

2026 Continuous Quality Improvement Goals

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Introduction

This document summarizes goals of the Minnesota continuous quality improvement (CQI) plan for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees for Federal Fiscal Year (FFY) 2026, October 2025 through September 2026. The areas of focus this year are increasing the number of parent-child interaction (PCI) tools completed and increased home visitor training and confidence using a PCI tool.

Details about the baseline data are described below as well as a timeline of activities, the specific, measurable, achievable, relevant, and time-bound (SMART) aims, primary drivers, secondary drivers, and change ideas associated with these aims.

For questions, contact the Minnesota Department of Health (MDH) family home visiting CQI team at health.FHVCqi@state.mn.us.

FFY 2026 CQI timeline of activities

FFY 2026 is Sept. 30, 2025, through Sept. 29, 2026.

- September 2025:
 - CQI project webinar
- Monthly January-October 2026:
 - CQI connect and learn office hours hosted by MDH
 - Grantees implement tests of change and CQI activities
- MIECHV grantees submit CQI activities to using [MN Family Home Visiting CQI Monthly Activities](#) or to health.fhvcqi@state.mn.us
- Bi-monthly January-November 2026:
 - MIECHV CQI project check-in webinars
- Ongoing January-October 2026:
 - CQI tips and tricks/resources via Tuesday Topics
 - Individual agency support as needed
- Quarterly January-November 2026:
 - Individual practice connection check-in with grantees
 - Grantees receive PCI data reports from MDH
- November 2026:
 - Review of 2026 CQI outcomes
 - Planning for 2027 CQI project goals

Goal 1: PICCOLO

Increase the number of family home visitors trained and experiencing increased confidence in the PICCOLO.

Throughout 2025, MDH implemented regular training to home visitors in the PICCOLO, a PCI assessment tool that stands for Parenting Interactions with Children: Checklist of Observations Linked to Outcomes. This training includes a full-day in-person group opportunity for home visitors to learn about the assessment tool itself, the tool's ideology and research, and the 29 observable parenting skills that are measured within the four domains of affection, responsiveness, encouragement, and teaching. Together home visitors practice and reflect about using PICCOLO as a strength-based tool to effectively support positive parenting and promote school readiness.

The PICCOLO is the validated PCI tool used within the Maternal Early Childhood Sustained Home-visiting (MECSH) model, which is currently implemented by all MIECHV funded grantees. Guidance provided by MDH includes utilizing the PICCOLO tool when children reach the target ages of 6 months, 12 months, 18 months, and an optional 24 months.

Baseline data

At the end of September 2025, an estimated 78% of home visitors within MIECHV funded grantees had been trained in PICCOLO.

SMART aims

By Sept. 30, 2026, 85% of home visitors at MIECHV funded grantees will have completed training in the PICCOLO.

By Sept. 30, 2026, post-training survey average scores of home visitor confidence about using the PICCOLO tool in practice will show improvement from pre-training surveys.

Data to support the aims

At the end of September 2025, MDH was able to identify the baseline data for the number of home visitors trained in PICCOLO, stated above.

- **Numerator:** Number of home visitors at MIECHV funded agencies that are trained in PICCOLO.
- **Denominator:** Total number of home visitors at MIECHV funded agencies.

PICCOLO trainings are scheduled to occur in FFY 2026, and data will be tracked by MDH and updated following each training. MDH may ask grantees to confirm any data and grantees will receive reminders about home visitors who have yet to complete the training.

Regular data updates will be shared with grantees at individual practice connections and bi-monthly scheduled webinars. Overall data will be summarized at the end of the year.

During the PICCOLO trainings in FFY 2026, home visitors will be provided a pre-training survey asking them to rate their confidence level using the PICCOLO tool to inform their practice. Following the training, home visitors will be asked to complete this same survey again. This data will be reviewed quarterly by MDH, provided to grantees at bi-monthly scheduled webinars, and then summarized at the end of the year.

How will we get there?

Reaching an aim can be influenced by a variety of factors, including primary drivers, secondary drivers, and change ideas. Primary drivers are the factors that directly impact the goal. Secondary drivers are smaller factors that impact the primary drivers. Change ideas are tangible ideas to try out to see if they impact the secondary drivers.

Primary driver

Culturally responsive, supported workforce with capacity to assess, address, and promote parent-child interaction.

Secondary driver

Professional development related to PCI and the PICCOLO tool specifically.

Change ideas

Potential change ideas include the following:

- Provide PICCOLO training in a variety of areas across Minnesota to allow for increased access for all MIECHV grantee home visitors.
- Ensure priority training access to MIECHV funded grantee home visitors.
- Provide follow-up reflections about learnings from PICCOLO training during bi-monthly scheduled webinars.
- Promote reflection on parent-child interaction and use of the PICCOLO tool in agency reflective supervision.

Goal 2: Parent-child interaction

Improve the number of caregivers enrolled in family home visiting who receive an observation of parent-child interaction.

Throughout 2024, MDH and three MIECHV funded grantees participated in a Home Visiting Collaborative Improvement and Innovation Network (HV-CoIIN) project related to PCI. To continue the learnings and growth from that collaborative, that project continued into 2025 and this year MDH will focus spread and scale efforts. MIECHV performance measure 10 monitors the percent of caregivers enrolled in home visiting who receive an observation of PCI by the home visitor using a validated tool.

This measure requires screening within the window of the target age range(s) of the selected validated tool(s). As indicated previously, for agencies implementing the MEC SH model, the PICCOLO is the validated tool that is used.

Baseline data

Across all MIECHV grantees, the completion rate of PCI tools has increased over time; however, this performance measure continues to have a low completion rate across grantees (Table 1). In 2025, MDH did update the code calculation for this measure. Therefore, it is important to note that it may be difficult to compare 2024 to 2025.

Table 1: MIECHV PCI completion average

	2023	2024	2025
PCI completion rate (percent)	19%	35%	46%

SMART aim

By Sept. 30, 2026, there will be a 10% increase in the percentage of primary caregivers enrolled in family home visiting who receive an observation of PCI using a validated tool.

Data to support this aim

In September 2025, MDH provided preliminary baseline data to grantees on the overall PCI performance measure for 2025.

- **Numerator:** Number of primary caregivers enrolled in home visiting who receive an observation of parent-child interaction by the home visitor using a validated tool within the reporting year (Sept. 30, 2025-Sept. 29, 2026).
- **Denominator:** Number of primary caregivers enrolled in home visiting with children reaching the target age range within the reporting year.
 - MIECHV requires that a PCI assessment be done at least annually.

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- The MECSH model suggests home visitors conduct a PCI assessment when the child reaches 6 months of age, and again at ages 12, 18, and 24 months (optional).
- Caregivers who had a PCI conducted when a child is three to six months are included in the denominator.
- Caregivers with children less than six months who did not have a PCI assessment are *not* included in the denominator.
- If the primary caregiver did not have at least one home visit after the child reached the target age range of the validated tool, they are excluded from the denominator, as there was no opportunity to collect this data.
- Missing data: Primary caregivers whose children have not yet reached the first target age range plus one additional month of the validated tool (e.g. 7 months for children in the MECSH model) at the end of the reporting period and do not have a completed PCI assessment.

MDH will provide quarterly data which will include:

- Numerator, denominator, and missing data as described above.
- Percent of primary caregivers enrolled in home visiting who receive an observation of PCI by the home visitor using a validated tool for the quarter and cumulatively.
- Person level data will also be included (should consents be in place), including age of child, last visit date for families, and dates of PCIs completed the previous year.
- *Early reports may reflect a low numerator and therefore the percentage of completion may initially be lower than expected. Agencies are reminded that the numerator is expected to increase over the course of the year as additional PCIs are completed.*

Local agencies will be able to use this data to identify challenges and barriers to those missing a PCI and then brainstorm and implement change ideas to make improvements.

How will we get there?

Reaching an aim can be influenced by primary drivers, secondary drivers, and change ideas. Primary drivers are the factors that directly impact the goal. Secondary drivers are smaller factors that impact the primary drivers. Change ideas are tangible ideas can be tried out to test the impact on secondary drivers. Sample Plan-Do-Study-Act (PDSA) cycles are included as Appendix A and B.

Primary drivers

Culturally responsive, supported workforce with capacity to assess, address, and promote parent-child interaction.

Secondary drivers and change ideas

Table 2 lays out several examples of secondary drivers that assist in reaching the aim for parent-child interaction, as well as examples of change ideas that agencies may choose to try as it is applicable and appropriate to each agency.

Table 2. Secondary drives and change ideas for goal 1

Secondary drivers	Potential change ideas
<p>Professional development to increase knowledge and strengthen ability to support parent-child interaction.</p>	<ul style="list-style-type: none"> ▪ Provide education and training to home visitors on early relational health, supportive strategies that caregivers and children can engage in at different ages, and different periods of child development to support nurturing interactions. ▪ Train all staff of implicit bias and the importance of cultural responsiveness when observing and supporting parent-child interactions. ▪ Provide follow-up opportunities (e.g., peer-to-peer role-play, post-training practice) for home visitors to improve their skills and capacity to promote parent-child interaction. ▪ Use reflective supervision to explore and increase home visitor’s confidence in conducting caregiver-child assessments.
<p>Observation and reflection on parent-child interaction during home visits with a validated PCI tool.</p>	<ul style="list-style-type: none"> ▪ Design and use tracking tools that include parent-child observation and feedback within ongoing visits (i.e., standardize visits). ▪ Engage in regular, objective observation of parent-child interaction. Use reflective questions to discuss parent-child interaction during home visits (not only at targeted age groups). ▪ Develop and use scripts to introduce parent-child interaction. ▪ Develop and use scripts to introduce video observation. ▪ Support home visitors in a follow-up process to provide positive feedback and reflection after the home visit. ▪ Schedule a separate visit for just the completion of a PCI tool. ▪ Use reflective supervision to share results of parent-child interaction observations.
<p>Active engagement of caregiver with child during home visits.</p>	<ul style="list-style-type: none"> ▪ Invite caregivers to give their own observations of their interactions and relationship with their child. ▪ Give caregivers an opportunity to observe their own parent-child interactions by having them review video observations. ▪ Engage with caregivers to help keep focus on interacting with the child and guiding the focus back to the child during the visit. ▪ Develop an orientation for families focused on their role as their child’s most important teacher.

Note: Some drivers and change ideas listed above were created by the [HV-CollIN](#) team of the Educational Development Center and adapted from the HV-CollIN project related to caregiver-child interaction.

Appendix A: Plan-Do-Study-Act (PDSA) form for goal 1

Change being tested: Develop and use script to introduce video observation

<p>Month: February 2026</p>	<p>Local implementing agency: Small Town USA Home visiting model: BEST Model</p>
<p>Cycle #: 1</p>	<p>Primary driver: Culturally responsive, supported workforce with capacity to assess, address, and promote caregiver-child interaction. Secondary driver: Observation, description of and reflection on caregiver-child interaction during home visits with a validated PCI tool.</p>
<p>Objective of cycle</p>	<p><input type="checkbox"/> Develop a change <input checked="" type="checkbox"/> Test a change <input type="checkbox"/> Implement a change</p>
<p>Questions we want to answer with this PDSA cycle</p>	<p>If we.... develop and use a script to introduce the PICCOLO observation tool with a family.... Will it result in....</p> <ul style="list-style-type: none"> ▪ Caregivers feeling more comfortable to agree to the video observation. ▪ Family home visiting staff feeling more confident at introducing the PICCOLO tool.
<p>Predictions</p>	<p>By creating a script for home visitors to use, home visitors will experience more confidence in introducing the PICCOLO tool so that they will be able to keep this a priority when needed, scoring a 4 on a scale of 1-4. By feeling more confident in the delivery of the introduction of the tool, caregivers will better understand and agree to using the tool at an increased percentage, three out of five times.</p>
<p>Plan</p> <ol style="list-style-type: none"> 1. Who 2. What 3. Where 4. When 5. Tasks/tools needed <p>Data collection</p>	<p>Plan for this test:</p> <ol style="list-style-type: none"> 1. Who: Team and one family home visitor. 2. What: Team will create the script in reflective supervision on Feb. 3. Char will use script during her visit on Feb. 5. 3. How: In-person during the home visit. 4. When: Feb. 5. 5. Tasks/tools needed: Script to introduce PICCOLO. 5-point scaling question on confidence of introducing based upon use of the script.

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	<p>Plan the collection of data:</p> <p>After the visit, Char will document yes or no in the family’s chart of whether the PICCOLO was completed in the home visit. After the visit, Char will answer the following question here:</p> <p>On a scale of 1-5, with 5 being high, did using the script support you in experiencing more confidence in introducing the PICCOLO tool?</p>
<p>Do</p>	<p>What happened? Was the test carried out as planned? What did you observe?</p> <p>Char was able to introduce PICCOLO using the script on Feb. 5. The family did not want to use a video observation tool.</p> <p>Data</p> <p>Char identified a 3 on the scale of confidence and noted that using the script for the first time was a bit more challenging than anticipated, likely because of needing more practice.</p>
<p>Study</p>	<p>How did the data compare to your predictions? What did you learn? What surprised you?</p> <p>The script did not help in getting this one family to say yes to completing the PICCOLO; however, it could be that the family home visitor Char wasn’t comfortable with the script.</p>
<p>Act</p> <p><input checked="" type="checkbox"/> Adapt</p> <p><input type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Abandon</p>	<p>What changes are to be made to the process (decisions made/action to take/next steps)?</p> <p>Char will practice in supervision and then try the script again with two more families to run this PDSA again.</p>

Appendix B: Plan-Do-Study-Act (PDSA) form for goal 2

Change being tested: Provide follow-up opportunities (e.g., peer-to-peer role-play, post-training practice) for home visitors to improve skills and capacity to promote parent-child interaction.

<p>Month: April 2026</p>	<p>Local implementing agency: Small Town USA Home visiting model: BEST Model</p>
<p>Cycle #: 1</p>	<p>Primary driver: Culturally responsive, supported workforce with capacity to assess, address, and promote caregiver-child interaction. Secondary driver: Professional development to increase knowledge and strengthen ability to support parent-child interaction.</p>
<p>Objective of cycle</p>	<p><input type="checkbox"/> Develop a change <input checked="" type="checkbox"/> Test a change <input type="checkbox"/> Implement a change</p>
<p>Questions we want to answer with this PDSA cycle</p>	<p>If we.... video peer-to-peer PCI discussion and watch afterward... Will it result in.... family home visitors having an increased comfortability to videotape parent-child interaction with a caregiver.</p>
<p>Predictions</p>	<p>If home visitors are more comfortable with videotaping of themselves, this will not be a barrier for implementing using video recording with families.</p>
<p>Plan</p>	<p>Plan for this test:</p> <ol style="list-style-type: none"> 1. Who: Family home visitors Sue and Jane, supervisor Rebecca 2. What: Rebecca will record a PCI conversation between Sue and Jane. 3. Where: At the family home visiting office. 4. When: On April 23, 2026, at 10am. 5. Tasks/tools needed: Phones for recording; Rebecca will reserve an office and give a PCI topic to Sue and Jane to discuss. 6. Plan for collection of data: <ol style="list-style-type: none"> a. Who/what: Sue and Jane will complete a pre-survey with the following questions on April 23 before starting recording: <ol style="list-style-type: none"> i. On a scale of 1-5 (5 is high), how comfortable are you being recorded? ii. On a scale of 1-5 (5 is high), how much do you think your comfortability with recording interferes with your ability to request parents to participate in recording PCI?

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	<p>Sue and Jane will complete the same questions following the peer-to-peer recording and discussions.</p> <p>b. When: Before and after the recorded session.</p>
<p>Do</p>	<p>What happened? Was the test carried out as planned? What did you observe?</p> <p>Sue was sick on April 23, so the plan was rescheduled and took place on April 28. Rebecca recording the two home visitors talking about bedtime routines as a positive parent-child interaction opportunity. Sue and Jane then watched themselves on the video as they reflected with each other about their conversation.</p> <p>Data:</p> <ul style="list-style-type: none"> ▪ Pre-answers to question 1: Sue=3, Jane=1 ▪ Post-answers to question 1: Sue=3, Jane=3 ▪ Pre-answers to question 2: Sue=2, Jane=2 ▪ Post-answers to question 2: Sue=2, Jane=4
<p>Study</p>	<p>How did the data compare to your predictions? What did you learn? What surprised you?</p> <p>Sue did not have any change in her score of comfortability being recorded, nor thinking that her comfortability being record interferes with talking to families about being recorded. Jane appeared very uncomfortable with being recorded initially and afterward thought it wasn't as bad as she thought. Jane did think after recording that her comfortability likely has a high level of interference with getting a family for being recording, even though she didn't realize that in the beginning.</p>
<p>Act</p> <p><input checked="" type="checkbox"/> Adapt</p> <p><input type="checkbox"/> Adopt</p> <p><input type="checkbox"/> Abandon</p>	<p>What changes are to be made to the process (decisions made/action to take/next steps)?</p> <p>We are going to move to Cycle 2 with Sue and Jane and have them report on their next PCI tool how it felt to introduce video observation and if anything changed. We are also going to try this peer-to-peer recording with another home visiting pair (Mark and Lindsay) in May. We are also going to ask Mark and Lindsay the two questions, plus one additional question before the recording of 3) One a scale of 1-5 (5 being high), how comfortable are you talking with a family about recording PCI? We will ask a post-question of this after they try introducing video recording to a family after their peer-to-peer recording. This may give us an idea if doing peer-to-peer practice of recording helps the home visitor being more comfortable in general when introducing recording to a family.</p>