



Home Visiting Collaborative Improvement and Innovation Network 2.0 (HV CoIIN 2.0)

HV CoIIN 2.0 brings 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 *Breakthrough Series* (BTS) to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. [HV CoIIN 1.0](#) demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for subsequent scale efforts. HV CoIIN 2.0 continues to build the success of HV CoIIN 1.0 by:

- 1. Scaling improvements** in previously tested topic areas (currently maternal depression screening, treatment access and symptom reduction; early detection and linkage to services for developmental risk; and exclusive breastfeeding)
- 2. Developing and subsequently scaling improvements** in new topic areas such as intimate partner violence and well child visits.

HV CoIIN 2.0 aims to build a movement and capability for ongoing learning that improves maternal and child health outcomes for families in home visiting by engaging 25 MIECHV awardees and 250 LIAs to scale improvements and meet aims in identified topics by 2022.

Who Does HV CoIIN 2.0 Serve?

HV CoIIN 2.0 serves Maternal, Infant, and Early Childhood Home Visiting awardees and local implementing agencies. HV CoIIN 2.0 team members partner with awardees and participating local implementing agencies to reach and exceed improvement goals, providing all of the tools and support needed to use CQI to grow a culture of change across sites.

What is a CoIIN?

The home visiting collaborative improvement and innovation network (CoIIN) is a time limited learning activity that brings together and supports a group of participants to seek improvement toward shared aims in topics that are of concern to the field and that are ripe for **improvement**—evidence and practice based practices exist that result in breakthrough change if implemented consistently and with fidelity. A CoIIN approach also encourages participants to develop **innovative** practices for improving outcomes where robust evidence is not yet established. This dual purpose explains the two “I’s in CoIIN for this project: **Improvement and Innovation**.

How Does HV CoIIN 2.0 Help Awardees and Local Implementing Agencies?

HV CoIIN 2.0 is proven to help awardees and home visiting teams achieve large-scale improvements in home visiting services. Supports offered through HV CoIIN 2.0 include:

- Group and customized teaching and coaching from nationally renowned faculty experts in CQI practices, scale methods and content areas
- A Family Leadership Coach to help maintain strong partnerships with families to support system-level improvements
- An easy-to-use, customizable data portal that provides on-demand data and supports virtual “Plan, Do, Study, Act” (PDSA) coaching
- A suite of easy-to-use online resources including resources such as key driver diagrams, gold standard PDSA packages and measurement templates, to assist participants with getting started with CQI efforts, maintaining the gains and engaging in scale efforts

Improvements

The awardees and agencies in HV CoIIN 1.0 realized their goals to improve outcomes. Now EDC worked with 11 MIECHV awardees and 72 LIAs across three topic areas. At the close of cohort 1, awardees made great strides in achieving their aims.

Scale Cohort 1

Maternal Depression Outcomes

Who: 4 MIECHV awardees and 48 LIAs

SMART Aim: 85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks (from 1st service contact).

- **91%** of mothers screened for depression at time of enrollment (shifted 10-point baseline from 89%)
- **71%** of mothers who screen positive accepted referrals to treatment (shifted 10-point baseline from 64 %)
- **65%** of mothers who accept referrals received treatment (shifted 10-point baseline from 56%)
- **82%** of women who screen positive and access services report a 25% reduction in symptoms (shifted 10-point baseline from 65%)

Developmental Promotion, Early Detection, and Linkage to Services Outcomes

Who: 1 MIECHV awardee and 6 LIAs

SMART Aim: 80% of children with an identified developmental or behavioral concern will receive targeted developmental promotion and support in a timely manner, including an appropriate combination of home visitor-delivered developmental promotion, community services and/or Part C services.

- **95%** of home visitors provide developmental surveillance on every home visit
- **79%** of children are screened
- **80%** of home visitors provide developmental promotion
- **78%** of children screening positive and referred to services receive a timely combination of services, up from 33% at baseline.

For More Information: <http://hv-coiin.edc.org> or email us at hvcoiin2.0@edc.org to learn more

New Topic CoIIN

Intimate Partner Violence Outcomes

Who: 6 MIECHV awardees 18 LIAs

SMART Aim:

1. **90%** of caregivers with identified intimate partner violence (IPV) are offered supports or services aligned with their self-identified needs and priorities.
2. **85%** of caregivers with identified intimate partner violence who are offered supports or services receive follow-up from home visitor.
 - **94%** of home visitors and home visiting supervisors trained in basic competencies in addressing IPV and related topics from a baseline of 79%
 - **80%** of home visitors engaging in reflective supervision at least once in the past month about IPV from a baseline of 70%
 - **58%** of caregivers provided universal education about healthy relationships in the past 6 months from a baseline of 41%
 - **63%** of caregivers with identified IPV engage in safer planning from a baseline of 39%



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