And even if you don't reach your aim, your team has usually made a lot of progress. So really making sure you pause and highlight those in a fun way that resonates with the teams. And then also, along the lines of relationship building is really designing your meeting to focus on relationship building.

So we, you know, definitely focus on our team successes, but we also want to make sure that we create a space that's safe to acknowledge the fear of challenges. And there is a lot of ways that you can set up your meeting that makes people feel secure to share the challenges they're having. One thing we did recently was at the beginning of a meeting we passed out note cards to everybody, and we had them write down any fear or challenge that they were encountering, and it was anonymous. They didn't have to write their name. And then we put all the note cards into a hat, and we pulled about three of

them and read it aloud and then discussed it as a group.

And then they were able, as a statewide team, to take the rest of the note cards and we had a whole inventory of the challenges and fears that the people were facing that we could then use to develop content later on in the project or help it guide how we work with the team. We also are really deliberate in how we designed the agenda, and we build in a lot of discussion time and small group breakouts. We now have a rule that we're not going to go 30 minutes speaking without having small group discussion or breakout. Because really what that allows for is not only does it reinforce the knowledge when you can have small group discussions and breakout, but it also allows for more peer relationship building amongst each other.

We also incorporate storyboards into our meetings. Storyboards can be an actual, you know, science fair type board and this is a time for the teams to allow their creativity as well as visit and see what other people are doing. And finally, I'm going to wrap up, we also leave time for team time. So this means this is another thing that really I would encourage you not to cut from your agenda. You get a lot of excitement and energy at these meetings. But we all know after you leave the meeting of you have a travel lag, you got to go back home, you got to catch up on work. So if you can build in time in that meeting for your CQI, local CQI teams to sit and work together and create PDSAs and start designing their PDSAs, you can capitalize on the energy that you've built during that meeting.

So I will end here. Again, I really want to encourage everyone to do the -- provide TA, CQI practicum and HV CoIN because that's really where we've learned a lot of these lessons, and I'm always available for questions. So thanks.

>> Thank you so much, Jessica. Such a great presentation. And really awesome strategies. We have a lot of questions coming in. Thank you all for the questions. I should have said before, we -- before I introduced Jessica that we're going to hold questions until the end. Although, Jessica, you're welcome to chat back in the chat pod. But we do have ten minutes for questions after Meredith's presentation. So I'll turn it over to Meredith, now. Meredith Martinez will share Minnesota's approach to providing CQI coaching and support. Thanks, go ahead, Meredith.

>> Section -- hello, can you hear me.

>> Yes.

>> I'll just keep moving forward. So I supervise a team that's responsible for our Continuous Quality Improvement activities for our Home Visiting as well as our Grants Management. Really, we do have a Continuous Quality Improvement Coordinator, Hanna Simmons, and she wasn't able to be here today. Otherwise she would be the one presenting these slides. She's responsible for all of the great work that we've done around CQI and for really providing that technical assistance to our LIAs.

So she is the person to go to if you have questions after this presentation. So there is a lot of information on my slides. I'm going to go through them pretty quickly, but, hopefully, you'll have access to these after the webinar and can refer back to some of the details on the slide. In Minnesota, we, our MIECHV funding supports Healthy Families America and Nurse Family Partnership. But we're fortunate to have state funding that goes towards evidence-based home visiting as well. And so we also have Family Connects, Early Head Start, Family Spirit, and Parents as Teachers.

So just know as I move through this presentation, I'll be talking specifically about MIECHV, but also we've integrated our CQI with other programs, home visiting programs that are funded through state funds. So this visual just really represents how we would -- how we support our LIAs. We really want them to move from creating CQI as part of their culture to increasing their capacity and their commitment, so that there really is some leadership and champions at the local level for embedding quality improvement into their every day.

We have also worked to grow our internal capacity to support CQI here at the Minnesota Department of Health. As I mentioned, we do have one full time CQI coordinator who is funded out -- we have part of my time as well as we have family home visiting nurse consultants, a research scientist,

and a research analyst, and a CQI student worker. Parts of their time go towards supporting CQI activities, not all of it, but they have been trained in CQI methods and tools. And so we do have a team that is supporting our CQI activities.

So when I talk about our CQI teams, that's actually different than the number of LIAs that we have. So our MIECHV LIAs, obviously, we don't -- we have a much fewer number than 46, but we do have 46 total CQI teams that are participating and that we have contact with and support. There could be an LIA that has more than one CQI team because some of our LIAs are partnerships or they spread across a large regional or geographic area. And so it makes sense in terms of the way that they do their work to have a smaller working CQI team.

And you can see here that we do put -- we kind of have them in tiers, and I'll talk a little bit about that in a moment. And really, that's just more for us internally to help determine how to support them, how to best provide technical assistance for them. And we really look at how they're funded, their program maturity, and their experience with CQI to determine how best to support them. So again, I'm not going to go through this slide in detail just because there is a lot of information here, but it gives you a sense of how we can provide tailored support to our different LIAs and programs. So for example, MIECHV grantees have well established programs and a solid understanding of CQI concepts.

So we have frequent contact with them regarding their improvement efforts. They're doing some comprehensive assessments in terms of improvement opportunities, regular data review, and reporting and advance training and application of CQI, and then all the way down to on the final tier which is more of our TANF funded programs that may or may not be implementing an evidence-based home visiting program, but that we would still like to provide support to in terms of what does quality improvement look like in their program.

So similar to Louisiana, we have really leveraged a lot of the resources and technical assistance available through HRSA and HV CoIN and are so appreciative of all of the resources that we've been able to use. We do use the model for improvement and have used the Institute for Healthcare Improvement Breakthrough Series Collaborative. So that's what's shown on this slide. And as was mentioned earlier, there are these times of action periods and then times when our CQI teams come together in person for a learning session where they're really trying to do some peer learning from each other.

Within the last, I would say over the last three years, Minnesota has really moved into this approach. Before we started doing the learning collaborative, it was really the LIAs were picking a topic on their own and trying to work through it from a Quality Improvement perspective but really isolated in terms of how they were going about doing their QI. And we felt like we -- it would -- we'd really be able to show some advances in outcomes for families. And provide a support network for our LIAs if we built in these peer learning activities. So we have moved towards using learning collaboratives for that reason.

So this is just showing which learning collaboratives we've done over the last three years. We pick one topic to work on. So in 2017, we did Screening and Referrals for Developmental and Social Emotional Risk as well as Postpartum Depression. We did Family Enrollment, Engagement, and Retention, and we're currently wrapping up a Breastfeeding Learning Collaborative. Again, you can see that these are all topics that HV CoIN has done, and so we've used their resources in order to do this.

One thing that we discovered with this last learning collaborative is that we really wanted to pull in more input from LIAs to help advise on how we carried out the learning collaborative. And so we were able to pull in local home visiting partners, home visitors and supervisors and leaders from the local programs. And they really help select the topic, create the aim for the project, select the measures, and develop resources. This has significantly helped build buy-in among our teams because we can say this group which was made of local programs really had a say in advising how this project will look. And that has gone a really long way. We've been able to support some of those members with some monetary funding for their travel and their time. And that has really been a game changer for us.

This is just an example of typical activities and a timeline for our collaborative. Again, you can see there is a prework. There is an action period, two action periods, and between these action periods are when the teams get together for learning sessions, and then we do a summation session at the end. There is coaching calls and monthly reporting inbetween.

One of the largest challenges that we've encountered really has to do with measuring improvement and reporting. And we know that home visitors are really busy and want to be spending time with families. But it's also important that we're able to show that we're improving practices and really improving outcomes for families as well. So data collection is a required part of what we do, and there is monthly data submission, but it's often -- or it is consistently the top challenge reported by our LIAs. So to address this we've really tried to leverage the CQI Advisory Group to select and advocate for the measures chosen.

We really try to acknowledge the commitment and validate their feeling about, yes, this is hard, it's a little bit more work, but how can we figure out a way to do this in a meaningful way? And then we suggest ways for them to share their work among team members. And then connect them to other LIAs who are doing this work. There's also other methods for CQI reporting and feedback that we have built in. There is monthly data reporting which I talked about. Our nurse consultants also monitor CQI efforts during one-to-one LIA meetings. LIAs also submit grant progress reports to our grant managers, and they do have an opportunity to check in with us during a monthly check in call. And so we are able to get a sense of how they're doing with their CQI activities during those check in calls as well.

In terms of sustaining and spreading, at the conclusion of each of our collaboratives, teams create a time poster that they present and share with us and with other LIAs. And then we, as an agency, create a topic toolkit, a final summary, and a poster which are uploaded to our web page, and are available on Basecamp which we use as a platform for LIAs to share information with one another. We also post key project documents for anyone to access on our website, and we're in the process of updating our website right now. We also add the topic to ongoing home visiting community of practice that we have.

And then, again, we are, you know, evaluating our CQI coaching as we go. So teams have the chance to report back to us and let us know how we're doing in terms of providing technical assistance and support to them. There are some lessons learned through the last few learning collaboratives that we have coordinated. So we know that strong intentional support from leadership is essential to a team's success. We also know that being flexible and meeting LIAs where they're at is really important.

We try to incrementally increase their commitment. So we try to move at a pace that makes sense for them but can also challenge them a little bit as well to stretch. We also practice what we preach. So we regularly engage LIAs in state CQI planning implementation and evaluation. And then we acknowledge when something isn't working, and we use it as an opportunity to demonstrate CQI learning and growth at the state too. So we have made lots adjustments along the way especially around measurement as data collection and reporting. So we try to practice what we preach.

And with that, I know that was a really fast presentation, and there was a lot of information on those slides. So hopefully you'll have a chance to go back to them and take a look at some of the detailed information, and I'm happy to answer any questions that you have.

>> Thank you so much, Meredith, and thanks again to both Meredith and Jessica for those great presentations. Lots of strategies and we always appreciate the plugs for the Practicum and the CoIIN. So let's open it up for questions. There were a bunch of questions in the chat box earlier. So we'll start with those. And then feel free, everyone, to please either chat in or raise your hand or jump in. I think lines are open as well.

So the first question got earlier was for Jessica. And about the calls that you're having, and the question was "are they required calls or do you ask LIAs to try and attend a certain percentage of them?"

>> Yeah, so for us, they are required, but obviously, it's very difficult to get everybody on the call at the same time. So we haven't ever put out a percentage to try to attend, although, I think that's certainly a good strategy. We do track how many of our LIAs are attending each call, and we've never gotten below an 80% threshold. So it hadn't been something that we were too worried about, and it hadn't been certain ones missing every call, but it is a good idea to pay attention to who is calling in. But we do encourage everyone to attend or have a representative on each call.

>> Great. And there was some interest in the connect website. Was it PH Connect?

>> It is.

>> Can you talk a little bit about that?

>> I maybe shouldn't have brought it up. The reason we aren't -- we went away from it was because the website is now defunct. So we switched to our state's SharePoint system.

>> Okay. Got it. Maybe this is a good point, Meredith, if you want to raise-suggest Basecamp and talk a little bit about that, and how folks might want to use that since that's with a you're using.

>> Yeah, sure. So we started using Basecamp about a year and a half ago. And it is a -- I'm assuming a similar platform to other -- other software where basically you can get on it. It provides like a chat function. It's also a resource repository so you can post documents there. And sites can connect with each other and communicate with each other. And so we use that for CQI, but we also use it for our community of practice and just exchanging best practices.

>> Great. Thanks. And another question for Jessica, and I think this one applies to Meredith too. Although, Meredith, you addressed it a little bit. So the question was, "did you all experience any pushback from LIAs with sharing PDSAs, and date you, and feedback with all the LIAs? And if so, how did you work through that"

>> So the answers is yes. And I guess with all of this work, I would expect initial pushback in general. But I find people have a hard time adopting CQI because it does feel like extra work, and every time we started something new we get pushback or try things in a different way and then as we progress, and they see the benefit from the work, you get less pushback.

And so I think when we started implementing the regular deadlines that did seem like a very big burden to the teams, but then they -- when they -- because we give feedback when they submit their data in PDSA, they're seeing the benefit of posting it. So it's not like posting it, and it goes to a void. Those back on the statewide team are accountable to responding to what's posted.

>> Yeah, I would say, yes, we also had some push back. We did a lot of coaching and still continue to do some actually even for team that's have been involved for a while, but it is slowly shifting. Like, we can see a shift with our teams in terms of making sure that they understand that the data is their data. And so we're not judging them on their data, we're just providing a platform for them to track their improvement.

So it's not looking at their data from, you know, a judgmental place, but really, just like how can you use your data to help you figure out what's working and what's not working, but it was a reframing of how to look at data from a Quality Improvement standpoint and how that's different than maybe, you know, other data that's reported on outcomes or for other programs that people work on. So there was a lot of reframing that and having a lot of conversations and repeating those conversations as we go that we found that we did need to do some work around that, but I think we've really moved in the right direction.

>> Thank you, both. That's helpful. The next question I think is about an activity you mentioned in particular, Jessica, about eliciting fears and anxiety. And the question was, "was it fears and anxiety about the CQI topic or CQI in general?"

>> It covered both. So we left it open and we get feedback on both areas which was helpful, really.

>> Great. And there is also question about the relationship building strategies implemented in

person. And -- or sorry the question is, "are most or all of these relationship building strategies implemented in person," that you talked about Jessica.

>> Yeah, most of them were in person, and I do think that it's difficult to do if you don't have any in-person interactions, but we also really look to our action periods, our monthly calls, to try to facilitate it there as well which is why we have the LIAs do peer sharing. Some things we've done on the calls that seem to work well is if we ask, you know, we look at the data, point out specific things that we're seeing in the data for each LIA, and have them share on it, and then open it up to questions from their peers. The more specific you can get in pointed questions and trying to facilitate them asking questions to each other -- the better we find those calls, and I think that's an element of relationship building. But it is tricky. When we applied to the HV CoIIN thinking we would do all of our learning sessions virtually, and when we started working with the national HV CoIIN team, we were really strongly encouraged to at least do our first meeting in person, and then it just went so well that our MIECHV program lead found the funds for us to do the remaining learning sessions in person.

So I know that's not great news because it wasn't great news when I first got it.

>> We have also found in Minnesota that those -- when we do our evaluations after the learning collaborative, the thing that gets ranked the highest, and it's really -- the teams really value that time together. It can be tough because, you know, we have teams all over our state for them to make time to travel. But usually say they that it's worth it, and really to have that team time makes a big difference for them, and they really like to build that into the project.

>> Thank you both. So a related question as to about what resources are available to provide those in-person meetings? Do you have any suggestions for how to find funding for those or what you've used in the past?

>> In Louisiana, I had mentioned that we used to have in-person -- statewide in-person meetings with all the team teams that we would tag onto with CQI, and I think, what ended up happening this year was our learning sessions replaced those meetings. So it was the funding would have been built in at -- into the contracts for each of the staff members. There is -- every staff person has some travel built into their -- into the budget, and so I think it fell in with that and we were able to find locations that were either -- to host the meetings that were either free or low cost.

>> And in Minnesota, we do -- our LIAs do have some funding in their grants from us, in their MIECHV grants for travel to participate in CQI activities or meetings. So their able to budget for a couple of meetings through their grant, through their MIECHV grant, and they we also, as I mentioned have state evidence-bases home visiting funding that we're also able to draw upon to support some of the CQI activity.

>> Great, thank you, both. And thanks for answering all those questions. And thanks, everyone, for your great questions. There is one left, and that's about the number of pages due in terms of CQI Plan and there is not a specific number of pages required for the CQI Plan. You should take as much space as you need to answer the questions and include all of the necessary components. I'm going to turn it back over to Sara now, and thanks again, everyone, for your participation, and thanks again to Meredith and Jessica for the great presentations.

>> Great. Thank you, all. Great questions and great discussion. I am going to quickly turn things over to Tricia Finnerty who is joining us from HV CoIIN today to share some upcoming opportunities for awardee and LIA teams to further build their CQI skills. Tricia?

>> Thanks, Sara. So as Sara said, I am Tricia Finnerty. I am one of the Improvement Advisors for HV CoIIN, and it was great to hear both Jessica and Meredith mention their participation in CoIIN and we wanted to share a few updates on upcoming CoIIN opportunities as you all think about your CQI work and Plans.

The Well Child Visit CoIIN, this is our second cohort of the new topic workstream of CoIIN has launched. The first learning session was last week, but there is still opportunity to apply for cohort two

of Scale. The application for the Scale cohort will be available on our CoIIN website starting tomorrow, and it's going to remain open through May 2nd, and the topics for Scale for cohort two are going to be breastfeeding, maternal depression and development.

As I said, the applications will be due by May 2nd, and we'll plan to hold an in-person kick off with the awardee teams in late summer, early fall to give you a sense of the timing. We hope that you have seen our advertising for our four-part virtual series. This is going to provide more information on what Scale entails and what breakthrough benefits you can achieve by participating in the CoIIN. We've included the link to the registration here on the slide. So please do attend if you have any questions, or you're curious about learning more.

And then, finally, you know, your participation in CoIIN is really encouraged to be included in your CQI Plan. And as Julie mentioned, guidance on incorporating HV CoIIN into your CQI Plan, so very specific language and examples can be found in the appendix of the instructions and recommended template that are in the file share pod. We hope that this is helpful in both completing your CQI Plan and also seeing the alignment and benefits.

So we're really excited about kicking off cohort two, and hope that you are too and might be interested in joining us. And if you have any questions, please don't hesitate to reach out to Mary Mackrain. Sara, I'll turn it back over to you.

>> Great, thank you, Trisha. And in our final minute here, today, we're going to ask you to please take a moment and reflect on any action steps you plan to take based on the information you heard today. So you'll see a few poll questions have popped up at the bottom of your screen. The first is: Do you plan to take an action step based on this webinar? Yes or no. If you responded yes, we'd love to see a short description of the action step you plan to take. And if you answered no, please let us know what would have been helpful for you to identify an action step today.

And we will leave the poll questions up at the bottom here. As we close, we are committed to improvement in our own work. So you'll see a link to a satisfaction survey on the slide. Also when you close out of the webinar today, an evaluation survey will pop up. It takes about five minutes to complete, and so we'd love your thoughts on any ways that we can improve webinars going forward. Thank you to all of our presenters and our attendees today. We hope you found this an informative hour. And if there are any questions that you had that we didn't get to, please feel free to drop them in the chat, and we'll connect with you or reach out to your PM/CQI TA Specialist. And have a wonderful afternoon, everyone. Thanks so much.