TRIBAL EVALUATION INSTITUTE

Supporting Community Decision Making by Strengthening Data Collection and Use

Using a Continuous Quality Improvement Collaborative Approach in Indigenous Contexts: Lessons Learned From Tribal Home Visiting

OPRE Report 2024-200 | August 2024

Introduction

In 2016, the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (THV[1]) became the first federal grant program to require a Continuous Quality Improvement Collaborative (CQIC) approach in Tribal[2] early childhood settings. The THV CQIC was a 16-month effort that engaged 19 THV grantees in a structured and facilitated process for testing evidence-based or innovative strategies to make improvement toward group-level aims in two distinct areas: early language and literacy (ELL) and family engagement (FE).

The decision to incorporate the CQIC approach stemmed, in part, from the generally positive experiences of participants in a similar initiative for states, territories, and their local implementing agencies receiving federal funds through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program and from THV grantees' previous success conducting individual continuous quality improvement (CQI) projects. However, questions remained about the applicability of a CQIC approach in Indigenous settings as a required grant activity.

To answer these questions, the Office of Planning, Research, and Evaluation (OPRE) in the Administration for Children and Families (ACF) contracted with James Bell Associates (JBA) to conduct a process study of the THV CQIC approach as it was implemented from 2019 to 2022.

---

[1] The Tribal Maternal, Infant, and Early Childhood Home Visiting Program is both abbreviated as Tribal MIECHV and THV. THV is used throughout this document for consistency and brevity.

[2] The terms Indigenous, Tribal, and Native are used interchangeably in this document to refer to peoples whose connections to place, modes of governance, and knowledge predate the colonialization of what is now referred to as the United States. The rationale behind the terminology used in this brief follows what is described at https://www.acf.hhs.gov/sites/default/files/documents/opre/Understanding-planning_508.pdf.

Information collected through semistructured interviews with THV grantee staff and reviews of administrative data and planning documents was used to—

- Describe how the THV CQIC approach was implemented
- Determine outcomes of the quality improvement work
- Examine the appropriateness of the approach for Indigenous settings
- Examine the feasibility of the approach for Indigenous settings[3]

The findings for each of these aims are presented in their own section in this brief, and we conclude with implications for future implementation of CQICs in Indigenous contexts. A glossary provides definitions for non-research audiences.

Tribal Institutional Review Boards (IRBs) and Research Review Boards (RRBs) help ensure that research and evaluation are conducted responsibly, respectfully, and safely to avoid the harms of unprincipled research (Around Him et al., 2019). The CQIC Process Study was reviewed and approved by six Tribal RRBs/IRBs in addition to JBA's overarching IRB review through Western Institutional Review Board Copernicus Group before the study began.

Background

Since 2010, ACF, in collaboration with the Health Resources and Services Administration (HRSA), has operated THV.[4] THV provides funding for discretionary grants to federally recognized Tribes, consortia of Tribes, Tribal organizations, and urban Indian organizations to implement high-quality, culturally grounded, evidence-based home visiting programs that serve Tribal communities.

A primary goal of THV is to support the development of happy, healthy, and successful American Indian/Alaska Native (AI/AN) children and families through a coordinated home visiting strategy that addresses critical needs in maternal and child health, child development, early learning, family support, and child abuse and neglect prevention (Office of Early Childhood Development, 2023).

[3] To address the evaluation questions, we conducted a review of existing program data developed or collected as part of the THV CQIC work, surveyed program staff from 18 grantees participating in the THV CQIC, and conducted interviews with a smaller subset of staff from 8 grantees. One grantee was not able to participate because their Tribal research review process could not be completed within the study timeline. Existing program data were the primary data source used to evaluate the first two aims, and interviews and surveys provided the primary data sources used to address the second two aims.

[4] HRSA administers MIECHV in collaboration with ACF. While ACF oversees THV, HRSA oversees the state and territory MIECHV Program, which provides grants to states, territories, and eligible nonprofit organizations to develop and implement statewide home visiting programs.

ACF promotes THV grantees' use of data for program improvement by requiring grant activities such as participation in CQI projects and performance measurement. ACF also invests in data and programmatic technical assistance (TA) to provide CQI-focused training and coaching to THV grantees. Grantee engagement in CQI and other evidence-building activities has contributed to the field's understanding of the implementation of home visiting in Indigenous contexts and to the MIECHV Learning Agenda, which is a broad portfolio of evidence that informs and is informed by the work of MIECHV and THV programs and activities. THV engagement in individual CQI efforts also yielded many program improvements and supported a culture of inquiry and data-driven decision making among grantees. As a result, ACF sought to enhance the CQI component of the grant in a way that fostered and supported more sharing and learning across grantees through the launch of the THV CQIC.[5]

How the THV CQIC Approach Was Implemented

Federal staff and contracted TA providers modified the Institute for Healthcare Improvement's **Breakthrough Series** (BTS) model to involve grantees in decision making and implementation, and to facilitate the creation and use of wide networks of overlapping support systems and resources.

Adaptations

The THV CQIC approach aligns with the BTS model used in the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) initiative;

Breakthrough Series Model

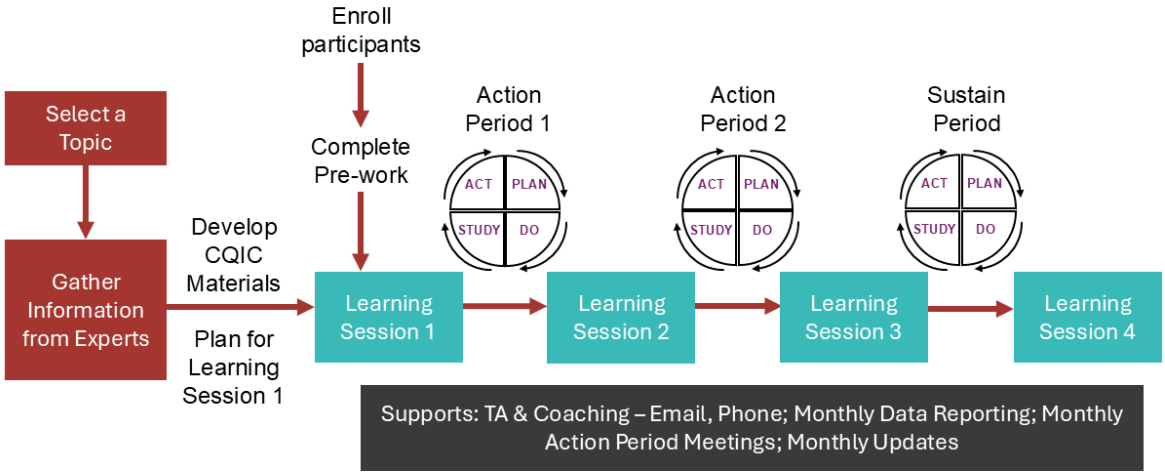
The BTS model is a collaborative improvement framework designed for healthcare organizations to make breakthrough improvements in patient care, service delivery outcomes, and administrative costs (Institute for Healthcare Improvement, 2004). In 2013, the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) initiated use of the BTS model with state and territory MIECHV programs that volunteered to participate in the initiative. This demonstrated the applicability and successful use of the BTS model to improve outcomes and service delivery in home visiting contexts (Arbour et al., 2021).

[5] A previously published CQIC Issue Brief provides additional details on the THV CQIC approach and offers additional grantee examples. It can be accessed at https://www.acf.hhs.gov/sites/default/files/documents/ecd/Building%20Continuous%20Quality%20Improvement%20Capacity%20Using%20a%20Collaborative%20Learning%20Approach%20508.pdf.

however, changes were made to tailor implementation for an Indigenous context. Key elements of the BTS model include choosing a shared topic that is ripe for improvement, recruiting faculty (subject matter experts) to provide ongoing support, engaging in team-based participation, attending Learning Session meetings, and participating in Action Periods in between Learning Sessions for teams to test and implement changes that result in sustainable improvements (Institute for Healthcare Improvement, 2004). Teams used a Plan-Do-Study-Act (PDSA) framework to engage in the rapid use of data and feedback to make quality improvements and concluded by disseminating their learning (Simmons et al., 2021).

Adaptations to the BTS model for the THV grant context included 1) obtaining grantee input on the CQIC topics and materials; 2) using built-in TA providers with existing relationships and experience providing TA to grantees on CQI work rather than external improvement advisors; 3) holding a virtual kickoff and CQI trainings rather than in person; 4) reducing the amount of required data reporting; 5) adding a fourth Learning Session; and 6) implementing a Sustain Period instead of Action Period 3. Exhibit 1 illustrates the THV CQIC approach as adapted from the BTS model.

Exhibit 1. Tribal Home Visiting Continuous Quality Improvement Collaborative Approach Diagram



Implementation Phases and Activities

There were two phases to the THV CQIC.

Planning Phase (December 2017–September 2019)

- Convened **workgroups** consisting of federal staff, contracted TA providers, THV CQI experts, and grantee representatives to provide planning input, including identifying an initial set of topics.

- Solicited input from grantees via survey to identify **prioritized topics and aims for each collaborative group**.
- Engaged **faculty** to provide support for planning, material development, and identification of best practices related to the two chosen topics.
- Developed **key materials** in the format of a toolkit for each collaborative group.

Implementation Phase (October 2019–April 2022)

- **Enrolled grantee teams** in each collaborative group based on topic of interest and to balance groups by home visiting model and number of grantees.
- Supported grantees in completing **prework and training** (e.g., readiness self-assessment, CQI fundamentals training).
- Launched implementation at an in-person grantee meeting and initiated discussion on what the two groups' topics would be.
- Created and delivered four **Learning Sessions** to provide education about CQI, coaching on specific CQI and topic area needs, and an opportunity for grantees to share learnings from the Action Periods.
- Conducted two **Action Periods** for 4–7 months each, in which grantees ran rapid-cycle PDSA projects; submitted monthly family of measures data to ACF; and attended monthly calls to share lessons learned from PDSAs, discuss data submissions, and receive support from TA providers and faculty.
- Supported grantees in making meaning of their THV CQIC data during individual calls, Action Period calls, and Learning Sessions.
- Provided **support** to grantees through TA, coaching, and an online portal that contained THV CQIC materials and resources.
- Led a Sustain Period, during which grantees were supported with resources and information to integrate successfully tested change strategies into their standard practice.

The COVID-19 pandemic delayed implementation of the THV CQIC and caused ongoing challenges with grantee staffing and family participation. After the first Learning Session and the beginning of the first Action Period, federal staff paused all THV CQIC activities for 4 months. The Action Period calls were then restarted to continue to facilitate peer sharing and foster a culture of improvement. Data collection and reporting requirements resumed after 10 months.

Collaborative Groups' Topic Areas

Federal staff assigned the grantees to one of two collaborative groups with distinct areas of focus and provided resources to support flexibility in grantees' choice of their specific improvement efforts.

Two collaborative groups ran simultaneously, one focused on early language and literacy (ELL) and the other focused on family engagement (FE). The goal of the ELL group was to promote activities such as reading, telling stories, and/or singing songs in culturally relevant ways. The goal of the FE group was to strengthen family engagement, including increasing the number of families who receive the targeted number of home visits and improving relationships between home visitors and families. ACF and TA staff chose these topics based on grantee input during the planning phase, and then grantees were assigned to one of the two groups for the implementation phase.

Each group used a key driver diagram to identify actions that would drive their improvement efforts. Federal staff, TA providers, and faculty developed this resource to support grantees in choosing research-based changes to implement and test. Primary drivers were high-level factors that would directly contribute to improvement in the overall SMART aim. Secondary drivers were specific outcomes that would lead to accomplishing the primary drivers. An example of this resource appears in exhibits 2 and 3, which demonstrate each collaborative group's SMART aim with one of several associated primary and secondary drivers that were available for grantees.[6]

Exhibit 2. Early Language and Literacy Collaborative Group Key Driver Example

Secondary Drivers

Fundamental steps necessary to achieve primary drivers

1. Home visitors are equipped with resources to support families to promote ELL development with their children, including strategies to identify existing family strengths for supporting children's ELL and to engage families in ELL-promoting activities
2. Home visitors receive professional development through supervision and observation of activities to support families to promote ELL development with their children

→

Primary Driver

Key elements that need to be in place to accomplish the aim

Home visitors have the support and resources necessary to support families to promote ELL development with their children

→

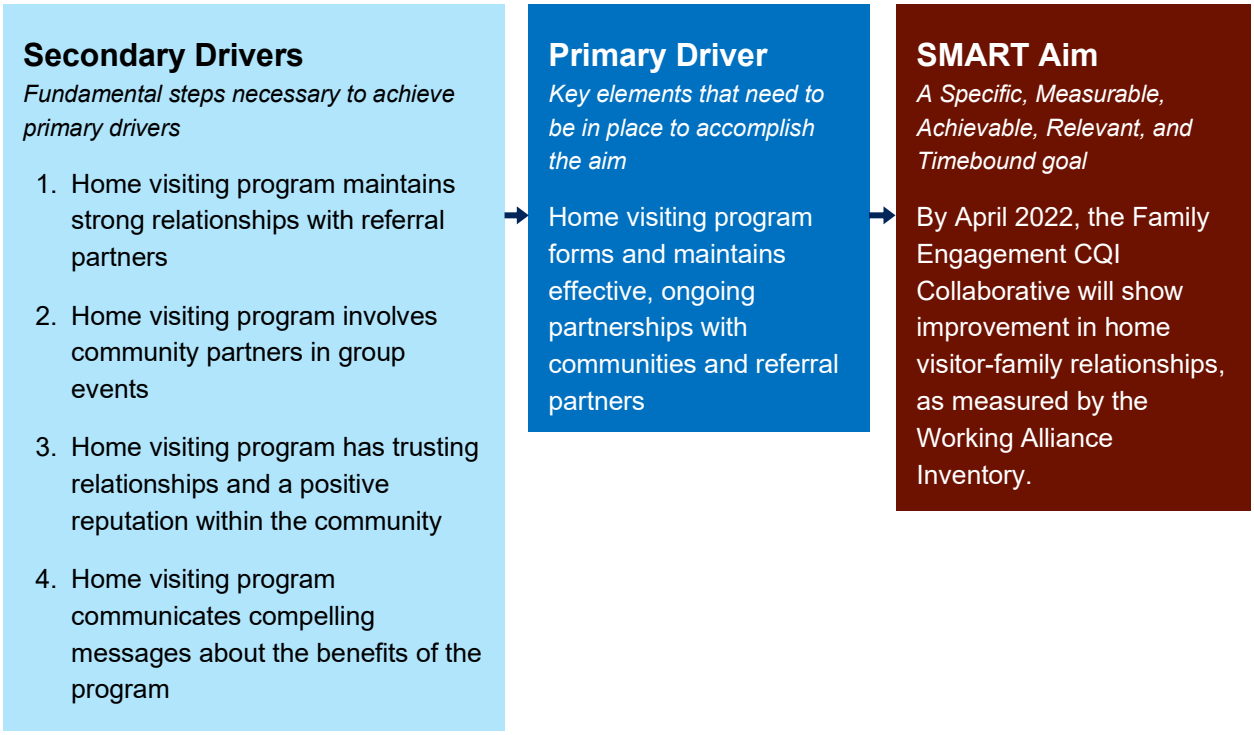
SMART Aim

A Specific, Measurable, Achievable, Relevant, and Timebound goal

By April 2022, the Tribal Home Visiting ELL CQI Collaborative will increase the percentage of children enrolled in home visiting with a caregiver who reported that during a typical week, the caregiver or family member read, told stories, or sang songs with their children every day, from X percent to Y percent [included as placeholder until grantees identified specific target rates].

[6] Complete key driver diagrams may be obtained by contacting the authors of this brief.

Exhibit 3. Family Engagement Collaborative Group Key Driver Example



Lessons Learned About Critical Components of CQIC Implementation

Implementation of the THV CQIC approach within the grant program required intensive support from federal staff and contracted TA providers. Staffing resources required the equivalent of 2.25 full-time staff positions to support grantee participants in planning their PDSA cycles and completing monthly reporting templates and to provide general information about CQI. Preparing grantees to participate in the THV CQIC required organizational resources and capacities to be built upfront. Additional critical components included organizing and providing training webinars and TA sessions, coordinating support from faculty, and facilitating Learning Sessions and review of data reports on an ongoing basis.

Implementation of the THV CQIC approach required extensive resource development by federal staff and contracted TA providers. To effectively support grantees, federal and contracted TA staff and faculty created an array of planning, implementation, and reporting documents and tools. These included providing a collaborative charter, key driver diagram, change package, family of measures, monthly reporting template, and PDSA planning tool, as well as creating and maintaining an online portal to house all support resources and provide virtual TA support.

Outcomes of the THV CQIC Work

There were small to medium improvements across many of the THV CQIC measures and significant fluctuation over time in most measures.

Early Language and Literacy Collaborative Group

Home visiting programs in the ELL Collaborative group primarily focused on making changes to get families and home visitors the knowledge, skills, and resources they needed to promote the development of language and literacy in early childhood. This focus area saw an increase from baseline in several measures across the study, although the data fluctuated throughout the THV CQIC initiative. The percentage of children with caregivers or family members who reported engaging in daily ELL activities increased from baseline but saw the highest reported percentage of this measure in July 2021 (exhibit 4). The percentage of home visits where ELL content was discussed (exhibit 5), percentage of caregivers who were asked about daily ELL activity with their child, and percentage of supervision sessions where ELL content was discussed all followed similar trends, showing fluctuations over the course of the THV CQIC with an overall increase from baseline.

Exhibit 4. Trends in Early Language and Literacy Collaborative Group Outcomes: Percentage of Children Engaging in ELL Activities

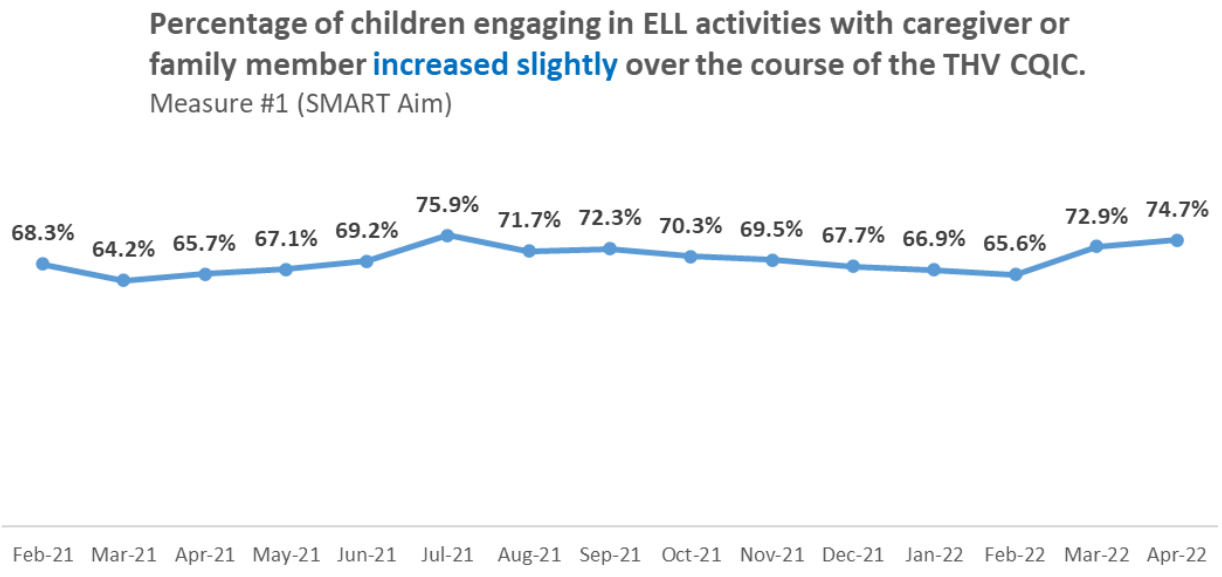
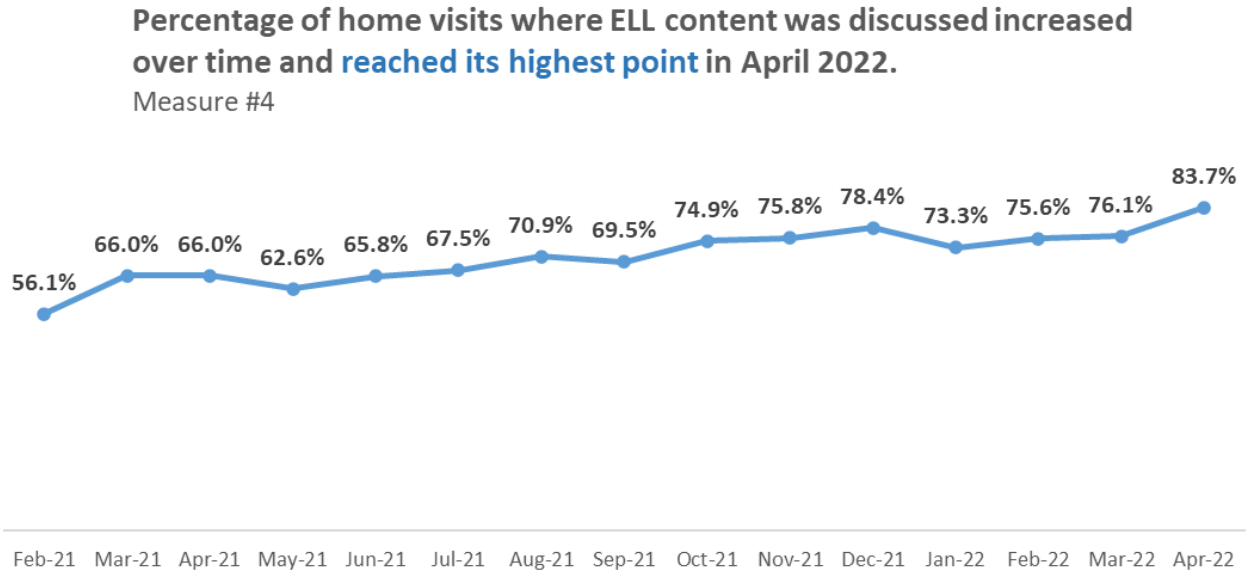


Exhibit 5. Trends in Early Language and Literacy Collaborative Group Outcomes: Percentage of Home Visits Discussing ELL Content



Simultaneously, the number of trainings, communities of practice events, and peer sharing opportunities pertaining to ELL, and the number of interactions with community partners specializing in ELL, began high at more than 50 events per quarter and gradually decreased over the course of the THV CQIC to fewer than 30 events per quarter.

Family Engagement Collaborative Group

Home visiting programs in the FE Collaborative group implemented changes focused on professional development for staff, resources for caregivers, and improved program policies and procedures. Results were mixed. At the end of the initiative, 72 percent of families reported an improvement in the relationship between home visitors and families. Other measured outcomes, including the percentage of program capacity filled, percentage of families retained or graduating, and percentage of families receiving the recommended number of home visits remained mostly stable over the course of the initiative, with some small increases from baseline. Several other outcomes increased during the THV CQIC but dropped below baseline by the end, including the percentage of recommended individual and/or group reflective supervision sessions[7] and the percentage of families retained in the home visiting programs for 90–120 days after enrollment. Exhibits 6 and 7 display examples of these two trends seen in the data, as demonstrated by families receiving the recommended number of home visits and percentage of families retained.

[7] Reflective supervision is a specific form of professional development intended to help home visitors (1) develop knowledge, skills, and key competencies to carry out their roles and (2) support and help restore professional well-being.

Exhibit 6. Trends in Family Engagement Collaborative Group Outcomes: Percentage of Families Receiving Recommended Visits

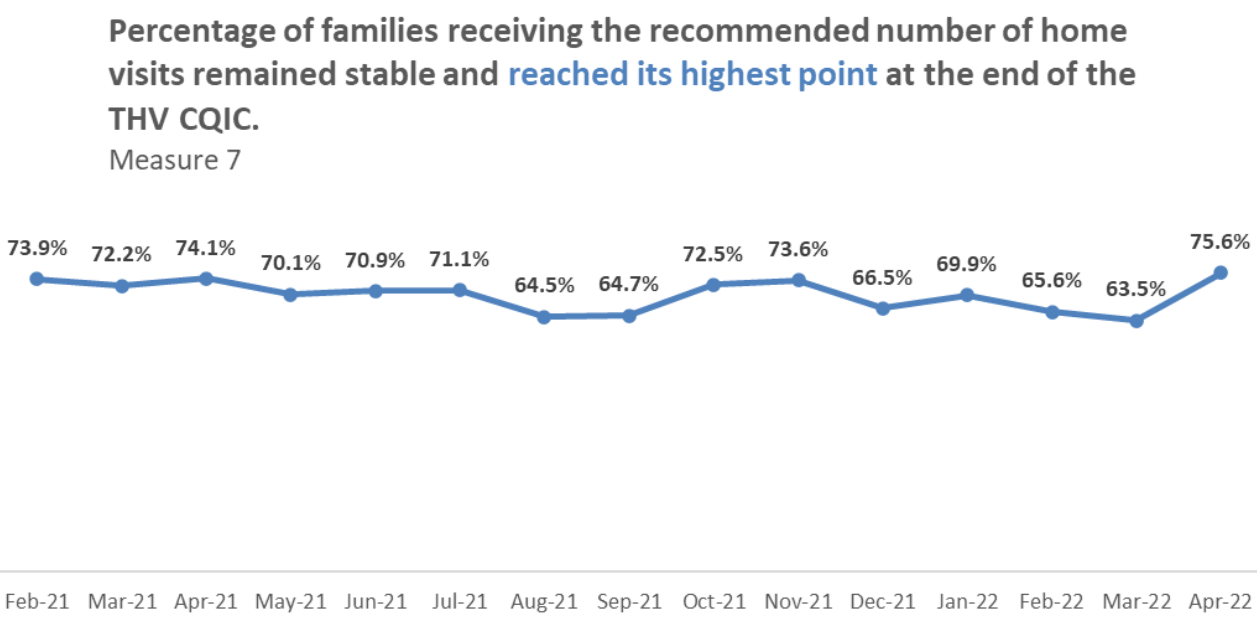
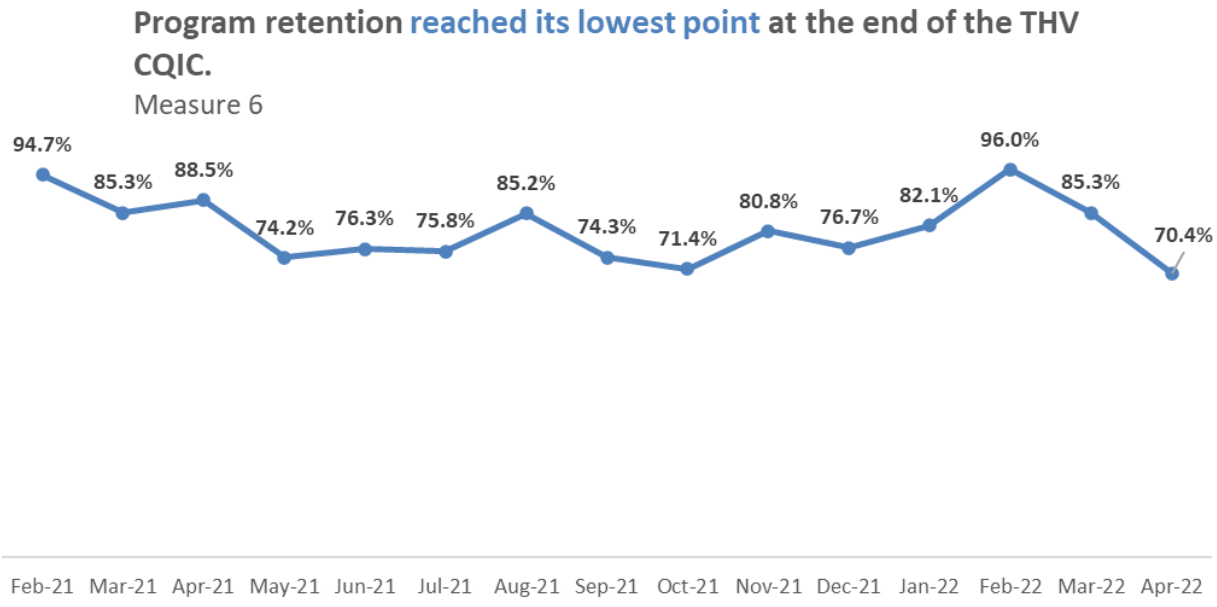


Exhibit 7. Trends in Early Language and Literacy Collaborative Group Outcomes: Program Retention



Potential Reasons for Lack of Data Trends

Data from the family of measures for both collaborative groups proved difficult to interpret because of the large amount of fluctuation over time and the lack of clear data trends. TA providers collaborated with grantees to identify the following possible explanations for the lack of uniform data trends:

- **Ceiling effects**: The medians for most measures were all very high at baseline, so there may have been little room for additional gains.
- **Misaligned measures**: To reduce burden, measures were chosen from a set that grantees were already required to collect and may not have been sensitive to progress toward specific ELL or FE goals.
- **Impact of COVID-19**: During the pandemic, grantees reported decreases in program retention, capacity, and participation, so THV CQIC participation may have contributed to keeping metrics stable rather than seeing COVID-19-related decreases.
- **Seasonal fluctuations**: Some measures showed upward and downward trends in the data that tracked with seasonal changes and may reflect seasonal variation in families' ability to engage with home visits or connect with the content being delivered.

Appropriateness of the THV CQIC Approach for Indigenous Settings

Across both collaborative groups, grantees felt that participating in the THV CQIC helped them make program changes that improved their ability to serve families and strengthen program processes in areas related to the topic of the collaborative group.

Many grantees felt that working collaboratively with other Tribal programs and communities was important and that peer engagement was one of the most meaningful aspects of the THV CQIC design. Grantees felt that their participation in the collaboratives helped them to—

- Gain relevant skills and capacities
- Learn an approach for quickly testing out program changes
- Build the resources and organizational structure needed to engage in quality improvement actions, improve internal processes, and make program changes that positively impacted families
- Obtain support and ideas from fellow grantees

Across both groups, 96% of grantees participated in all the monthly Action Period calls.

Grantees liked the collaborative format of the THV CQIC approach and appreciated the inclusion of peer sharing and collective learning through monthly Action Period calls. Most grantees expressed that the THV CQIC approach was culturally relevant for their programs and the topic areas were important. This structure provided grantees with support and accountability. Grantees also shared that the number of changes to choose from in the provided materials made it difficult to determine where to begin, but seeing how others implemented specific changes helped them in their own learning process.

"I think after this collaborative and even going through the tests of change, it's like, oh, you can just try this thing with this one client in this one home visit and see how it goes. And then if it doesn't go as well as you thought it would, you could try something else. So, I think that was a helpful framework."

—THV Grantee

Conducting small-scale tests of change and using data to make informed decisions were noted as components of the THV CQIC approach that were most compatible with grantees' values and practices. The data collection and reporting aspects of the collaborative approach were viewed as less meaningful and useful for programs but did not conflict with values.

Feasibility of the THV CQIC Approach for Indigenous Settings

THV grantees overwhelmingly expressed appreciation for the experience and supports available through the THV CQIC and had suggestions to improve the overall feasibility.

Grantees noted receiving various valuable supports and resources over the course of the THV CQIC implementation that made participation more feasible. Some of the most useful supports grantees received included ongoing TA through coaching calls, feedback on PDSA planning documents, and presentations on best practices from faculty. Grantees identified the change package, family of measures, monthly reporting templates, resource on goal-oriented relationship-building, and key driver diagrams as the most useful resources, as well as the THV CQIC Resource Library where all the resources were held.

70% of respondents recommended that the THV CQIC approach be used again in THV or other federally funded grant program contexts.

Grantees expressed that a strong leader and a fully staffed team were crucial to effective participation in the THV CQIC. Staff needed to have sufficient buy-in and time to develop a structure to implement CQI. Grantees also felt that from the start of the THV CQIC implementation, feasibility depended on having a leader who upheld a structure that supported ongoing implementation of the CQIC work. These ongoing logistical leadership tasks included establishing meetings, creating regular reminders for staff to complete CQI work, ensuring the team remained fully staffed, designating a CQI lead, and developing the program's internal ability to collect, manage, and interpret data.

"I think definitely from our experience, there needs to be someone to kind of take the lead on the project… the evaluator or the program manager, and kind of take on the responsibility of explaining things…"

—THV Grantee

The greatest challenge grantees faced throughout the course of the THV CQIC was conducting CQI activities during the COVID-19 pandemic. Alternative priorities for physical health and safety during COVID-19 surges led to staffing challenges for grantees and affected families' abilities to engage in the home visiting activities that were undergoing CQI tests of change. Staff turnover was also high at times during the pandemic, which posed a significant challenge to the sustainability of their CQI work. During the pandemic, the grant requirement for CQIC activities was put on hold for several months and then resumed virtually. Even then, due to competing priorities, it was sometimes difficult for full teams to participate in the monthly Action Period calls, let alone the other necessary THV CQIC activities.

Grantees indicated three main areas for improving feasibility of implementation: administrative burden, initial support, and staff buy-in. They stated that the administrative burden associated with frequency of data submission and amount of documentation for each PDSA cycle was difficult to keep up with, and they were initially daunted by the prospect of planning, executing, and evaluating a change every month. Grantees also described a particularly steep learning curve at the beginning of the THV CQIC that they thought could have been less daunting if additional training and support were provided upfront. One grantee noted persistent challenges with home visitor buy-in, which was supported by data that home visitors reported less training and support at the start of the initiative. Grantees advised addressing this by ensuring an adequate amount of time to initially train staff in the THV CQIC approach and by providing any necessary ongoing training.

Implications for Future Implementation in Indigenous Contexts

Based on the elements of the THV CQIC that grantee participants found to be particularly helpful, the following lessons learned may guide others seeking to implement a CQIC approach in an Indigenous context.

Ensure sufficient resources are committed upfront by building in an extensive planning period, allocating funding for appropriate staffing, and devoting time to creating resources. After an extended planning period and through large investments in supports and resources, the THV CQIC initiative implemented a slightly adapted BTS model that fit within grant requirements and the existing TA system. The time and effort invested at the outset of this project allowed for the development of resources and processes widely found to be useful by participants. Additional time could help increase grantee staff buy-in for future endeavors.

Prioritize a culturally informed and collaborative approach to developing the structure, activities, and resources that are a part of a CQIC initiative within Indigenous contexts. It is important to consider which parts of the CQIC model to adapt and which portions to maintain for implementation in this context. Numerous resources were created to develop culturally relevant content for each collaborative group, and THV grantees were provided with options for choosing changes to test that fit their communities. Areas of good fit with THV grantees' values and goals included the CQIC components of sharing and learning regularly with peers, focusing on continuous improvement as a program, and learning the rapid cycle PDSA method that allowed teams to start small and quickly test team-generated solutions.

Work closely with partners to identify meaningful and feasible measures that limit burden, align with the chosen topic, and can accurately reflect improvements. Although broadly rewarding, participation in the THV CQIC was challenging due to the initial burden of learning the rapid cycle concept and reporting on the family of measures. Results of this process study also indicated that the measures used to track movement toward the group aims were not always effective at capturing grantees' progress. Feasibility would be improved by paring down the amount of formalized documentation to that which likely captures targeted changes.

Overall, grantees participated in required activities, demonstrated progress toward their desired outcomes, and each collaborative group met its aims. Grantees found the THV CQIC to be culturally appropriate and feasible to implement within their programs, and the majority recommended repeating this initiative. The process study also found improvement in some specific outcomes; therefore, there is some preliminary evidence that CQIC initiatives can successfully facilitate THV programs achieving positive outcomes. The results of this process study may provide insights for individuals and groups interested in implementing quality improvement initiatives, particularly within Indigenous human service contexts.

More information about this topic can be found on the ACF THV Continuous Quality Improvement Collaboratives resource page.

Glossary

Action Periods: A set time during which grantees run rapid-cycle PDSAs; submit monthly family of measures data to ACF; and attend monthly collaborative calls to share lessons learned from PDSAs, discuss collaborative data submissions, and receive support from TA providers and expert faculty. THV CQIC Action Periods lasted between 4 and 7 months.

Appropriateness: A term that describes the fit, relevance, and compatibility of a program, intervention, or approach with the cultural and contextual characteristics within a community served.

Breakthrough Series (BTS) model: A structured collaborative approach that brings together a large number of teams seeking improvement in a focused topic area to learn from topic area experts and each other (Institute for Healthcare Improvement, 2004).

Change package: A tool that provides examples of changes and associated resources for each driver.

Collaborative charter: A guiding document that outlines expectations and lays out the mission and aim of the collaborative as a whole.

Continuous quality improvement (CQI): A formal, ongoing, measurable process that can be used to streamline processes, enhance services, and achieve better outcomes.

Continuous Quality Improvement Collaborative (CQIC) approach: A structured and facilitated process for testing evidence-based, as well as innovative, strategies to make improvement toward group-level aims.

Early Language and Literacy (ELL) Collaborative: A group of nine grantees whose CQI projects focus on empowering families served by Tribal Home Visiting programs to promote ELL, including engaging in culturally relevant activities such as reading, telling stories, and/or singing songs with their children every day.

Faculty: Experts in the relevant disciplines and topic areas addressed by the CQIC initiative that may be researchers, clinicians, subject matter experts, or application experts. Faculty help create the specific content for the CQIC and provide subject matter expertise throughout the project.

Family Engagement (FE) Collaborative: A group of 10 grantees whose CQI projects focus on strengthening the engagement of families in Tribal Home Visiting programs, including improving the extent to which families receive the number of home visits they are supposed to receive.

Family of measures: Set of measures aligned with the aim and primary and secondary drivers to track improvement across the collaborative over time.

Feasibility: A term that describes the practicality and logistical aspects of implementing a program.

Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN): An initiative that uses the BTS model with Maternal, Infant, and Early Childhood Home Visiting awardees and local home visiting agencies to improve outcomes and service delivery.

Key driver diagram: A visual display of the primary and secondary drivers that contribute to the CQIC aim. This tool helps teams identify where to focus their tests of change.

- **Primary drivers**: Key elements that need to be in place to accomplish the aim.
- **Secondary drivers**: Fundamental steps necessary to achieve primary drivers.

Learning Sessions: In-person and virtual multiday opportunities for grantee teams to get together and share learnings from the Action Periods and receive additional coaching and teaching around CQI and the topic areas.

Monthly reporting template: A report that grantees submit monthly with their family of measures data. It includes guidance/instructions, a sheet for data entry, auto-populating run charts, and self-reflection questions.

Plan Do Study Act (PDSA) cycle: An iterative, four-stage problem-solving model used for improving a process or carrying out change.

PDSA planning tool: A fillable document used to outline the activities grantees want to conduct in the plan, do, study, and act phases of their PDSA cycles.

Process study: A descriptive study using qualitative and quantitative data from interviews, surveys, and document reviews to examine the implementation of a complex process with multiple interacting parts.

SMART aim: A Specific, Measurable, Achievable, Relevant, and Timebound (SMART) goal developed for each collaborative group's topic area.

Tribal Home Visiting Continuous Quality Improvement Collaborative (THV CQIC): A 16-month effort that engaged 19 Tribal Home Visiting grantees in a structured and facilitated process for testing evidence-based or innovative strategies to make improvement toward collaborative-level aims in two distinct areas: early language and literacy and family engagement.

References

Arbour, M., Mackrain, M., Cano, C., Atwood, S., & Dworkin, P. (2021). National home visiting collaborative improves developmental risk detection and service linkage. *Academic Pediatrics, 21*(5), 809–817. https://doi.org/10.1016/j.acap.2020.08.020

Around Him, D., Aguilar, T. A., Frederick, A., Larsen, H., Seiber, M., & Angal, J. (2019). Tribal IRBs: A framework for understanding research oversight in American Indian and Alaska Native communities. *American Indian and Alaska Native Mental Health Research*, *26*(2): 71–95. https://doi.org/10.5820/aian.2602.2019.71

Institute for Healthcare Improvement. (2004). The Breakthrough Series: IHI's collaborative model for achieving breakthrough improvement. *Diabetes Spectrum*, *17*(2), 97–101. https://doi.org/10.2337/diaspect.17.2.97

Office of Early Childhood Development. (2023). *About Tribal Home Visiting.* U.S. Department of Health and Human Services, Administration for Children and Families. https://www.acf.hhs.gov/ecd/tribal/tribal-home-visiting/about-tribal-home-visiting

Simmons, H., Morales, J., & Roberts, E. (2021). *Holding the gains: A brief for Tribal Home Visiting Grantees*. Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. https://www.acf.hhs.gov/ecd/report/holding-gains-brief-tribal-home-visiting-grantees

Authors
Brandie Buckless, M.P.H.; Audacity Nadler, Ed.D.; Chi Connie Park, Ph.D.; Natalie Moyer, M.S.W., James Bell Associates

Submitted to
Rebecca Hjelm and Nicole Denmark, Project Officers
Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Contract Number: HHSP233201500133I
www.acf.hhs.gov/opre

Prepared by
James Bell Associates
2000 15th Street North, Suite 100
Arlington, VA 22201
(703) 528-3230
www.jbassoc.com

Erica Blue Roberts, Ph.D., M.H.S., Project Director