HV CoiIN 2.0 Virtual Series
Part 1: Breakthrough Change

- Cindy Phillips, Director, Division of Home Visiting and Early Childhood Systems
- Marie Schall, Senior Director, Institute for Healthcare Improvement
- Jenna Maloney, QI Coordinator, Rhode Island MIECHV
- Mary Mackrain, Managing Project Director, EDC
Opening Remarks

Cindy Phillips
Director, Division of Home Visiting and Early Childhood Systems
Health Resources and Services Administration
Maternal and Child Health Bureau
Reminder: 2 Work Streams Cohort 1 of 3 (by 2022) is Underway

(1) SCALE
5 Awardees

Scaling HV CoIIN 1.0 playbooks with 55 LIAs

(2) NEW TOPIC COIINS
6 Awardees

12-18-month CoIIN with 18 LIAs to improve Intimate Partner Violence Outcomes
HV CoIIN 2.0 National Aim

25 MIECHV awardees scale tested interventions in at least one topic with 250 LIAs by 2022
What do We Mean by “Scale”?

Helping lots of people to do something differently—and consistently—to achieve a bigger impact.
What’s Needed for Successful Scale Efforts?

- Ideas
- Implementation
- Will
What Methods Can We Use?
Scale Using Tested Change Packages
Closing the gap between what works and implementation on the ground

Charter

Key Driver Diagram

Measurement System
Gold Standard Change Packages

PDSAs
Ramps
Tools
How Are Awardees Scaling?

**HV CoiIN 2.0 Supports**
- Data and PDSA review
- Implement Scale Method
- Assemble awardee leadership team and faculty

**Awardee Driven**
- Peer to Peer calls
- Site Visits
- Online database resources for every stage
- Scale Coaching with an Improvement Advisor

**Coaching Themes**
- Scale method implementation
- Parent leadership in CQI
- How to coach teams in improvement
- How to track progress
- How to teach measures and monitor/fix errors
- How to give feedback/coach on PDSA quality
- Teach on content (e.g. Mothers and Babies)
Rhode Island MIECHV
A Snapshot of Breakthrough Change

**Topic:** Maternal Depression
**Scale Method:** IHI’s Breakthrough Series
The What: Maternal Depression Aim and Drivers

SMART AIM
By March 2020:
85% of women who screen positive for depression & access services will report a 25% reduction in symptoms 12 weeks (from 1st. service contact).

Primary Driver 1. Standardized and reliable processes for maternal depression screening and response

Primary Driver 2. Competent and skilled workforce to address maternal depression

Primary Driver 3. Standardized processes for referral, treatment and follow-up

Primary Driver 4. Comprehensive data-tracking system for maternal depression

Key areas of the system that need to be influenced
Why We Joined—Trust and Topic

Technical assistance and professional development

Teams enjoyed the experience

Trusted the faculty

Teams enjoyed Mothers and Babies in previous collaborative

Great opportunity to provide training to LIAs

MD Topic covered all model outcomes and benchmark outcomes

Linkage among Infant Mental Health and Maternal Mental Health

Strong support from leadership

Professional Development for the new CQI RIDOH staff and participating LIAs

Shared learning experience for the RIDOH team
Preliminary Baseline Data Reflects MIECHV Benchmark Measures

<table>
<thead>
<tr>
<th></th>
<th>Statewide</th>
<th>Participating LIAs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Completed Depression Screening (Benchmark 3)</strong>:</td>
<td>412/463 = 89%</td>
<td>90%</td>
</tr>
<tr>
<td>Percent of primary caregivers who are screening for depression using a validated tool within 3 months of enrollment or within 3 months of delivery</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Completed Depression Referrals (Benchmark 17)</strong>:</td>
<td>20/63 = 32%</td>
<td>44%</td>
</tr>
<tr>
<td>Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Naming the Fear

**Staff Turnover and Vacancies**
Do we have a stable workforce lead this work? *Both RIDOH and LIAs*

**Time Commitment**
Do we have enough time to support our teams in this work?

**Leadership Support**
However, knowing that a CQI Director and CQI Coordinator would be coming on board to support this work was comforting.
Our Journey
Internal Process Mapping for Program Efficiency
Benefits and Outcomes

Having a mom come to speak to the team about her experiences was so helpful and made such an impact with the nurses. Hearing her story about post partum depression, obstacles she faced, and what she has overcome was inspiring and reinforced to the nurses that the work they are doing makes a difference and is valuable. She has provided a great insight to the work we do and also how we do it.”

– Children’s Friend Nurse Family Partnership

Participating in the HV CoIIN Maternal Depression collaborative helped us to use the data to improve our practice and how we document the work we are doing. It has also made us think about how to share what we’ve learned and the new processes with new staff as they come on board, so it remains part of our ongoing work.”

– Children’s Friend Healthy Families America (CF HFA)
Benefits and 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)
Helpful Hints and New Resources

- Peer to Peer learning
- National faculty support
- BTS College to provide support through collaborative stages

CF HFA’s: Data Measures and Outcomes

<table>
<thead>
<tr>
<th>Data Measure</th>
<th>Meeting, Exceeding, or Falling Below AIm</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women screened for maternal depression within 3 months of enrollment</td>
<td>Exceeding</td>
</tr>
<tr>
<td>% of women screened for maternal depression within 3 months of giving birth</td>
<td>Below</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression not in evidence-based services</td>
<td>No aim; below 100%</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression and were offered a referral to evidence-based services</td>
<td>Exceeding</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression and were offered a referral to evidence-based services and accepted a referral</td>
<td>Exceeding</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression and were offered a referral to evidence-based services and accepted a referral but had at least one evidence-based service contacted</td>
<td>Below</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression and did not access evidence-based services, who received a home visit “within 30 days”</td>
<td>Below</td>
</tr>
<tr>
<td>% of women who screened positive for maternal depression and access services will report a 25% reduction in symptoms in 12 weeks (from first service contact)</td>
<td>Below</td>
</tr>
</tbody>
</table>

Goal: 85%

% of women screened for maternal depression within 3 months of giving birth

N women who gave birth 90 or more days ago
What are you wondering about?
Important Dates and Next Steps

Virtual Series: Register Here

COMING UP NEXT

- **Part 2. How You Can Achieve Breakthrough Benefits:**
  February 19, 2020 from 2:00-2:30 ET

- **Part 3. Innovations in Parent Leadership:**
  March 25, 2020 from 1:30-2:00 ET

- **Part 4. What is Next? Cohort 2 Application**
  April 22, 2020 from 1:30-2:00 ET

COHORT 2 APPLICATION
Open Now Through May 1, 2019
How Did This 30-Minute Webinar Work for You?

Please Let Us Know:
https://edc.co1.qualtrics.com/jfe/form/SV_4T0UDPq5iOjAOKF

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