

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* 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.

HV CoIIN 2.0 COVID-19 Supports

Due to this unforeseen public health crisis, HV CoIIN 2.0 staff have received requests for guidance related to best practice for screening and referral, specifically for Intimate Partner Violence and Maternal Depression with the move to virtual home visits and increased isolation.

The project has responded to these requests in several ways:

- (1) Developed a memo providing general guidance from our HV CoIIN 2.0 faculty on the topics of maternal depression and intimate partner violence (IPV) in relation to our project work. This guidance is not intended to replace or supersede guidance from home visiting models or local, state, territory, or federal authorities. Find the memo [here](#).
- (2) Participated in a national MIECHV peer to peer dialogue to share the above-mentioned memo FAQs and best practice strategies and supports with the larger MIECHV community in partnership with HV-PM/CQI.
- (3) Planning an additional peer learning session in collaboration with HV-ImpACT for MIECHV awardees on the topic of family violence where experts will join and provide expertise and resources related to practice implication related to the growing percentages for partner violence and child maltreatment.
- (4) The HV-CoIIN 2.0 team dedicated a portion of the monthly scale peer to peer meeting to check in on the current landscape of home visiting, impact on CQI activities and implications moving forward with teams focusing on maternal depression interventions.
- (5) The HV-CoIIN 2.0 team partnered with [Futures without Violence](#) to develop a national webinar presented on May 8th to an audience of over 1,000 participants representing home visiting services
- (6) The HV CoIIN 2.0 IPV faculty have hosted multiple *Open Office Hours* for participating teams to support issues surrounding the delivery of universal education on healthy relationships and safer planning in the context on virtual home visits. Faculty will continue to provide strategies through the project newsletter and webinars through the duration of the summer

Below are specific updates on our general activities and outcomes related to these two topic areas.

Maternal Depression

HV CoIIN 2.0 is building off of the breakthrough change of 1.0 MIECHV awardees and local implementing agencies (LIAs) who tested evidence- and practice-informed changes, which led to (1) improved rates of depression screening and engagement in evidence-based services and (2) decreased depressive symptoms among women accessing services. Through three consecutive cohorts, 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 of 1.0 and meet aims in identified topics by 2022. Cohort 1 of scale has brought together four awardees and fifty LIAs to improve outcomes for families in maternal depression. EDC and partners have provided a well-tested playbook with a key driver diagram, gold standard Plan, Do, Study, Act cycles to integrate interventions, and a lean set of measures to monitor progress and improve key MIECHV benchmarks. In addition to the playbook, HV COIIN 2.0 provides deep coaching to assist state teams to learn and build capacity to lead scale methods including the Institute for Healthcare Improvement's Breakthrough Series and Extension agency. Team data shows strong results with improvements across all process measures tied to key system levers associated with the SMART Aim of improved symptoms for mothers screening positive.

- The baseline mean (mean of the first 6 data points) for **screening at 3 months of enrollment and 3 months prior to giving birth** started high at 85%, in general, as teams progressed through the ColIN, we saw more points above that mean than we saw initially. The mean of the last 9 points is 86%.
- The baseline mean for **referral to evidence-based services** is 79% In general, as teams progressed through the ColIN, we saw more points above that mean than we saw initially. The mean of the last 9 points is 86%. **Acceptance of referral for services** started with a baseline mean of 64% with the last nine data point at 77%.
- The baseline mean for **access to and receipt of evidence-based service contact** is 59%. In general, as teams progressed through the ColIN, we saw more points above that mean than we saw initially. The mean of the last 7 points is 65%.

With the advancement of the above system levers, teams saw progress in the ambitious collaborative maternal depression **SMART AIM of 85% of women who screen positive for maternal depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact)**. The collaborative baseline mean of the first 5 data points for this aim is 64%. In general, as teams progressed through the ColIN, we saw more points above that mean than we saw initially. The mean of the last 8 points is 77%, with many teams reaching 80% or above. Cohort 1 awardees will now expand scale of the maternal depression playbook with 100% of their LIAs (> 29 additional teams) as new awardees come onboard in cohort 2 which is kicking off on May 21, 2020.

Intimate Partner Violence

HV ColIN 2.0 aims to build capability for ongoing learning that improves Intimate Partner Violence for families in home visiting by engaging 6 MIECHV awardees (MA, MI, MN, OR and WA) and 18 LIAs to meet the aim by 2020. EDC and partners have provided a playbook with a key driver diagram serving as the driving theory, change concepts to test, and a set of measures to monitor progress in key MIECHV benchmarks. In addition to the playbook, HV COIIN 2.0 provides coaching to assist teams to learn and test their way into implementation through the Institute for Healthcare Improvement's Breakthrough Series. With the collaborative coming to a conclusion on March 2020, the data is currently undergoing final analysis. Below find baseline data for key outcome measures.

- The baseline median (median of the first 6 data points) for caregivers with identified IPV offered supports or services aligned with their self-identified needs and priorities is 80%.
- The baseline median (mean of first 6 data points) for caregivers with identified IPV offered supports or services who receive follow-up from home visitor is 74%.

With extensive testing across key system drivers including 1) training, 2) delivery of universal education on healthy relationship; 3) safer planning and 4) community linkages, teams worked to meet the ambitious collaborative IPV 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 by 2020. Results will be available Fall 2020.

In addition to the ongoing data analysis and review of successful tests, the HV CoIIN 2.0 team and faculty have provided extensive support to teams as they address IPV in the context of heightened isolation resulting from the ongoing public health crisis. See Covid-19 support above for specifics. Successes from this cohort will scale with interested awardees in HV CoIIN 2.0 cohort 3 taking place in 2021.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF4MC26525, Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.