

# HV CoIIN 3.0

## New Topic Application FAQs

### What is a CoIIN?

Collaborative Improvement and Innovation Networks (CoIINs) are teams working together to tackle a common goal. Participants share ideas, best practices, and lessons learned, and track their progress towards that common goal. For nearly a decade, the [Home Visiting Collaborative Improvement and Innovation Network \(HV CoIIN\)](#) has helped awardees and local programs achieve significant improvements in home visiting services with families.

“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.”

### What are the benefits of participating in HV CoIIN?

- **REDUCED BURDEN:** All our work aligns with your MIECHV CQI planning and efforts toward improved performance on MIECHV measures. We make it easy by providing a change package or research informed and innovative interventions, user-friendly on-demand data dashboards, advanced coaching in CQI, and expert faculty!
- **BREAKTHROUGH CHANGE:** You will see rapid and significant improvements for families. The HV CoIIN supports can facilitate you to test interventions that can ignite breakthrough change in home visiting.
- **CENTERING HEALTH EQUITY:** The HV CoIIN 3.0 is offering several new opportunities to support awardees and local teams in advancing health equity.
- **PEER INTERACTION:** You will have ongoing peer-to-peer support from other MIECHV awardees and local teams—learning together, sharing struggles, and celebrating successes.
- **IN-DEPTH AND EXPERT SUPPORT:** Your awardee team and participating local implementing agencies will receive specialized support for collecting and interpreting data and reporting outcomes, as well as home –visiting-specific, CQI training and education to grow awardee and LIA capacity for CQI and data driven improvement.
- **MIECHV CQI PLAN SUPPORT:** Teams will receive support in development, completion, and further execution of their CQI plans.
- **ACCESS TO ESSENTIAL TOOLS AND RESOURCES:** All participants will have access to our vast array of multilingual tools and resources developed by leading topic and CQI experts. This includes:
  - An online data dashboard that creates automated run charts and displays data trends by state or territory and LIA(s); collects PDSA testing and allows virtual PDSA coaching by awardee leads

“HV CoIIN provides huge benefits. Having these tools where we can get all this information has been essential to the process. We couldn’t have done it without them.”

“As I think about the journey through the Health Equity CoIIN project, what stands out most to me is the strained and unfortunate history that minorities have experienced in the United States of America. Learning the histories of other areas and even my own city was very eye opening because these occurrences did not happen very long ago.”

and HV ColIN 3.0 improvement advisors; and allows real-time reports and easy tracking of LIA PDSA cycles and data report submissions.

- The HV ColIN 3.0 website that houses all tools and resources, including key driver diagrams and change packages, tools tested by teams, the Family Leadership in CQI toolkit, the HV ColIN Equity Toolkit, measurement templates, and CQI self-paced modules for new and veteran staff.
- **FAMILY LEADERSHIP:** You will learn new strategies to boost caregiver engagement and collaborate with families in leading the change. We provide expert coaching, as well as a comprehensive family leadership toolkit, to support meaningful partnerships with families to support system-level improvements.

### **How does the work look different when centering health equity?**

Centering health equity has required us to reimagine our CQI process. All teams will engage in important foundational activities such as building a diverse team and creating community histories to explore and learn about the root causes of the inequities experienced by families. We will also offer support on setting SMARTIE aims, testing changes that center the families experiencing inequities, and analyzing stratified data. The HV ColIN will provide worksheets and coaching to support all efforts in advancing health equity.

### **What is the Early Relational Health Screen?**

The Early Relational Health Screen (ERHS) is a video-based observation tool. Domains include the “overall emotional tone of relationship, observable patterns of behavior in interactions (i.e., mutual engagement, mutual enjoyment), and caregivers’ thoughts about the relationship (i.e., their beliefs about the child’s experience in the relationship, their questions, desired supports).” |

All LIAs will use the brief Early Relational Health Screen (ERHS) as the tool for collecting regular data for our outcome measure. Home visitors will be provided with training on the ERHS as part of the ColIN.

### **Why can’t we use our model specific observation tool?**

ERHS is not a replacement of any model tools currently used for caregiver child interaction. Most of the current CCI observational tools are not designed for frequent data collection, or to track improvements over time. For the ColIN, we need a tool that can be used universally across sites and across program models to ensure consistent data collection and interpretation.

### **How will we minimize data collection burden while using the ERHS?**

The ERHS is very short – scoring can be done in 1-3 minutes after being trained. It has been tested in home visiting as frequently as every 2 weeks, so we know that this is feasible to work into visits.

We are planning for quarterly administration to reduce the burden.

We will provide training, simple tracking forms and other resources to support teams in tracking and reporting data. We are talking to LIAs to figure out what resources will be most helpful.

We can think with each team about how to fit this into CCI observations they are doing. They may be able to use one visit to complete both tools.

*“The data collection might be a little extra work, but the value you and families will get out of it is worth it.”*

## **Additional considerations for using the ERHS.**

Relationships develop quickly in infancy and early childhood and are part of the foundation for all development. Ongoing focus, even for brief moments at each home visit can make a major impact for the adult and the child's stress reduction, learning & well-being.

In a recent Early Relational Health survey of over 700 parents, one theme that emerged is that parents want more time and conversation about relationships and their parental strengths and the child's strengths in this area- this simple tool will support home visitors in this interactive conversation. The results will not only help track progress but will help HVs have conversations with families in the moment which we know is what families say is most helpful in supporting their relationships.

Part of a CoIIN is the opportunity for Innovation. We will learn about this new tool together and this is an opportunity to inform the field.

As we get to the end of the project, we will know more about where the ERHS fits in to suite of resources for CCI and where we can reduce redundancies.

## **What topic can we choose from?**

We are offering one NEW topic in Cohort 1: Caregiver-Child Interaction

## **How many states or territories will be in cohort 1?**

We are aiming for a maximum of three to four MIECHV states and territories, and up to nine total LIAs.

## **Is this only for MIECHV sites?**

Yes, this is only for awardees and LIAs that receive MIECHV funds but sharing learnings with others is always encouraged.

## **What will LIAs do? What is the time commitment?**

LIAs will form an improvement team and collaborate with national content experts, peers, caregivers, equity coaches, improvement advisors, and state and territory CQI Leads to test and implement changes in their selected topic area. Improvement teams typically incorporate HV CoIIN activities into their regular team or CQI meetings.

We are anticipating LIA participation to be 15 months. The core activities of the CoIIN include:

- **Three, learning sessions** over the course of 12 months. The first learning session will be in person in Waltham, MA and will take place over 2.5 days. The two following learning sessions will each take about 9 hours over the course of 1 week. Prework activities leading up to each learning session are encouraged to be completed as a team and facilitated as a group activity.
- **90-minute action period calls each month** (*except during months with learning sessions*) where teams participate in learning and peer-sharing with other teams across the country.
- **Submit data and PDSAs each month.** LIAs will receive all the support and tools they need to submit data and PDSA cycles. Time to complete these varies depending on the number of team members and tests the team are running at any one given time.

## **Do all LIA team members need to participate in the monthly action period calls?**

The monthly action period calls are important for building and keeping up will, and building peer-to-peer relationships, so the more members that can participate, the better for the team. But if there are some that

can't come, they can listen to the recordings, review meeting materials, and learn from team members who attend.

### What will awardees do?

Awardees participate in all HV CoIIN activities with their LIAs (see above for specific time commitments). Awardees will also support LIA data collection. Note that that time associated with providing this support is highly dependent on the number of LIAs participating and the type of infrastructure that the Awardee has to provide CQI support. Awardees also attend a monthly CoP with the awardee leads from other participating states and territories. This monthly call is an opportunity for building CQI capacity and peer sharing.

### How many staff should participate?

Awardees should identify at least one CQI lead to help support LIAs in the HV CoIIN. LIAs will form an improvement team of three to five team members, including home visitors, supervisors, and caregivers.

### We're new to CQI. What if we're not ready?

Diversity in CQI experience and background is welcomed and leads to better, stronger learning! The HV CoIIN provides extensive and ongoing support to help awardees and LIAs build what they need to succeed. This is an opportunity to get tailored and wraparound support, plus resources to build capacity and infrastructure.

### What if we don't have enough time to take on something new?

Participation in the HV CoIIN aligns with MIECHV CQI Plan requirements. Let your participation in the HV CoIIN streamline your work!

"Being able to borrow resources from peers and take an existing document to make our own, has saved us so much time."

### Our CQI process is different, LIAs choose their own topics. Is this relevant to us?

When LIAs work on the same topic, the alignment fuels collaborative learning and builds peer connections to accelerate improvements across the entire state. LIAs still have the flexibility to select the changes they will test in their topic.

The HV CoIIN provides the opportunity to test out a more structured improvement method with lots of support. Several awardees who participated in HV CoIIN 2.0 also noted that their CQI process differs, and that their LIAs typically choose their own topics. Despite the unfamiliar process, these awardees tried it out, saw the benefits of LIAs working on the same topic, and now continue with this approach in their ongoing efforts.

### When can I apply and how do I access the application?

- The application ([https://edc.co1.qualtrics.com/jfe/form/SV\\_8pHY2MjoGGqezGu](https://edc.co1.qualtrics.com/jfe/form/SV_8pHY2MjoGGqezGu)) for the Caregiver-Child Interaction CoIIN opens on October 12 and is **due by November 15, 2023**
- [The application](#) should take about **15 minutes to complete** (you can find the link on our website too, <https://hv-coiin.edc.org/>)
- Applicants will be notified of their acceptance by December 8, 2022.
  - Need to know sooner? Just let us know by contacting by contacting us at [hvcoiin@edc.org](mailto:hvcoiin@edc.org).

"Participation in the CoIIN has provided me with an opportunity to see how making small, but consistent changes can make long term impacts."

## More Questions?

Attend the MIECHV TARC Virtual Office Hour, where our team will be available to answer your questions about the Caregiver-Child Interaction CoIIN and application process. This will take place on Tuesday, October 17, 2023 from:

- 3:00-3:45PM ET
- 2:00-2:45PM CT
- 12:00-12:45PM PT

Meeting link: <https://go.edc.org/TARCOfficehours>

## Want More Information?

- See our series of [Fact Sheets](#) for more information on past achievements by awardees in these topic areas
- See our [About Us](#) page for more about the EDC and our partners
- Check out our 30-minute virtual series webinars for more information on:
  - [Breakthrough Benefits of HV CoIIN 2.0](#)
  - [The journey from small scale to state-wide collaboratives](#)
  - [Innovations in Family Leadership](#)
- Listen to our podcast, "[Driving Improvements in Home Visiting Through CQI](#)"

*Remember, you can always reach us at [hvcoiin@edc.org](mailto:hvcoiin@edc.org)!*

**Thank you!** – *Sally Baggett, Project Lead, and the HV CoIIN team*

*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.*