



HV CoIIN 2.0 Scale Application for Cohort 2

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HV CoIIN 2.0 Mission and Background

The mission of the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN 2.0) is to build capacity for continuous quality improvement (CQI) among Maternal, Infant, and Early Childhood Home Visiting (MIECHV) awardees and local implementing agencies (LIAs) and to unleash the potential of home visiting programs to realize large-scale improvements in the health of the populations they serve. From 2013 through 2017, HV CoIIN 1.0 engaged in the first national home visiting CQI collaborative, using the Institute for Healthcare Improvement’s Breakthrough Series Collaborative model, with 12 awardees and 37 LIAs across several topic areas. HV CoIIN 2.0 builds on the successes and lessons of HV CoIIN 1.0 by engaging in two workstreams with awardees:

- Scaling improvements in three previously tested topic areas: maternal depression screening, treatment access, and symptom reduction; exclusive breastfeeding; and early detection and linkage to services for developmental risk
- Developing, testing, and scaling improvements in new topic areas through the implementation of national BTS Collaboratives

A Breakthrough Series (BTS) Collaborative

is a short-term learning system that brings together a large number of teams of frontline service providers to seek improvement in a focused topic area.

HV CoIIN 2.0 continues to build capacity for CQI among awardees and LIAs by (1) providing group and individualized teaching and coaching in CQI practices, application of those practices, and scaling methods, (2) building infrastructure and facilitating intentional opportunities for networked learning, and (3) prioritizing and providing guidance, resources, and support for engaging families as leaders in home visiting program improvement.

Our **aim** is to achieve improvements in specific maternal and child health outcomes in 25 states and territories and 250 LIAs by August 31, 2022.

HV CoIIN 2.0 invites applications from MIECHV awardees within all states and territories who are interested in using CQI to improve outcomes in most of their programs and for a substantial proportion of families served, regardless of prior experience. HV CoIIN 2.0 participation is self-initiated and is not a requirement for MIECHV awardees.

For more on HV CoIIN 1.0 processes and outcomes, click [here](#).

Framework for Scale

HV CoIIN 2.0 supports three cohorts over a four-year period. Each cohort lasts approximately 12–18 months, depending on the level of support required by the awardees.

Cohort 1 began September 2019, with 6 awardees and 55 LIAs scaling across the topics of maternal depression and development.

What is Scale?

Overcoming the infrastructure issues that arise as successful changes are spread for results at the system level. Essentially, it means getting what we know works to everyone who could benefit from it.

Cohort 2 Application: The HV CollIN 2.0 Leadership Team (comprised of HV CollIN 2.0 project directors, scale coaches, improvement advisors, and parent leadership in CQI coach) will review awardee applications and work with HRSA staff to determine the optimal mix of participating awardee and LIA teams in each workstream. For Cohort 2, we anticipate accepting up to 12 awardees and approximately 50–100 LIAs.

- Applications will be accepted from January 22, 2020 through May 1, 2020
- Participants will be notified by May 14, 2020. For those applying early, notice will be given within 30-days of application completion.
- Scale Cohort 2 will kick off an in-person meeting on August 19 and 20th, 2020 in Boston, MA.

Note: Funding is not offered to awardees or sites as part of this project. HRSA is supportive of awardees leveraging MIECHV funds for costs associated with participation. Awardees should talk with their HRSA project officers for more information. Costs associated with participation in HV CollIN 2.0 are mostly in-kind costs of staff time and costs associated with running local, in-state activities with LIAs that ideally dovetail with or build upon existing awardee activities. they do include travel to one in-person meeting.

Participation Details:

Participants will scale tested interventions from pre-packaged and well-tested HV CollIN 2.0 playbooks within one topic with a cadre of their MIECHV LIAs. **Scale is deeply supported by the HV CollIN 2.0 team through national trainings, resource packages for every step of scale, on-demand coaching from content and quality improvement experts and peer support.** For more detail on supports see our scale [fact sheet](#):

- Cohort 2 awardees commit to supporting LIAs in achieving the shared aim defined in the Key Driver Diagram for their chosen topic: maternal depression; early detection and linkage to services for developmental risk; or exclusive breastfeeding.

“Without HV CollIN, we wouldn’t have access to so many resources and trainings that have added tremendous value to our programs.... We struggled for years to figure out how to best serve mothers with maternal depression... now we’re seeing huge progress in symptom improvement. HV CollIN has let us make giant leaps in progress and given us the capacity to do what we’ve been able to do.”

-HV CollIN 2.0 Scale Participant

Awardees will leverage their existing CQI infrastructure (MIECHV funding, CQI support, staffing, etc.) to:

- Integrate this opportunity as part of their MIECHV annual CQI plan
- Participate in an in-person launch in Boston, MA, monthly virtual peer-to-peer calls, and monthly coaching calls with an assigned scale coach
- Attend no-cost, virtual training on scale method of choice (e.g., IHI’s Breakthrough Series)
- With help from the national scale team, implement a scale method in state
- Recruit local faculty to provide content knowledge, support LIAs, and work with national content experts (e.g., Dr. Darius Tandon: Northwestern University and Dr. Paul Dworkin: Help Me Grow)
- Lead monthly peer-to-peer learning opportunities for LIAs
- Provide regular coaching support to LIAs
- Review data and PDSA cycles across LIAs to support real-time learning and use

Guidelines for LIA Participants:

- Awardee with three or fewer LIAs should have all LIAs participate
- Awardees with five or fewer LIAs should start with a minimum of three LIAs
- Awardees with 6–20 LIAs should start with a minimum of half of their LIAs
- Awardees with > 21 LIAs should start with a minimum of 10 LIAs

It is expected that awardees will aim to gradually reach full scale, with support from the HV CoIIN 2.0 team.

LIAs will:

- Report on monthly PDSA cycles
- Report on monthly data using the HV CoIIN 2.0 data system
- Participate in monthly or quarterly coaching from the state team
- Participate in regular peer-to-peer learning opportunities

Additional expectations for awardees and LIAs are listed under Special Considerations for Participation (page 6).

Identifying a Scale Method

Once awardees are notified of participation, they will be assigned to a scale coach with deep improvement expertise, knowledge of scale methods, and experience with the content-area playbooks. The scale coach will work with the awardee to identify one of the following scale methods:

- **The BTS Collaborative model** is a structured method that brings together several organizations over 12–18 months to introduce a group of evidence-based actions to put into practice. Organizations are accountable to the shared aim and to one another through regular reporting on progress toward common metrics and sharing of successes and challenges.
- **Extension agency models** rely on individuals who travel from site to site to share innovations, troubleshoot challenges, and harvest best practices, thus serving as cross-pollinators of learning.
- **Campaigns** spread simple practices through large distributed networks of local or regional field offices that seek to improve performance by ensuring that straightforward practices are introduced with high reliability.¹

To assist awardees in identifying a scale method that best meets their unique circumstances, scale coaches will provide 1:1 virtual session to deeply explore infrastructure elements conducive to various methods. Awardees will also receive specialized training by renowned experts from the Institute for Healthcare Improvement.

Awardee teams (e.g., State teams, not LIA teams at this juncture) will attend a two-day in-person meeting to work with their scale coach, expert scale advisors, other state teams, peer mentors (i.e., awardees who participated in HV CoIIN 2.0 Cohort 1), project directors, and topic experts to plan each step of their scale journey for the next 12–18 months and will learn the theory and playbook content.

¹ See “Many Ways to Many” in the *Stanford Social Innovation Review* for additional ideas.

Awardees will also participate in monthly 1:1 coaching call and monthly 90-minute peer-to-peer calls. In the peer-to-peer calls, MIECHV awardee leaders work together to problem-solve ways to overcome systems barriers, engage agencies and individuals beyond the early adopters, build a culture of improvement in home visiting, build CQI skills among awardee and LIA staff, and engage families in program improvement efforts.

Benefits Associated with HV CoIN 2.0 Participation

A number of benefits are offered to participants across the Scale workstream:

- An opportunity to test and adapt recommended strategies to improve outcomes for families and show MIECHV performance measurement improvement
- An opportunity to grow awardee and LIA capacity for CQI practice changes to support quality improvement
- Increased technical capacity for data-driven quality improvement at the state and local levels
- Support for aligning the awardee’s MIECHV CQI plan with HV CoIN 2.0 aims, thus applying the HV CoIN 2.0 supports to furthering execution of the MIECHV CQI plan
- A learning community of peers committed to delivering high-quality home visiting services and achieving maternal and child health outcomes for the majority of their LIAs and participating families
- An opportunity to teach with and receive coaching from nationally renowned faculty experts

Mark Your Calendars!

Orientation Call

- May 21, 2020: 2:30-3:30 PM ET

Two-day In-person Meeting:

- September 14-15, 2020
- 9:00 AM – 5:00 PM ET
- Location TBD (either DC or Boston)

Monthly 1:1 Coaching Calls:

- Determined by coach and individual teams

Monthly 90-minute Peer-to-Peer Calls:

- Beginning June 2020. 4th Thursday of each month from 3 to 4:30 ET

Breakthrough Series (BTS)

- Mods 1-3: 5/26; 11-12:30 ET
- Mod 4: 6/16; 2:30-4:00 ET
- Mod 5: 6/25; 11-1:00 ET
- Mod 6: 7/14; 2:30-4:30 ET
- Mod 7: 7/28; 10:30-12:00 ET
- Mods 8-9: 8/19 (in-person)

“HV CoIN and the BTS model has broken through a barrier for us.... We’ve been trying to teach CQI methods for a while, but through HV CoIN it is finally clicking with teams and their confidence is growing.”

- HV CoIN 2.0 Scale Participant

- A no-cost training in the BTS Collaborative model and the Model for Improvement for each awardee team (and for use by the awardees with their LIAs), delivered virtually by the Institute for Healthcare Improvement in partnership with HV CoIIN 2.0 staff, and geared specifically to home visiting
- *A Parent Leadership in CQI* toolkit and a parent co-production coach to support the awardee and LIA in building meaningful partnerships with families to support system-level improvements and to ensure that efforts are parent-driven and that parent voices are included in CQI work at the state and local levels
- A state-of-the-art database where data and PDSA cycles are stored, allowing state and territory CQI leaders to easily access data and PDSAs for sharing, review, and feedback
- A real-time data dashboard that displays data trends by state or territory and LIA, and allows real-time reports and easy tracking of LIA PDSA cycles and data report submissions
- Password-protected access to the HV CoIIN 2.0 portal, which houses all pertinent HV CoIIN 2.0 resources, including key driver diagrams, gold-standard PDSA cycles and tools tested by teams, the Parent Leadership in CQI toolkit, and measurement templates
- An on-site two-day visit from the awardee’s scale coach. Access to all needed materials and resources (agendas, slide decks, activities, supporting materials) for running their own Learning Sessions, topic calls, webinars, etc.

Debunking Myths

Myth: Maybe I am not ready... Only Awardees who are high-performing and have strong infrastructure in place for CQI can participate and succeed in HV CoIIN 2.0.

Truth: Just like a CoIIN, diversity is welcomed and leads to better, and stronger learning! The support provided is deep and ongoing to help awardees build what they need to succeed- each awardee goes at their own pace.

“We like to feel prepared for everything, but you can’t be prepared for this. It can create anxiety in the beginning, but now I GET IT. Now I understand that it will work out. I don’t know all the answers for this process, but I am ok with that. We take it one step at a time. We trust the CoIIN team and that’s invaluable. The trust in CoIIN team is just like the trust with the HV and their family.”

-HV CoIIN 2.0 Scale Participant

Special Considerations for Participation

The success of the HV CoIIN 2.0 is supported by the willingness and motivation of the participating state and territory awardees and their selection and leadership of LIAs. The readiness of teams to participate in the rigorous process, and the availability of CQI team members to fully engage in HV CoIIN activities, are vital.

State and Territory Applicants

State and territory applicants ideally can demonstrate the following:

- Support from the agency administrator(s) to sponsor participation in scale
- Alignment of the selected topic’s aims with state and agency priorities, including how the work either reinforces or will be amended to the state MIECHV CQI plan
- Enthusiasm for improvement work and the selected topic area

LIA Teams

LIA teams ideally can demonstrate the following:

- Enthusiasm for improvement work and improvement in the selected topic area (i.e., early adopters with high will)
- Institutional resources (e.g., data-reporting capacity, strong leadership to support CQI efforts)
- A positive organizational climate
- Stable staffing that ensures continuity in improvement activities

"We have a high level of dedication from our LIAs. Home visiting teams are using their data in their practice, discussing data in staff meetings, and using data to make decisions. All our teams are invested!"

-HV CoIIN 2.0 Scale Participant

Expectations of HV CoIIN 2.0 HRSA, EDC, and Participants

HRSA will provide participating grantees with the following:

- Guidance on the identification of funds to cover the cost of time and effort, as well as travel support for participants to attend the National Scale in-person meeting
Note: Please contact your HRSA project officer regarding how to leverage MIECHV funds.
- Ongoing support from the federal project officer

EDC staff and partners will do the following:

- Provide information on the subject matter related to the HV CoIIN 2.0 area of focus, application of that subject matter, and methods for process improvement
- Offer coaching to participating organizations throughout HV CoIIN 2.0 from scale coaches, improvement experts, and parent leadership coaches
- Provide resources for enhancing parent leadership within CQI efforts, including role descriptions and supplemental training
- Provide national training to participants on topic content and measurement systems and scale methods
- Maintain and disseminate timely information from the HV CoIIN 2.0 database
- Provide access to specialized virtual training on the BTS Collaborative Model and the Model for Improvement
- Provide access to tested interventions and resources from HV CoIIN 1.0

State and territory leaders will do the following:

- Sign on to the charter for their chosen topic, and agree to a common aim and set of measures
- Identify LIAs ready to *volunteer* to take part in the HV CoIIN 2.0

- Lead local scale efforts: i.e., lead a state-level BTS Collaborative with support from HV CoIN 2.0 materials and resources, Peer-to-Peer network and a scale coach
- Use existing MIECHV funds to cover travel and other expenses incurred by LIAs and local family leaders due to their participation in the HV CoIN 2.0.

Note: Contact your HRSA project officer for more information on leveraging these funds.

- Embark on a process for enhancing parent leadership within CQI efforts and building the needed infrastructure, such as resources, role descriptions, or training in the state or territory
- Engage in project activities, or identify a designee to participate as needed

Participating LIA teams will do the following:

- Sign on to the charter for their chosen topic, and agree to a common aim and brief set of measures
- Recruit a cadre of CQI team members to build a culture of learning and improvement (see Appendix B for details regarding the required members)
- Commit to engaging and growing parent leaders as part of the CQI team
- Provide a senior leader to serve as sponsor for the HV CoIN 2.0 team
- Support the active participation of staff and other stakeholders on the implementation team for the entire period of the HV CoIN 2.0, for example, by providing the dedicated time needed to carry out the expected activities
- Attend and actively participate in all Learning Sessions (virtual or in-person)
- Use the online database to communicate regularly and share information (e.g., about a helpful tool or resource shared in a monthly call) with other teams and faculty
- Provide monthly uploads of PDSA testing and data
- Connect the family members participating on CQI teams with the national network of family leaders

“We have a lot to be proud of with our work in HV CoIN 2.0, but our parent leadership (co-production) journey has been phenomenal. In our HV sphere, we haven’t had great Parent Leadership participation before CoIN. Of our 6 teams, none of them started with any Parent Leadership. Now, all 6 teams have at least one active and involved parent leader.”

- HV CoIN 2.0 Scale Participant



Appendix A: HV CoIIN 2.0 Leadership Staff, Faculty, and Coaches

Name	Role	Organization
Monique Fountain Hanna	Project Officer	HRSA
Mary Mackrain	Managing Project Director	EDC
Zhandra Levesque	Project Director for Well Child Visits CoIIN	EDC
Patricia Finnerty	Improvement Advisor and Scale Coach	EDC
Paul Dworkin	Developmental Promotion, Early Detection, and Linkage to Services Faculty	Help Me Grow
MaryCatherine Arbour	Scale Coach and Improvement Advisor	Brigham and Women's Hospital
Bryn Fortune	Parent Co-production Coach	Michigan's Early Childhood Investment Corporation
Elaine Fitzgerald	Scale Coach and Breastfeeding Faculty	EDC
Marcy Raska	LIA Mentor	EDC
Marie Schall	BTS Expert and Scale Advisor	Institute for Healthcare Improvement
Darius Tandon	Maternal Depression Faculty	Northwestern University



Appendix B: HV ColIN 2.0 QI Required Team Members

Scale Work Stream

Note: Training is required for all selected awardees (e.g., the Institute for Healthcare Improvement’s Virtual Breakthrough Series College) to fulfill their roles in leading scale efforts across their state.

Awardee CQI Team Members

Project Director	This project management expert understands improvement and is responsible for managing the overall workplan and coaching the faculty. They also manage prework development, recruitment of LIAs, and team reviews, and they create and facilitate meetings and conference call agendas. They work with the improvement advisor to track the progress of teams and the overall Collaborative and to compile and review organizations’ monthly reports.
CQI Advisor/Improvement Advisor	This individual is an expert in improvement theory and methods and is responsible for outcomes. They teach and coach faculty and teams on application of the Model for Improvement, assess team and overall Collaborative progress, and recommend strategies to achieve Collaborative goals.
Faculty	Collaboratives often have up to three subject-matter experts who are viewed as credible experts in the selected topic, representing multiple disciplines and multiple organizational structures. These individuals specify goals, identify high-leverage changes, and teach and coach at Learning Sessions and during action periods.
Coordinator	This individual is responsible for Collaborative administration, including the project timeline, applicable contracting, and financial management. They write and edit correspondence and meeting materials, and manage team enrollment and prework activities, ColIN events, and monthly peer-to-peer activities.

LIA CQI Team Members

Senior Leader	This high-level administrator or leader from the home visiting agency or center is responsible for providing leadership, support, and advocacy on behalf of the team.
Day-to-Day Manager	This high-level manager from the home visiting agency or center has primary responsibility for overseeing and managing all work in this project, overseeing team activities and actively guiding the team’s work. This person must have easy access to the senior leader.
Frontline Supervisor	This individual is responsible for supervising participating home visiting staff and may work directly with children and families.
Home Visitor(s)	Home visitors actively work with children and families in the field.

Recommended Team Members

<p>Community or Cross-System Partners or Advisors</p>	<p>These individuals may represent formal (e.g., mental health, public health) or informal (e.g., community outreach organizations, neighborhood groups) services or partners who can play a role in the success of the project. Partners at the community level may be responsible for conducting or providing evidence-informed assessments or interventions to children and families. They may also work closely with the home visiting agency or center and with high-level agency administrators who can affect policy and practice change throughout the targeted organizations.</p>
<p>Parent Leaders</p>	<p>Caregivers or parents of a child currently or previously enrolled in home visiting services, who have an interest and time to participate in improvement efforts for other families at the systems level can help the team build meaningful partnerships with families and ensure that efforts are parent-driven and that parent voices are included.</p> <p>Teams (state, territory or LIA) might not have this when they apply but will work on developing this during the project.</p>



Appendix C: HV CoIIN 2.0 Application Template

Applications can be accessed online: <https://www.surveymonkey.com/r/TGZGQFT>

Only online applications will be considered. Applicants can use the template below to prepare for the online submission.

Section 1: About the State or Territory MIECHV Program Applying to Participate

(Questions 1–5 on the online version)

(1) Agency name				
Agency address				
City		State		Zip
(2) Senior MIECHV contact person		Title		
Role filled? Yes/No		# of years in role		
Phone		Email		
(3) MIECHV CQI lead		Title		
Role filled?		# of years in role		
Phone		Email		
If applicable, please provide additional information on experience running CQI efforts				
(4) Additional roles supporting CQI activities		Title		
Role filled?		# of years in role		
Phone		Email		
If applicable, please provide additional information on experience running CQI efforts				

Section 2: Topic Ranking

7. Which HV CollIN 2.0 topic are you interested in? Select as many as you are interested in (you are not required to select all three) and rank them in order of interest: 1 = most interested, 3 = least interested.

___ Scale: Maternal Depression

___ Scale: Breastfeeding

___ Scale: Early Detection and Linkages for Developmental Risk

For questions 8-11, answer for the topic you ranked #1 in question 7:

8. Is this topic a key strategic initiative?

9. Is this topic and its aim part of your state CQI plan? If not, would you be willing to amend the CQI plan to include it?

10. What do your current data tell you about your performance regarding this topic? Is there room for improvement?

11. What are some of the root causes of the issues you want to address in this topic area?

Section 3: Organizational Support and Leadership

For HV CollIN 2.0, we expect the following roles to be in place to support successful participation:

- An executive sponsor (senior leader) who is responsible and accountable for the performance and results of the local improvement teams (e.g., MIECHV state lead, state CQI lead). Typically, this person is responsible for securing the resources for the teams to accomplish their aim and for communicating the teams' progress to other leaders in the state or territory.
- A day-to-day leader who directs and executes the HV CollIN 2.0 efforts (e.g., CQI state/territory lead). This person should meet regularly with the executive sponsor to share progress and address emerging issues.

12. Has the executive sponsor been identified? (yes/no)

13. If yes, who is it?

14. If no, who would be the ideal person to be the executive sponsor?

15. Has the day-to-day leader been identified? (yes/no)

16. If yes, who is it?

17. If no, who would be the ideal person to be the day-to-day leader?

Section 4: Organizational System and CQI Support

Questions 18-24: Describe the awardee personnel who will support LIAs. **Be sure to include the executive sponsor and day-to-day leader that you included in questions 12–17.** If CQI personnel are not already identified or if there are vacancies in your awardee MIECHV team, list the roles and share your plan for securing personnel to adequately support the CQI work.

18. Awardee personnel assigned to support LIAs' CQI efforts	19. Duration in job	20. Experience with CQI	21. Skills specific to CQI work	22. Experience leading statewide activities	23. Number of LIAs supported	24. Staff time allocated to supporting LIAs (e.g., 10 % FTE)
Notes:						

Questions 25-27: Using the table below, describe the current structures and processes that exist within your state, territory, or tribe to support LIAs in their efforts to improve program quality and involve families in improving quality. It is important to consider if you have in place (or are able and willing to create with support and resources) the elements found to be associated with successful improvement efforts:

- An established mechanism (e.g., virtual meetings, onsite visits) to review and discuss CQI with LIAs individually and in a group, at least once a month
- A strategy for bringing teams together monthly to connect and accelerate learning
- A commitment to rapid-cycle learning (e.g., daily or weekly testing of new practices, reviewing what has been learned, and revising approaches accordingly)
- An emphasis on shared, quantifiable aims that tie together the participants' work
- A willingness to do what it takes to facilitate interaction and learning (e.g., webinars, calls, onsite visits, etc.)

25. Method and frequency of efforts to support LIAs in CQI and parent leadership efforts, for example annual CQI training (list as many examples as applicable)	Frequency
Example: CQI conference	Example: Annually
Example: On-site visits	Example: Quarterly

Example: Group coaching call with all LIAs	Example: Monthly
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26. Method and frequency of efforts to support peer learning, for example monthly community of practice calls (list as many examples as applicable)	Frequency
Example: CQI Conference	Example: Annually
Example: BTS Collaborative	Example: Monthly group calls and two face-to-face Learning Sessions/year
Tell us about any processes that you have in place to review data and PDSA cycles? Please explain what the process is, with whom (individual LIAs or as a group) it occurs, and the frequency:	
Are there areas within your support system for LIAs that you would like to strengthen (e.g., meet more often, dive deeper into monthly feedback on PDSA cycles)?	

Section 5: Broad Program Information

28. How many LIAs do you have in your MIECHV program? _____
29. How many LIAs will participate in HV CoIIN 2.0? _____
30. What MIECHV approved evidence-based and promising practice models does your state or territory implement through MIECHV funds (e.g., Nurse Family Partnership, Parents as Teachers, Early Head Start, etc.)? List them all:

Section 6: Participating LIA Information

Question 31. Please complete the information below **only for the LIAs you propose to include in HV CoIIN 2.0 efforts**, to the best of your ability. (A Google Excel spreadsheet is provided in the online application.) Consider the following:

- Your state or territory’s capacity to support diverse levels of CQI knowledge, skill, and experience. Aim for the minimum number of LIAs to ensure robust learning, but also ensure that you are engaging a manageable number of LIAs. For example, depending on your awardee-level staff’s experience and staff stability, you may not want to aim for all LIAs in Year 1.
- A team’s level of CQI experience and knowledge does not preclude participation. Diversity and variance are valued and may even be preferred to ensure robust learning.
- As you identify LIAs to join this effort, think about an eventual scale to all sites, and seek to engage a diverse cadre that can help you learn about the many variations across organizations (e.g., by model, geographic location, size, ages of children served, race and ethnicity). Striving for diversity now will help you avoid surprises as you continue to scale in subsequent years.



LIA's name and supervisor's name	LIA's estimated CQI knowledge and experience level (0 = just beginning, 1 = moderate, 2 = high)	LIA's estimated ability to recruit critical members (home visitor, supervisor, parent, data manager) to the QI team	How well the topic area fits into LIA's organizational goals (0 = not at all, 1 = somewhat, 2 = very well)	LIA's estimated level of will and excitement to join this project (0 = unsure, 1 = somewhat interested, 2 = excited)	Models this LIA implements	Geographic regions this LIA serves (rural, urban, suburban)	Approximate number of families this LIA serves	Race or ethnicity of the population this LIA serves

Section 7: Excitement and Will

35. What excites you about engaging in HV CoIIN 2.0?
36. Why is this the right time for your state or territory to participate in the second cohort of HV CoIIN 2.0?
37. What do you hope to have achieved regarding your preferred topic area 12–18 months from now?
38. Can you commit to the identified meetings and events for the workstream that you are applying to participate in, including monthly Peer-to-Peer webinars every fourth Thursday of the month beginning in June, 2020; in-person launch August 19-20, 2020 in Waltham, MA and a 60-minute monthly virtual coaching with a scale coach? (yes/no)

Thank you for applying! We will notify all applicants of the outcome of our review by May 14, 2020.

For questions related to this application, please contact Mary Mackrain, Project Director (mmackrain@edc.org).

For issues with technology, contact IT Support (Hvcoiin2.0@edc.org).