HV CoIN 2.0 Virtual Series
Part 4. What is Next?

- Monique Fountain Hanna, Chief Medical Officer/CQI and Innovation Advisor
- Mary Mackrain, Managing Project Director, EDC
- Tricia Finnerty, Improvement Advisor, EDC
- MaryCatherine Arbour, Improvement Advisor, Brigham and Women’s
Welcome and Technical Tips

- Please share your name and state or territory in the chat
- Please share comments or questions actively! We have time at the end to address
- All lines are muted
- Click the four arrows at the top right of the slides to enlarge your screen for easier viewing
- Slides for today’s session are in the file share pod
Monique Fountain Hanna, MD., MPH., MBA
Chief Medical Officer/CQI and Innovation Advisor
CDR, U.S. Public Health Service
Health Resources and Services Administration
Maternal and Child Health Bureau
General (and Flexible) Timeframe for Scale

May 2020 – August 31, 2020

- 1 Virtual Orientation (60 Minutes - May)
- 1:1 Scale Coaching Calls (45-60 minutes - Monthly)
- Peer-to-Peer Call (90 minutes Monthly - June-August)
- Prework for In-Person Meeting (August)
- Breakthrough Series with IHI (To kick off virtually in June or July)
- Finalize list of participating LIAs
- Get set up in our website and database

September 2020 – August 31, 2021

- In-person Meeting (DC or Boston-September 2020)
- Monthly Peer-to-Peer virtual calls
- 1:1 Monthly Scale Coaching Calls
- Launch and implement scale with LIAs Jan/Feb 2021 (or when ready!)
- 1 Site visit with scale coach and/or parent leadership coach

September 2021 – August 31, 2022

- Continue with Peer-to-Peer calls and 1:1 Coaching
- Wrap up your 1st cohort of scale and plan for further scale w/ new LIAs!
- Celebrate as a cohort
- Join Cohort 2 peer network (bimonthly virtual support with peers and coaches)
HV CoIIN 2.0 National Aim Statement

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 including:

### Maternal Depression

85% of women who screen positive for depression and access services will report a 25% reduction in symptoms in 12 weeks from 1\textsuperscript{st} service contact.

### Developmental Promotion, Early Detection, and Linkage to Services

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 B/C services.

### Exclusive Breastfeeding

Among infants whose mothers initiate breastfeeding, 30% of infants will be exclusively breastfed at 3 months and 15% of infants will be exclusively breastfed at 6 months.
Why Join?

Work alignment with MIECHV measures and can integrate into CQI plans.

Low burden application and early review and entry if you apply now!

Ongoing Peer-to-Peer support and specialized support to improve Parent Co-Production.

Deep support with data systems and error-free reporting in Maternal Depression, Development and Breastfeeding. We can help!

Access to an abundance of ready-to-use and tested PDSAs, templates, and resources.

Access to IHI’s Breakthrough Series College as well as online training modules on the Model for Improvement.

“We’re impacting our community and getting results. We’re also paving the way for better things, creating processes that others can use & be successful with it.”
Our Support Team

Mary Mackrain
Project Director

Zhanda Levesque
Co-Director

Patricia Finnerty
Improvement Advisor

Bryn Fortune
Family Leader

Elaine Fitzgerald-Lewis
Faculty

Mary Catherine Arbour
Improvement Advisor

Jamie Jobe
Research and Project Associate

Anna Bohrer
Senior Administrative Assistant

Emma McAuley
Data Manager

IHI Consultants

Kelly McCutcheon Adams
Sue Butts-Dion
Marie Schall

Faculty Advisors

Dr. Paul Dworkin
Developmental Promotion, Early Detection, and Linkage to Services Advisor, Connecticut Children’s Medical Center and University of Connecticut School of Medicine

Dr. Darius Tandon
Maternal Depression Advisor, Northwestern University
Getting to Breakthrough Outcomes

The combination of Professional development in Maternal Depression in conjunction with Infant Mental Health consultation has increased staff awareness of potential issues with Moms.”

— Federal Hill House Parents as Teachers (FHH PAT)

By paying attention to the data, we have been more effective in responding to moms with maternal depression.”

— Children’s Friend Healthy Families America (CF HFA)
The “What” You Will Do

HV CoIIN 2.0 Supports

- Assemble awardee leadership team and faculty
- Data and PDSA review
- Implement Scale Method

Coaching Examples:
- Scale method implementation
- Parent leadership in CQI
- How to coach teams in improvement
- How to give feedback/coach on PDSA quality
- How to teach measures and monitor/fix errors
- How to track progress

Awardee Driven

- Peer-to-Peer calls
- Site Visits
- Online database resources for every stage
- Scale Coaching with an Improvement Advisor and Content Faculty
- Specialized teaching (e.g., Mothers and Babies, Breakthrough Series, etc.)
**Section 1: About the State or Territory MIECHV Program Applying to Participate**

(Questions 1–5 on the online version)

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<td>2) Senior MIECHV contact person</td>
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<td>3) MIECHV CQI lead</td>
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If applicable, please provide additional information on experience running CQI efforts

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HV CoIIN 2.0 Virtual Series Part 4. What is Next?
Section 2: Topic Ranking

7. Which HV CoIN 2.0 topic are you interested in? Select as many as you are interested in (you are not required to select all three) and rank them in order of interest: 1 = most interested, 3 = least interested.
   
   ___ Scale: Maternal Depression
   ___ Scale: Breastfeeding
   ___ Scale: Early Detection and Linkages for Developmental Risk

For questions 8-11, answer for the topic you ranked #1 in question 7:

8. Is this topic a key strategic initiative?

9. Is this topic and its aim part of your state CQI plan? If not, would you be willing to amend the CQI plan to include it?

10. What do your current data tell you about your performance regarding this topic? Is there room for improvement?
Section 3: Organizational Support and Leadership

For HV CoIIN 2.0, we expect the following roles to be in place to support successful participation:

- An executive sponsor (senior leader) who is responsible and accountable for the performance and results of the local improvement teams (e.g., MIECHV state lead, state CQI lead). Typically, this person is responsible for securing the resources for the teams to accomplish their aim and for communicating the teams’ progress to other leaders in the state or territory.

- A day-to-day leader who directs and executes the HV CoIIN 2.0 efforts (e.g., CQI state/territory lead). This person should meet regularly with the executive sponsor to share progress and address emerging issues.

11. Has the executive sponsor been identified? (yes/no)
12. If yes, who is it?
13. If no, who would be the ideal person to be the executive sponsor?
14. Has the day-to-day leader been identified? (yes/no)
15. If yes, who is it?
16. If no, who would be the ideal person to be the day-to-day leader?
Section 4: Organizational System and CQI Support

Questions 18-24: Describe the awardee personnel who will support LIAs. Be sure to include the executive sponsor and day-to-day leader that you included in questions 12-17. If CQI personnel are not already identified or if there are vacancies in your awardee MIECHV team, list the roles and share your plan for securing personnel to adequately support the CQI work.

<table>
<thead>
<tr>
<th>18. Awardee personnel assigned to support LIAs' CQI efforts</th>
<th>19. Duration in job</th>
<th>20. Experience with CQI</th>
<th>22. Experience leading statewide activities</th>
<th>23. Number of LIAs supported</th>
<th>24. Staff time allocated to supporting LIAs (e.g., 10% FTE)</th>
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25. Method and frequency of efforts to provide training and peer support to LIAs in CQI and parent leadership efforts. For example annual CQI training, monthly community of practice calls, quarterly supervisor meetings, etc. List as many examples as applicable

| Example: CQI conference                                    | Frequency: Annually |
| Example: On-site visits                                    | Frequency: Quarterly |
| Example: Group coaching call with all LIAs                 | Frequency: Monthly  |

Tell us about any processes that you have in place to review data and PDSA cycles? Please explain what the process is, with whom (individual LIAs or as a group) it occurs, and the frequency:

Are there areas within your support system for LIAs that you would like to strengthen (e.g., meet more often, dive deeper into monthly feedback on PDSA cycles)?
Section 5: Broad Program Information

28. How many LIAs do you have in your MIECHV program? ______

29. How many LIAs will participate in HV CoILN 2.0? ______

30. What MIECHV approved evidence-based and promising practice models does your state or territory implement through MIECHV funds (e.g., Nurse Family Partnership, Parents as Teachers, Early Head Start, etc.)? List them all:
Section 6: Participating LIA Information

Question 31. Please complete the information below only for the LIAs you propose to include in HV CoIIN 2.0 efforts, to the best of your ability. (A Google Excel spreadsheet is provided in the online application.) Consider the following:

- Your state or territory’s capacity to support diverse levels of CQI knowledge, skill, and experience. Aim for the minimum number of LIAs to ensure robust learning, but also ensure that you are engaging a manageable number of LIAs. For example, depending on your awardee-level staff’s experience and staff stability, you may not want to aim for all LIAs in Year 1.

- A team’s level of CQI experience and knowledge does not preclude participation. Diversity and variance are valued and may even be preferred to ensure robust learning.

- As you identify LIAs to join this effort, think about an eventual scale to all sites, and seek to engage a diverse cadre that can help you learn about the many variations across organizations (e.g., by model, geographic location, size, ages of children served, race and ethnicity). Striving for diversity now will help you avoid surprises as you continue to scale in subsequent years.
Section 7: Excitement and Will

35. What excites you about engaging in HV CoILN 2.0?

36. What do you hope to have achieved regarding your preferred topic area 12–18 months from now?

37. Can you commit to the identified meetings and events for the workstream that you are applying to participate in, including monthly Peer-to-Peer webinars every fourth Thursday of the month beginning in June, 2020; in-person launch August 19-20, 2020 in Waltham, MA and a 60-minute monthly virtual coaching with a scale coach? (yes/no)
Why Now?

HV CoILIN 2.0 is a one-of-a-kind opportunity.

This is one of two remaining opportunities to join!

It’s not more work, it’s helping our team work better!

Despite (or because of the fact) that it’s hard, the result has always been very positive. We have set stretch goals and met them, which was a real reward for us. We are using this CQI process to really help families and it’s working – that keeps us coming back.

The CoILIN experience has brought our team closer together. It created a common goal that we were able to problem solve and work through together.

CoILIN is great professional development and a launching pad to be able to do this on our own a year from now.
Completing the Application

Tips for Completion:
• Eligible applicants are MIECHV state and/or territory awardees with one application per awardee
• Print out the application to review with your leadership team and walk through application together (about one hour)
• Completing the application online should take no longer than 10-15 minutes

QUESTIONS AS YOU COMPLETE THE APPLICATION?
We’re here to help!
Contact Mary Mackrain at mmackrain@edc.org
Important Dates

- **Scale Cohort 2 Application Due May 1, 2020**
  - Apply early for additional early support!
- Applicants notified by May 14th, 2020
- Let us know if you are going to apply and need more time due to our current and complex situation with COVID-19

Mark Your Calendars!

**Orientation Call**
- May 21, 2020: 2:30-3:30 PM ET

**Two-day In-person Meeting:**
- September 14-15, 2020
- 9:00 AM – 5:00 PM ET
- Location TBD (either DC or Boston)

**Monthly 1:1 Coaching Calls:**
- Determined by coach and individual teams

**Monthly 90-minute Peer-to-Peer Calls:**
- Beginning June 2020. 4th Thursday of each month from 3 to 4:30 ET

**Breakthrough Series (BTS)**
- Mods 1-3: 6/16; 2:30-4:00 ET
- Mod 4: 6/25; 11-12:30 ET
- Mod 5: 7/14; 2:30-4:30 ET
- Mod 6: 7/28; 10:30-12:30 ET
- Mod 7: 8/19; 1:30-3:00 ET
- Mods 8-9: 9/14 (In person)
Plan to Apply?

Let us know!
Apply Now!

Available on our website:
http://hv-coiin.edc.org/

HV CoiIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local home visiting service agencies to engage in:
- Collaborative learning
- Rapid testing for improvement
- Sharing of best practices
- Scaling of tested interventions
- Building of QI capacity

The application for HV CoiIN 2.0 Scale Cohort 2 is open!
Apply now to start scaling improvements in maternal depression, exclusive breastfeeding, or developmental risk.

Want more information? Register for our Virtual Series (access previous sessions here)
What are you wondering about?
How Did This 30-Minute Webinar Work for You?

Please Let Us Know:
https://edc.co1.qualtrics.com/jfe/form/SV_29afUNhKPgvGZeJ

FOR MORE INFORMATION:
• Contact Mary Mackrain at mmackrain@edc.org
• Visit our website at www.hv-coiin.edc.org
• Check out our HV CoIIN 2.0 New Fact Sheets