



## Home Visiting Collaborative Improvement and Innovation Network 2.0: Maternal Depression

HV CollN 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 (CollNs), 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 CollN 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. In HV CollN 2.0, we are using this model to address other challenges that families face, such as maternal depression.

### What Are We Trying to Accomplish?

Through three consecutive cohorts, made up of 25 MIECHV awardees and 250 local implementing agencies (LIAs), HV CollN 2.0 aims to build capacity for continuous improvement in local home visiting agencies to improve maternal and child health outcomes for families in home visiting.

**Lead the Change Learning Network** is HV CollN's latest Scale campaign designed to scale improvements and meet aims in identified improvement areas: **(1) maternal depression screening, treatment access, and symptom reduction**, **(2) exclusive breastfeeding**, and **(3) intimate partner violence (IPV)**.

In total, there are 11 states and over 80 LIAs participating in the scale campaign. **The Maternal Depression CollN** includes Georgia, Illinois, North Dakota, and Rhode Island MIECHV Awardees, and a total of 40 LIAs across the four states. These teams will work together to scale improvements and achieve the following aim by 2022:

#### Maternal Depression SMART Aim:

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

### How Are We Going to Accomplish the Aim?

HV CollN staff, faculty, MIECHV awardees, and frontline home visiting teams applied evidence-based research to scale the Maternal Depression Key Driver Diagram and create the Maternal Depression Playbook. The Playbook includes:

- **Charter (p.3)** – explores and defines the role of home visiting in maternal 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 (p.8)** – displays the SMART aim for supporting caregivers with maternal depression, and our shared theory for how that aim will be achieved, including the primary drivers – what needs to be in place to accomplish the aim:

(September 2021)

- **Primary Driver 1:** Standardized and reliable processes for maternal depression screening and response.
- **Primary Driver 2:** A competent and skilled workforce to address maternal depression.
- **Primary Driver 3:** Standardized processes for referral, treatment, and follow-up.
- **Primary Driver 4:** Active family involvement in maternal depression support.
- **Primary Driver 5:** A comprehensive data tracking system for maternal 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 (p.9)** – offers home visiting programs strategies to test to provide meaningful support to caregivers with maternal depression and includes helpful resources for each driver.
- **Measures Cheat Sheet (p.11)** – reviews each measure, including its numerator, denominator, and where it can be found on the **MD Data Reporting Template (p.13)**.
- **Data Review Guidance (p.14)** – lists guidelines for reviewing data submitted for the MD topic area to check for data errors.
- **Measurement Specification (p.21)** – provides an in-depth description of each measure, its numerator and denominator, definitions of specific terms, and data collection guidance.

HV CollN 2.0 supports teams in meeting collaborative goals by sharing the best available evidence and promising practices for addressing maternal 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 learn how to address maternal depression effectively and efficiently in home visiting. Supports offered through HV CollN 2.0 include the following:

- **Monthly Action Period Calls:**
  - **Audience:** Awardees & LIAs
  - **Objective:** provide coaching on delivery of evidence-based interventions and practices to improve maternal depression and infant well-being, as well as content teaching from expert faculty.

- **Monthly Community of Practice:**
  - **Audience:** Awardee CQI Leads
  - **Objective:** support CQI leads who will be supporting the work of the LIA, build peer connections, and clarify roles/set expectations for the work throughout the collaborative.
- **Dashboard:** easy-to-use and customizable data portal that provide on-demand data and supports virtual PDSA coaching.
- **Website:** a suite of easy-to-use online resources and curriculum to assist teams in getting started with CQI efforts to address maternal depression in families receiving home visiting services.
- **Parent Leadership in CQI Toolkit:** In partnership with our expert Parent Leadership Coaches, HV CollN 2.0 created a Parent Leadership Toolkit to support home visiting programs to improve their 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, HV CollN 2.0 provides training to MD teams on the Mothers & Babies curriculum. This training is regarded as one of the most effective interventions for the prevention of postpartum depression.

## Current Progress

HV CollN 2.0's achievements in addressing maternal depression are outlined below.

### Who: 4 MIECHV Awardees & 40 LIAs

#### Outcomes

- 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%)

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 CollN). 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.



EDC 43 Foundry Ave Waltham, MA 02453  
 E-mail: [HVCollN2.0@edc.org](mailto:HVCollN2.0@edc.org)  
 Web: [hv-coiin.edc.org](http://hv-coiin.edc.org)  
 Phone: 857-233-3038  
 Boston | Chicago | New York | Washington, D.C.

