



Home Visiting Collaborative Improvement and Innovation Network 2.0: Caregiver Depression

HV CoIIN 2.0 brought together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (CoIINs), using the Institute for Healthcare Improvement's Breakthrough Series (BTS) Collaborative to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. HV CoIIN 1.0 (September 2013–August 2017) demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent spread and scale efforts. In HV CoIIN 2.0 (September 2017–August 2022), we built on the success of HV CoIIN 1.0 and used this model to address additional challenges that families face, such as caregiver depression.

Our Aim

Over five years and three cohorts, HV CoIIN 2.0 worked with 22 states and over 110 LIAs in the **Caregiver Depression CoIINs**¹. These teams worked

together to scale improvements and achieve the following aim by the end of their collaboratives:

Caregiver Depression SMART Aim:

85% of caregivers who screen positive for depression and access services will report a 25% reduction in symptoms within 12 weeks of the first service contact.

Our Approach

HV CoIIN staff, faculty, MIECHV awardees, and frontline home visiting teams applied evidence-based research to scale the Caregiver Depression Key Driver Playbook. The 2.0 Playbook included:

- **Charter:** explores and defines the role of home visiting in caregiver depression by outlining the problem statement and articulating the aim, measures, changes, and expectations for the duration of the collaborative to improve outcomes.
- **Key Driver Diagram:** displays the SMART aim for supporting caregivers with depression, and our shared theory for how that aim will be

¹ Previously referred to as the Maternal Depression CoIIN, HV CoIIN amended to the Caregiver Depression CoIIN to ensure inclusivity.

achieved, including the primary drivers—what needs to be in place to accomplish the aim:

- **Primary Driver 1:** Standardized and reliable processes for caregiver depression screening and response.
- **Primary Driver 2:** A competent and skilled workforce to address caregiver depression.
- **Primary Driver 3:** Standardized processes for referral, treatment, and follow-up.
- **Primary Driver 4:** A comprehensive data tracking system for caregiver depression.

Each primary driver provides evidence-informed interventions and processes that LIAs can implement to make progress toward the SMART aim; these are referred to as “changes” in the *Change Package*.

- **Change Package:** offers strategies to test to provide meaningful support to caregivers with depression and includes helpful resources for each driver.
- **Data and Measurement Guidance:** provides an in-depth description of each measure, definitions of specific terms, and data collection guidance.

HV CoIIN 2.0 supported teams in meeting collaborative goals by sharing the best available evidence and promising practices for addressing caregiver depression and by teaching and applying methods for scale. Through iterative learning cycles (Plan, Do, Study, Act cycles [PDSAs]) and the use of monthly data for monitoring and improvement, LIAs learned how to address caregiver depression effectively and efficiently in home visiting. Supports offered through HV CoIIN 2.0 included:

- **Monthly Action Period Calls:** coaching on delivery of evidence-based interventions and practices from CQI and topic experts.

- **Monthly Community of Practice:** support for CQI leads supporting LIAs, opportunities to build peer connections, and clarification on roles and expectations for the work throughout the collaboratives.
- **Website and Dashboard:** an online suite of resources and curriculum to assist teams in getting started with CQI efforts as well as access to a customizable data portal that provided on-demand data and supports virtual PDSA coaching.
- **Parent Leadership in CQI Toolkit:** a comprehensive toolkit to improve LIAs’ capacity and infrastructure to successfully incorporate parent leadership at both the state and local levels.
- **Mothers & Babies Training:** (in partnership with Northwestern School of Medicine) provided training on the Mothers & Babies curriculum—nationally regarded as one of the most effective interventions for postpartum depression prevention.

Outcomes

HV CoIIN 2.0’s achievements in addressing caregiver depression are outlined below.

- **95%** of caregivers screened for depression within three months of enrollment (from 93%)
- **88%** of caregivers who screen positive accepted referrals to treatment (from 79%)
- **62%** of caregivers who accept referrals received treatment (from 45%)
- **57%** of caregivers who screen positive and access services report a 25% reduction in symptoms (from 42%)

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