Prework Instructions: Caregiver Depression

SFY20 HVSA CQI Learning Collaborative

These Prework assignments should be **completed as a team**. The following activities are intended to provide an overview of the Learning Collaborative objectives, reflect on your team's current processes and experiences, and prepare for Learning Session 1[1].

Prework Activities	Completed - ✓
Review Key Documents	
Team Reflection Exercise	
Depression Process Map	
Team Storyboard – Due Oct. 21st, 2019 (email to: home.visiting@dcyf.wa.gov)	

1. Review Key Documents:

- Begin by reviewing two key documents: 1) the **Learning Collaborative Charter** (pg. 3), and 2) **Caregiver Depression Key Driver Diagram** (pg. 6)
- For PAT/NFP – Review Depression Measure Data Entry Guidance on DCYF Website; for Portfolio Models – Contact Sarah Simpson (sarah.simspon@doh.wa.gov) to review process for tracking Depression Screening/Referral data

2. Team Reflection Exercise:

- *We hope the following questions will help prompt a thoughtful and open discussion about supporting families with mental health. Your Team Storyboard asks you to share a few highlights, but otherwise this is just for your team. It may be helpful for team members to jot their thoughts down on sticky-notes.*

1. **Individually** – Reflect on what comes to mind when you think about supporting families with mental health?
2. What has it been like to support families experiencing mental health issues (individually and as a team)?
3. What are your strengths (individually and as a team) in supporting families with mental health? Barriers?
    a. Are there strategies that you are currently implementing or have implemented in the past that have felt successful (even if just a little bit)?
4. What are your hopes/goals for this project focused on depression? Do you have any concerns?

3. Caregiver Depression Process Map:

An important step in planning for improvement work is to better understand how the current process for depression screening, referral, and follow-up is working. Creating a process map can help:

- Develop a common understanding among team members – identify areas of differences in practice or confusion
- Clarify roles and responsibilities for different steps (e.g. preparing for screening, reviewing results, etc.)
- Begin to identify gaps or areas for improvement

How to create a Process Map:

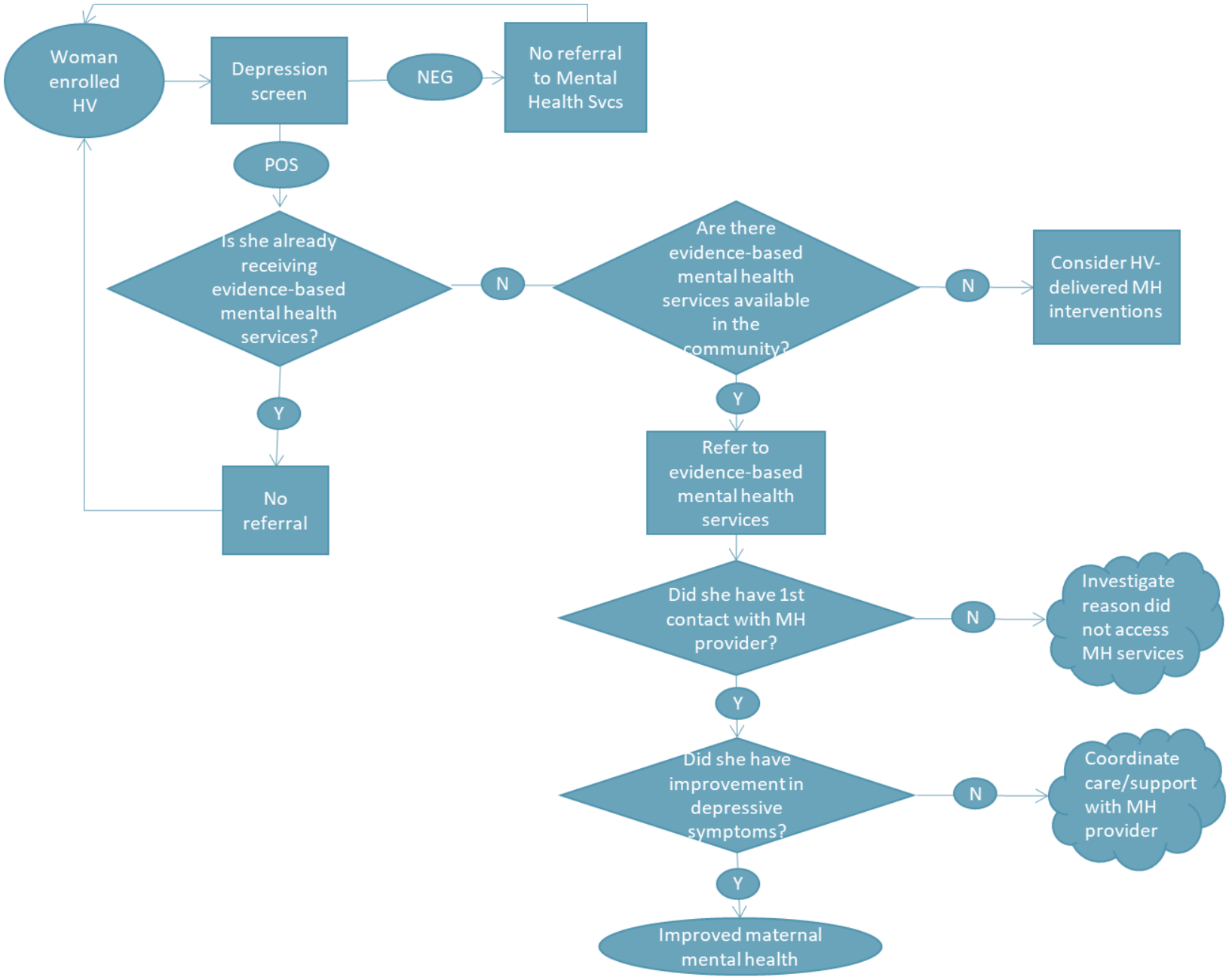
- We recommend using sticky-notes to create your process map – this allows for steps to shift as needed
- Identify each individual **step** and **decision point** in the process of screening for depression, providing referrals, and follow-up (recommend beginning the process map at "enrollment") – **use different shapes or colors to represent action steps vs. decision points*

Process Map Reflections:

1. Are there areas or steps where the process is unclear? If there is a step where different team members have different understandings or opinions about how it works, add a question mark above these steps
2. What are the differences between the current process and the *ideal* process?

[1] Learning Session 1 will take place during the All HVSA Meeting Nov. 6th, 2019

Example Process Map (HV CoIIN)



Project Charter: Caregiver Depression

SFY20 HVSA CQI Learning Collaborative

What are we trying to accomplish?

Opportunity:

Caregiver mental health can have significant impacts on infant/early childhood development, as well as attachment and the parent-child relationship. In some studies of women participating in home visiting, researchers found that depression rates measured as high as 61%.[2] We also know that mental health issues often occur alongside and in relation to intimate partner violence (IPV), substance misuse, and chronic stress. Additionally, many communities have limited or no availability of accessible, culturally relevant mental health resources. These are complex situations for families to navigate. Home visitors are uniquely positioned to meet families where they are at and support them in connecting to appropriate mental health services or other resources.

Through this CQI Learning Collaborative we are committed to creating space for home visiting teams to test new approaches and learn from one another to strengthen mental health supports for families.

Objectives:

- ✓ Increase comfort, confidence, and capacity of Home Visitors to support families with mental health and depression
- ✓ Identify best practices for PHQ-9 screening
- ✓ Examine the role/scope of Home Visitors in addressing mental health
- ✓ Identify effective strategies for referrals and connection to resources
- ✓ Address cultural, personal, or familial dynamics related to mental health
- ✓ Explore periodicity of second screening (in alignment with Performance Pay Milestone)

Our Aim -

During the course of this Caregiver Depression CQI Learning Collaborative, we will work to improve our rates of screening, referrals, and service connection to support families with mental health and depression.[3]

Stretch Aim: **60%** of primary caregivers who screen positive for depression and access services report a **25%** reduction in symptoms within 24 weeks (from date of completed referral)

Project 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 66% to **75%**.
- **Referral –** Increase % of all primary caregivers who screen positive (any positive screen) and are referred to services OR already connected to services from 32% to **50%**.
- **Service Connection –** Increase % of primary caregivers referred to mental health services who have at least one service contact from 55% to **70%**.

[2] Ammerman, R. T., Putnam, F. W., Altaye, M., Teeters, A. R., Stevens, J., & Van Ginkel, J. B. (2013). Treatment of depressed mothers in home visiting: Impact on psychological distress and social functioning. Child Abuse and Neglect, 37(8), 544-554.

[3] *Baseline data reflects caregivers enrolled in SFY18. Data are **provisional**, results only include data from programs that submit data to the DOH SQL data system. Data from non-SQL sites will be added for final analyses by November*.

What changes can we make that will lead to improvement?

In support of this aim, this CQI Learning Collaborative will focus on a set of evidence-informed and innovative strategies intended to strengthen the following Primary Drivers of Caregiver Depression:

1. Competent, skilled, and trauma-informed workforce to address caregiver depression
2. Standardized and reliable processes for caregiver depression screening and response
3. Standardized and individually-tailored process for referral, treatment, follow-up and education on mental health
4. Community partnership and linkage to mental health services

For more details about these drivers, please take a look at the *Key Driver Diagram* included on the last page of your Prework Packet. **A more detailed version of the Key Driver Diagram with specific change ideas and resources will be provided at Learning Session 1.**

How will we know a change is an improvement?

To assess progress toward our shared aims of improved rates of screening and referrals, each team will report on a set of collective measures monthly. Teams will be provided with a detailed data tracker and data visual tools. Project measures will support teams in tracking progress toward the project aims, inform decision-making, and prompt reflection and learning. Proposed Measures:

Measure #1: Screenings completed within 3 months of enrollment or postpartum
Measure #2: Referrals provided for positive screens
Measure #3: Second screenings completed within 3-6 months of first screening in performance measure window
Measure #4: Completed referrals

Expectations: Participating in a Learning Collaborative -

July 1st 2019 – June 30th 2020

Thrive/Ounce Washington, DCYF, and DOH will:

- Provide education and training on quality improvement methods and data tracking and interpretation
- Offer regular coaching on quality improvement topics and access to subject-matter experts
- Coordinate and facilitate connection and collaboration across participating teams
- Provide monthly Action Period reports to teams to share progress

Participating teams are expected to:

- Connect the goals of the collaborative work to achieve team objectives
- Complete prework activities to prepare for Learning Session 1 – including a team storyboard
- Send a core team (preferably 2 members, supervisor and home visitor) to Learning Session 1[4]
- Identify approach for home visiting team members to share CQI responsibilities
- Perform tests of change through rapid-cycle PDSA methods
- "Share seamlessly, steal shamelessly" – this is a *collaborative* learning process, we are all here to teach and learn
- Present the team's experiences and results during Learning Sessions 2 (April/May) and 3 (July) to celebrate successes and learnings
- Participate in monthly Action Period calls/webinars with peers, subject matter experts, and HVSA team members to review progress, engage in learning, and problem-solve obstacles as they arise
- Work hard, implement change, and have fun ☺

[4] Learning Session 1 will take place during the All HVSA Meeting Nov. 6th, 2019

Appendix

Learning Collaborative Model:

Prework

Prework is an important aspect of the CQI Learning Collaborative and should be completed as a team. This part of the process helps ensure our efforts are targeted and in alignment with the broader aims. Prework activities are intended to prompt and guide reflection of your **current experience and practice**.

- Reflect on current process/practice
- Review Project Documents (Charter and Key Driver Diagram)
- Process Map
- Team Storyboard – **Due October 21st**

Learning Sessions

Throughout the CQI Learning Collaborative, members of your team will participate in three Learning Sessions, the first during the All HVSA Meeting scheduled November 6th, 2019. Learning Sessions 2 and 3 will take place mid-point and at the conclusion of our project. The Learning Sessions will provide opportunities for:

- Subject matter learning
- Deepening knowledge of improvement strategies
- Dialogue with peers about successes, barriers and lessons learned
- Strategic support for planning PDSAs

Action Periods

Action Periods take place between Learning Sessions, during which teams test and implement changes in their local settings. Teams will submit monthly PDSA progress reports and participate in monthly topic-based calls/webinars to share information and learn from peers. The purpose is to sustain collaboration and peer support throughout the learning collaborative.

- Rapid Cycle PDSA Testing
- Monthly PDSA Reporting
- Monthly Data Updates
- Monthly Topic Webinars

Resources:

1. Peters, R., & Genua, D. (2018, August). Addressing maternal depression in the context of home visiting: Opportunities and challenges. National Home Visiting Resource Center Research Snapshot Brief. Arlington, VA: James Bell Associates and Urban Institute. https://www.nhvrc.org/wp-content/uploads/NHVRC-Brief-081318_FINAL.pdf

2. Ammerman, R. T., Putnam, F. W., Altaye, M., Teeters, A. R., Stevens, J., & Van Ginkel, J. B. (2013). Treatment of depressed mothers in home visiting: Impact on psychological distress and social functioning. Child Abuse and Neglect, 37(8), 544-554. https://www.ncbi.nlm.nih.gov/pubmed/23623623

DRAFT **Key Driver Diagram**: Caregiver Depression – SFY20 CQI Learning Collaborative

SMART Aim Statement	Primary Drivers	Secondary Drivers	Notes/Team Reflections
HVSA Shared Aims: ***Screening –*** ***75%*** *of all primary caregivers will be screened using the PHQ-9 within 3 months of enrollment or within 3 months of delivery (if enrolled prenatally)* ***Referral –*** ***50%*** *of all primary caregivers who screen positive (any positive screen) will be referred to services OR already connected to services* **Service Connection –** ***70%*** *of primary caregivers referred to mental health services will have at least one service contact*	**1.** Competent, skilled, and trauma-informed workforce to address caregiver depression	1. Comprehensive and ongoing training for HVs and HV supervisors on mental health and trauma-informed practice 2. Ongoing and quality reflective supervision and clinical consultation for HVs and Supervisors 3. Organizational practices, policies, and systems of support/self-care informed by principles of trauma-informed care 4. Emotionally and physically safe environment for staff and caregivers	
	2. Standardized, reliable, processes for caregiver depression screening and response	1. Timely and comprehensive training for HVs on depression screening, mental health conversations, referral, and follow-up 2. Timely and reliable process for depression screening 3. Communicate results of screening to clients in a timely, accurate, empathic and sensitive manner 4. Appropriate screening periodicity to capture vulnerable windows	
	3. Standardized and individually-tailored process for referral, treatment, follow-up and education on mental health	1. Sensitive and appropriate Information, resources, and options for caregivers related to mental health 2. Crisis Response Protocol 3. Culturally responsive, universal education for all families on mental health 4. Reliable processes for follow-up and ongoing mental health support for caregiver 5. Integration of infant mental health education and focus on the impact of mental health on attachment and child development	
	4. Community partnership and linkage to services	1. Identification of and partnerships with available services/resources for mental health in the community 2. Relationships with local, community-based mental health programs - involving cross-training, information sharing, and technical assistance	