



Scaling Home Visiting Improvements Through Continuous Quality Improvement: Successes and Lessons from HV CoIIN 2.0's First Scale Cohort

Collaborative improvement efforts are happening in health, education, and child and family services across the globe. Education Development Center, Inc. (EDC), serves as a major hub for these innovative endeavors, particularly for the pioneering work of the Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). These home visiting CoIINs engage in collaborative learning, rapid testing for improvement, sharing best practices, scaling tested interventions, and building continuous quality improvement (CQI) capacity.

Building a Foundation: HV CoIIN 1.0 (2013–2017)

HV CoIIN 1.0 was the first national initiative to implement collaborative networks using the Institute for Healthcare Improvement (IHI) [Breakthrough Series](#) (BTS) to accelerate improvements in select process and outcome measures for children and families within the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program. Results from HV CoIIN 1.0 demonstrated that the BTS model could be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent scale efforts.

Scaling Improvements: Moving from Testing to Scaling Across the U.S.

HV CoIIN 2.0 builds on the successes of HV CoIIN 1.0. HV CoIIN 2.0 supports awardees in meeting collaborative goals by sharing the best available evidence and promising practices through tools, training, and individualized coaching. HV CoIIN 2.0 awardees have access to a customizable data tracking system, expert coaching in both CQI and maternal depression or development, a Parent Leadership Coach to help maintain strong partnerships with families, and a suite of easy-to-use online resources to assist participants in getting started with CQI and maintaining their gains.

Taking collaborative improvement efforts to scale simply means helping lots of people do something differently—and consistently—to achieve a bigger impact.

—Marie Schall, Senior Director,
Institute of Healthcare Improvement

Most notably, HV CoIIN 2.0 provides awardees with comprehensive topic “playbooks” to guide teams throughout their scale efforts. These playbooks compile all the well-tested interventions and tools developed in HV CoIIN 1.0. The playbooks also include a topic charter, a Key Driver Diagram and the critical systems drivers, and a detailed measurement system.

HV CoIIN 2.0 aims to spread HV CoIIN 1.0's tested interventions to get what works to more families. HV CoIIN 2.0 will engage three Scale Cohorts staggered over four years (2018–2022) to [scale improvements](#) with states and territories and their local home visiting agencies across the U.S.



This is a collaboration and a team effort. There's a big commitment to it, but it's well worth it. Talking with other home visitors and moms—they're excited about it. We're impacting our community and getting results. We're also paving the way for better things, creating processes that others can use and be successful with.

—Alabama home visitor

The first Scale Cohort 1 began in September 2018 with five awardees scaling across the topics of (1) [maternal depression](#) and (2) [developmental promotion, early detection, and linkage to services](#) (often abbreviated to “development”). With the support of HV CoIIN 2.0, awardees were able to scale interventions to 55 local implementing agencies (LIAs) and ultimately improve outcomes for children and families across their programs.

Cohort 1 brought together the Alabama, Louisiana, New Jersey, Rhode Island, and West Virginia MIECHV awardees as a collaborative network to engage in rapid testing for improvement, share best practices, and build their CQI capacity to scale change. While many scale methods are common to all awardees, each awardee has forged their own path with the help of HV CoIIN 2.0. Below, they each share some of the unique experiences and lessons learned from their scaling journeys.

Alabama: Focusing on the Ones that Got Away (Maternal Depression)

Heather Johnson, CQI Team Lead for Alabama MIECHV, reported that 16% of their parents were screening positive for maternal depression—and in some sites, the rate was as high as 33%. Alabama could foresee that this issue would have long-term implications on children and families.

HV CoIIN has been completely worthwhile . . . We keep coming back for more because we see the benefits of it, and we know we can't do it on our own.

—Alabama MIECHV awardee

Even though they knew the workload would be high, they also understood the importance of this topic for their families and were eager to engage in scaling efforts. Of particular interest to Alabama were the gaps in the data. They found themselves wondering, “What happened to the moms who didn't receive services after testing positive?” Along their journey, they discovered that data was a barrier in helping to solve this puzzle. They had not been able to track what happened to the families who received a referral but did not follow through on those next steps for further assessment and possible treatment.

Alabama also was acutely aware that access to services in parts of the state was a significant issue for their families. Coupling the two challenges—access issues and the missing data on why families weren't following through—was central to Alabama's scaling efforts.

One idea that Alabama tested was improving the script and motivational interviewing efforts used with primary caregivers. Through this collaborative, Alabama found value in the HV CoIIN 2.0 playbook, peer-sharing, and access to many successful strategies from other programs. One participant stated:

“The playbook is great. But beyond the playbook, we received a huge amount of support with trainings that didn't cost anything! The peer-sharing aspect of the CoIIN is also huge. To join together with a community of your peers and borrow from them was a huge benefit—having information you didn't have to create on your own. We would never have gotten to where we are today without being able to borrow and share from EDC, the faculty, and our fellow MIECHV peers!”

Parents noticed real differences when Alabama improved their scripts. They reported that their interactions with home visitors helped them better manage stress and improve their mood. Specifically, parents noted that the home visitors provided helpful tips for coping, parenting, sleep, and communication; helped connect parents to community resources and counseling; and listened, encouraged, and reassured parents that taking care of themselves was also very important.

Louisiana: Small Changes Lead to Big Differences (Maternal Depression)

Louisiana MIECHV was excited to embark on scaling efforts and to leverage the resources developed in HV CoIIN 1.0. According to Jessica Diedling, MIECHV Data and Quality Manager, Louisiana saw scaling efforts as a way to enhance their existing mental health consultation services and build capacity and implement CQI across local agencies throughout the state.

Before HV CoIIN, LIAs felt like they had exhausted all resources connecting moms with maternal depression services, but through this process, they realized there were changes they could make that had a big impact.

—Louisiana MIECHV awardee

Though prior to joining HV CoIIN 2.0, local agencies could select their own topics, all participating HV CoIIN 2.0 agencies had the same focus: maternal depression. Louisiana ultimately engaged with 10 LIAs to improve maternal depression outcomes. Diedling explains:

“Focusing on one aim was a way to unify our efforts. It became easier to make gains and organize on a state level. It also increases buy-in from LIAs when we can see our progress quickly. HV CoIIN 2.0 helped us see real movement in outcomes and less spinning our wheels.”

As Louisiana started their scaling journey, they had many obstacles to overcome. One early obstacle was staff buy-in. In the beginning, before the outcomes could speak for themselves, many LIAs believed that they were already making strides in improving maternal depression. With some coaching from the HV CoIIN 2.0 expert faculty and improvement advisors, Louisiana helped their local teams see where there were still many areas ripe for improvement. As teams dove into the playbook, they saw a lot of small changes they could make. Teams found that implementing smaller ideas, such as using tracking sheets and doing systematic follow-up, led to big differences.

New Jersey: Engaging Parent Leaders (Development)

A basic tenet of CQI is to include various perspectives in the improvement work. Parents bring lived experience and familiarity with the systems, and their contributions to CQI work are essential. HV CoIIN 2.0 provides training and support from a Parent Leadership Coach to help awardees bring parent voices to the table and co-create solutions that can accelerate improvement.

We have a lot to be proud of with our work in HV CoIIN 2.0, but our parent leadership journey has been phenomenal. In our home visiting sphere, we haven't had great parent leadership and participation before CoIIN. Of our six teams, none started with any parent leadership. Now, all six teams have at least one active and involved parent leader!

—New Jersey MIECHV awardee

When it comes to engaging parent leaders, New Jersey MIECHV is paving the way. Alicia Bowker, New Jersey's Department of Children and Families Home Visiting Program Specialist, notes, “We had successfully engaged parents in other efforts, but we had not yet made the same focused efforts in home visiting. . . . [Our local] teams were interested but were inexperienced and had reservations about burdening parents or overwhelming them.” New Jersey began by enlisting their Statewide Parent Leader, Deepa Srinivasavaran, to lead the charge. With ongoing support from HV CoIIN 2.0 Parent Leadership Coach Bryn Fortune, New Jersey worked with local agencies to engage parents in their CQI efforts.

New Jersey wove the Parent Leadership Toolkit into all aspects of their collaborative. They normalized staff hesitation and encouraged local teams to start by testing small. By the end of the collaborative, 90% of the teams included at least one active and engaged parent leader—and all local teams reported moving from awareness of parent engagement to engaging in long-term strategies for parent partnership.

Rhode Island: Getting Leadership on Board (Maternal Depression)

According to CQI Coordinator Jenna Maloney, Rhode Island MIECHV joined Cohort 1 in scaling efforts based on their success in HV CoIIN 1.0 and the trusted partnership they built with the HV CoIIN national team. The Rhode Island team knew that engaging in this scaling work would not only promote best practices and help with two of the maternal depression benchmark areas, it would also enhance their workforce. Their leadership team went through the BTS College, an in-depth 12-module training program facilitated by IHI's CQI experts that teaches awardees how to design, manage, and guide a successful collaborative. IHI partners with EDC to provide this important training free to awardees, and tailors the curriculum to home visiting-specific content wherever possible. For Rhode Island, the BTS College furthered their knowledge of CQI and how to run a collaborative. It also helped their team maintain solid leadership well-versed in the CoIIN work, a key element in Rhode Island's success—they didn't miss a beat when staff turnovers occurred, since their leaders were all familiar and engaged with the work and could immediately mentor new staff.

I can now see the importance of this work! Without this CQI experience, I don't think I could have helped as many moms I have during this past year.

—Rhode Island home visitor

One strategy Rhode Island found particularly useful was developing a process map for managing their scale efforts. This helped define roles and responsibilities, professional development needs and plans, time allocation, data submission guidelines, and active engagement of their LIAs. They were able to see the impact of using this organizational tool in their work with LIAs. As one participant from Federal Hill House Parents as Teachers says, “The combination of professional development in maternal depression [and] infant mental health consultation has increased staff awareness of this potential issue with moms.”

Through their scaling efforts, the teams also discovered value in the data. One team member states, “Linking the data to the primary drivers was a useful practice for [our team] to understand how testing leads to improvement.”

West Virginia: Innovating with Social Media (Maternal Depression)

When it came to scaling efforts, West Virginia MIECHV jumped in with both feet—involving all 26 of their LIAs in participating. Gregg Oxley, MIECHV CQI lead, said that although buy-in was an issue early on, West Virginia used data to show teams and parents alike how they fit into and were reflected in the CQI efforts. He says, “Parents like to see themselves in the numbers and know that their opinion and voice matters. We feel like we have engaged parents and empowered them to reach their full potential.”

Parents are the most expert resource for increasing referrals to our program. Through our CQI work, we have learned so much from partnering with parents . . . and they have been a wealth of knowledge for us.

—West Virginia MIECHV awardee

Through HV CoIIN 2.0, West Virginia learned how conducting small tests of change can reach bigger goals and the importance of sharing successes, no matter how small, along the way. West Virginia also tried and found success through innovative strategies, such as using social media through an app called BAND, which creates a space for shared discussions, posts, calendars, files, polls, surveys, and more. The team uses BAND not only as a project tool, but also as a way for parent leaders to connect between meetings.



Scale Cohort 1 Outcomes

MATERNAL DEPRESSION

- 90% of mothers are screened at time of enrollment
- 84% of those who screen positive are referred to evidence-based services
- 77% of those referred accept referral
- 65% of mothers accepting referrals then get services
- 77% of those getting services have improved symptoms

DEVELOPMENT

- 95% of families get developmental surveillance
- 79% of children are screened
- 80% of home visitors provide developmental promotion
- 76% of children screening positive and referred to services receive a timely combination of services, up from 33% at baseline

Summarizing Scaling Efforts

Each MIECHV awardee used learnings from years of best practices in HV CoIIN 1.0 to move the needle on maternal depression and development outcomes and found unique ways to roll out the ideas with their LIAs. One team member notes, “We’re proud of the tools we’ve developed, the infrastructure we’ve built, and the leadership we have in-house now to guide LIAs. I don’t know if we would have gotten there as quickly or effectively without HV CoIIN.”

Scaling efforts from a CoIIN is a shared process of gathering with a common goal, sharing and discussing what has worked in the past, and forging ahead in the work toward the desired outcome. In HV CoIIN 2.0’s first Scale Cohort, the desired outcome is to reach more and more families to achieve a bigger impact. As one team member puts it, “When you’re struggling with something, it’s nice to remember you’re not alone in these issues.”

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