

# Key Driver Diagram + Change Ideas: Caregiver Depression SFY20 CQI Learning Collaborative

HVSA Shared SMART Aims:

- **Screening** – Increase % of all primary caregivers who are screened using the PHQ-9 within 3 months of enrollment or within 3 months of delivery (if enrolled prenatally) from 55% to **65%**.
- **Referral and Service Connection** – Increase % of all primary caregivers who screen positive (any positive screen) and are referred to services OR are accessing mental health services from 20% to **40%**.

Primary Drivers	Secondary Drivers		Change Ideas
<p style="text-align: center;"><b>1</b></p> <p>Competent, skilled, and trauma-informed workforce to address caregiver depression</p>	1.	Comprehensive, ongoing training for HVs and HV supervisors on mental health and trauma-informed practice	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training/education of home visitors on caregiver depression symptoms, impact, and treatment</li> <li><input type="checkbox"/> Training/education for home visitors in supporting families in trying to access care for mental health Model Specific Training/Resources</li> <li><input type="checkbox"/> Training and integration of Facilitating Attuned Interactions (FAN)</li> </ul>
	2.	Ongoing, quality reflective supervision and clinical mental health consultation for HVs and Supervisors	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reflective supervision that supports home visitors in supporting caregiver mental health, as well as trauma and ACEs</li> <li><input type="checkbox"/> Regularly integrate conversations about mental health during staff meetings (highlight ideas and experiences from home visitors)</li> <li><input type="checkbox"/> Case consultation with community mental health partners or infant mental health consultants</li> </ul>
	3.	Support home visitor well-being through trauma-informed organizational practices, policies, and systems of support	<ul style="list-style-type: none"> <li><input type="checkbox"/> Regularly provide staff/team opportunity to engage in self-care practices (individual and community), incorporated into the workday</li> <li><input type="checkbox"/> Identify resources within the community; make strong connections and form partnerships with community agencies that offer treatment and supports for families who have experienced or are experiencing trauma.</li> <li><input type="checkbox"/> Training to address ACEs and trauma – <a href="#">NEAR@Home</a></li> </ul>
	4.	Emotionally and physically safe environment for staff and caregivers	<ul style="list-style-type: none"> <li><input type="checkbox"/> Comprehensive policy and procedures to support staff safety in the office and when conducting home visits</li> <li><input type="checkbox"/> Create an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience</li> <li><input type="checkbox"/> Support home visitors to develop and implement a self-care/safety plan</li> <li><input type="checkbox"/> Home Visitor works collaboratively with caregiver to identify and support their strengths, goals, values, priorities, and parenting, while honoring each family' race, language, culture, family configuration, and approach to parenting</li> </ul>

<p style="text-align: center;"><b>2</b></p> <p style="text-align: center;">Standardized, reliable, processes for caregiver depression screening and response</p>	1.	Timely and comprehensive training for HVs on depression screening, mental health conversations, referral, and follow-up	<input type="checkbox"/> Training and implementation support to administer the PHQ-9 depression screening tool <input type="checkbox"/> Home visitors have opportunities to role play and observe conducting depression screenings <input type="checkbox"/> Home visitors utilize a script/talking points (adapted to each caregiver's specific context as needed) when asking sensitive questions, providing education, or introducing educational materials
	2.	Communicate results of screening to clients in a timely, accurate, empathic and sensitive manner	<input type="checkbox"/> Home visitors have opportunities to role play and observe discussing screening results with clients – including strategies to address stigma, culture, etc. <input type="checkbox"/> Utilize talking points/script for communicating and explaining screening results <input type="checkbox"/> Training and support in empathic communication strategies for difficult conversations (e.g. non-violent communication, motivational interviewing)
	3.	Appropriate periodicity to capture vulnerable windows	<input type="checkbox"/> Introduce follow-up screening 3-6 months following initial screening postpartum or first screening after enrollment <input type="checkbox"/> Implement a reminder system for rescreens <input type="checkbox"/> Talking points and strategies for re-introducing PHQ-9 screening
	4.	Timely and reliable depression screening	<input type="checkbox"/> Policy and protocol for administering depression screening, including the timing and frequency (the periodicity) of screening, communicating results, and referral processes <input type="checkbox"/> Utilize talking points/script for administering depression screening and discussing mental health with families
<p style="text-align: center;"><b>3</b></p> <p style="text-align: center;">Standardized and individually-tailored process for referral, treatment, follow-up and education on mental health</p>	1.	Sensitive and appropriate information, resources, and options to support caregiver mental health	<input type="checkbox"/> Protocol for referral and linkage to service for mothers who screen positive (internal and/or external services) <input type="checkbox"/> In-house, evidence-based preventative support (e.g. Mothers and Babies curriculum) <input type="checkbox"/> Create and formalize policies and processes that allow for flexibility and shared decision-making with caregivers
	2.	Crisis Response Protocol	<input type="checkbox"/> Policy and protocol for mental health crisis response and follow-up <input type="checkbox"/> Training staff in policy and protocols for urgent and non-urgent care in maternal depression referrals and resources (e.g. role play, practice crisis protocol)
	3.	Culturally responsive, universal education for all families on mental health	<input type="checkbox"/> Policy and protocol for providing universal education on mental health for all families <input type="checkbox"/> Provide universal opportunities for families to learn about and address wellness and mental health (e.g. introduce mindful self-regulation (MSR) strategies, wellness activities, stress management strategies – during home visits, or for families to practice at home)
	4.	Reliable processes for follow-up and ongoing mental health support for caregiver	<input type="checkbox"/> Standardizing a 'check-in' process using motivational interviewing (MI) for caregivers with positive screens for depression <input type="checkbox"/> Create a wellness/safety plan with caregiver

	5.	Integration of infant mental health education and focus on the impact of mental health on attachment and child development	<ul style="list-style-type: none"> <li><input type="checkbox"/> Provide opportunities for group socialization, which promotes protective factors that can strengthen families and support children’s optimal social and emotional development</li> <li><input type="checkbox"/> Activities to promote attachment and parent-child interaction</li> </ul>
4 Community partnership and linkage to services	1.	Identification of and partnerships with available mental health services/resources in the community	<ul style="list-style-type: none"> <li><input type="checkbox"/> Develop partnerships between home visiting program and referral agencies, spelling out roles and responsibilities, communication processes, procedures for cross-referral, and training. This may or may not include an MOU.</li> <li><input type="checkbox"/> Create and maintain a list of available, appropriate community resources, including a variety of mental health care options (therapists, community behavioral health, primary care, support groups, etc.)</li> </ul>
	2.	Effective partnerships with local, community-based mental health programs - involving cross-training, information sharing, and technical assistance	<ul style="list-style-type: none"> <li><input type="checkbox"/> Establish/strengthen partnerships with mental health agencies and community partners to address issues such as: making a referral, making first contact, creating a shared understanding of how to approach the work, ensuring confidentiality, documenting and keeping records, managing information, meeting expectations, and sharing information</li> <li><input type="checkbox"/> Create a standardized process for referring caregivers with mental health concerns, and clarify the relationship between the home visitor and the mental health partner</li> <li><input type="checkbox"/> Establish regular communication with a partner organization/community resource (e.g., monthly/quarterly meetings) to ensure coordination and relationship building</li> <li><input type="checkbox"/> Partner with a mental health specialist to case conference clients experiencing issues with mental health</li> </ul>