

HVPMCQI Webinar: Addressing Impacts of COVID-19 on Performance Measurement and CQI
May 5, 2020

>> All right. I see we have a good number of people connected and on the webinar today. So we're going to go ahead and get started. There are a few things we'd like you to keep in mind as you're participating today. If you would like to join in the conversation, we're going to ask you to please call into the number on the screen and mute your line when you're not speaking. If you do call in on the phone, you'll also need to mute your computer speakers. During our Q&A we'll unmute everyone's line and give you the opportunity to ask questions and comments either over the phone or in the chat box. We have a technical support box below the slides, if you experience any technical difficulties today. And we are recording this webinar to make it available on the HRSA website. And in the meantime, you can download a copy of the slides from the file share box that you see on your screen.

My name is Sara Voelker. And I'm the Associate Project Director for the HV-PM/CQI TA Center. Also joining me today are Mallory Clark, HV-PM/CQI TA Specialist and Research Associate with James Bell Associates, Mary Mackrain, who is a Managing Project Director for Early Childhood Health and Quality Programs at EDC, and Zhandra Levesque, who is the HV CollIN 2.0 New Project Director at EDC.

We'd like to start today by first acknowledging and thanking you for all that you're doing to support home visiting programs and staff as our ways of working and being with each other have changed so much and so quickly. Please know that in partnership with HRSA, our teams at HV-PM/CQI and HV-Impact are here to support you in any way that you need. We recognize that there have been a number of questions related to MIECHV requirements for data collection, reporting, and CQI. And we want to remind you to please continue to refer to the MIECHV program information posted to HRSA's MCHB Frequently Asked Questions page. You'll find a link to that page in today's webinar slides. If you have any questions for HRSA, we encourage you to reach out to your project officer or you can include them in a chat pod here and we will share them with HRSA.

As we share ideas today, we also want to remind you that HRSA has temporarily waived the requirement to submit changes to your approved performance measurement and CQI plans prior to implementation, however, HRSA does strongly encourage you to discuss any proposed changes with your PM/CQI TA specialist for feedback. We also want to continue to encourage you to refer to guidance from your evidence-based model regarding service delivery, including definitions of completed home visits for the purposes of performance reporting.

Our objectives for the call today are to discuss strategies that you are currently using or could put in place to support MIECHV data collection during this time when home visitors are working remotely and conducting visits over the phone or through video. We also want to offer some tips for continuing CQI activities virtually. And we'll share with you best practices from the field,

gathered from HV COLLIN topic experts for addressing maternal depression and intimate partner violence in our current context. And then we'll wrap up by sharing some additional resources to support you and your home visiting program.

So we're going to start today with some strategies to support MIECHV's data collection. And as you're thinking about how to support home visitors and LIAs with data collection in the context of COVID-19, there are a number of factors to consider. So first, with home visiting staff working remotely, are your data systems accessible to everyone who needs them? So just as many families are experiencing barriers in moving to remote connections, all home visitors may not have equal access to needed technology to support data collection. So home visitors in some communities may face data caps or limits on connection speeds that then make entering data into an online system more challenging. And depending on your system, there may be software or security requirements to navigate and, of course, all families online systems and devices are being stretched right now as we attend school and work remotely, and that includes home visitors. So we encourage you to talk with your LIAs to find out what challenges home visitors are experiencing with your data systems and then work with them to troubleshoot any issues or questions they might have about access.

Processes for data collection we know may have also changed quite a bit. So if you have LIAs where home visitors typically collect data on paper forms and then submit those to another staff person to enter into the system, data entry may be managed quite differently now. So you should consider that you might have staff being asked to enter data on their own for the first time and think about whether there are training resources available to support them. Home visiting staff may also be used to having a supervisor or another support person on hand when entering data so they can ask questions. And in the absence of that your team might think about sponsoring something like regular open-office hours for home visitors to join and ask questions about the data.

We know that some awardees are adjusting their data systems to add new fields and forms to support remote data collection. So depending on the flexibility and control you have over your own data systems, and we know that varies, you may want to add a field that indicates whether a visit was conducted in person, over the phone, or through video. This can provide helpful context when looking at and interpreting your data later. You could also consider discussing with your team how to build screening questions and forms into your existing data systems or get copies of data collection forms to home visitors who may not have access to a printer and still need to complete screens or other data collection activities.

You may need to consider new technologies to support home visitors with completing consent forms and gathering signatures. So some awardees have recommended the use of DocuSign or Adobe Reader to allow for signatures to be captured either online or through email. There may be cost considerations and learning curves to think about when choosing what will work best for your program.

So now we want to pause for just a minute and hear from you. What are some of the changes that you are making or have already made to your data systems and data collection processes in response to COVID-19? And we're going to pull up a separate chat box here for you to enter into. Then as you're thinking about the changes that you've been made, what has been especially effective or innovative? So what would you want to share with another team to try out?

So I see some examples of changes that are being made to data systems and processes are: adding in additional visit locations to capture video conferencing or phones as a fillable data form for home visitors who do not have access to printers; a box to indicate if a virtual visit occurred; lots of people creating room in their data system for virtual visits or phone calls; adding home visitor telehealth as a service code; and updating data reports to be able to report out on telehealth services; also capturing if visits start out with video and then switch to phone, so recognizing that visits may be happening in kind of a hybrid fashion right now; the use of tablets for families with no tech; and partnering with Verizon to get free data plans.

That's great. Okay. And I see one response in "What has been especially effective and innovative:" so it looks like adding virtual visit and particularly that this virtual happened because of COVID-19 as a location, that's a great way to kind of capture and be able to look at your data and understand the context behind it later. I see: example process map for how LIAs could print and use forms for data collection -- that's great -- recognizing that the processes that the home visitors are used to are changing, so what might a new process look like? All right. Wonderful. Thank you so much for sharing.

I do you want to share with you one additional strategy for keeping track of some of these changes that are happening. So as home visiting service delivery adjusts and changes, one thing that could be very helpful is keeping a change log. And if anyone is currently using a change log, please let us know in the chat box. I'd be interested in hearing about your experience.

So in our example here, we're capturing a few key pieces of information; right? We're looking at the policy or practice change, the LIAs that are affected, the date the policy or practice went into effect, the date it ended, and then a space to note any potential impacts to data collection and reporting. As we walk through the first example you see here, two LIAs have a new policy that they will no longer discharge clients after 30 days of no contact. So they're keeping families enrolled in case a need arises during this time. And in our example, the policy went into effect March 28th and it still remains in effect. So what impacts would we expect to see in our data from this policy?

First, these two LIAs may have an increase in the households that are enrolled, but not currently receiving services for the next Form 4 quarterly reports. And then depending on how long the policy remains in effect, in Form 1 reporting at the end of the federal fiscal year could also be impacted by this. We may also expect to see more missing data for those LIAs from households that are not regularly participating in visits.

So you can see that keeping this type of log provides you with very important information to interpret and then understand the story behind your data. It can also help you be able to respond to questions about program metrics and reasons for missing data. And it can help you see where there might be trends in policies or changes that are adopted across LIAs and that could then have a compounding effect on your statewide data.

So with disruptions in home visiting services that many programs are experiencing, and we know that some of you might have questions about how to handle missing or incomplete data. When completing your performance reports, you should continue to follow existing HRSA guidance for calculating and reporting on missing data. And you can find this guidance in the Form 1 and Form 2 toolkits and FAQs on HRSA's website. You should interpret your data in the context of what you know about home visiting services in your state or territory, any new policies that are being put in place due to COVID-19, or any other changes that are impacting services. And HRSA will also review and interpret your performance data with the recognition that many programs will continue to experience major service delivery disruptions in 2020.

So if you have any further questions about data collection or data guidance, please drop them in the chat box and we'll have some Q&A time at the end of the session. But now I'm going to turn things over to Mallory to talk about support for CQI activity.

>> Great. Thank you so much, Sara. There are many different types of CQI-related activities that you might do during the COVID-19 pandemic. Given the ways in which you are working are changing rapidly, we want to cover several options for engaging in CQI work with your team in the virtual environment. First, we will review approaches to CQI during this time, then we'll share virtual coaching tips to support CQI efforts.

Potential CQI approaches include: Using CQIs to test new strategies around virtual home visiting, reviewing previous CQI projects to modify old strategies to fit the new context of virtual home visiting, and spending time on virtual CQI training. This isn't intended to be an all-inclusive list. You may have other ideas for engaging in CQI work, so please share those in the chat box or reach out to your HRSA project officer or HV-PM/CQI TA Specialist to build out further. As we go through the next few slides, please feel free to chat in how your state or territory is engaging in CQI during this time and any ideas that you want to share.

CQI methods and tools may be helpful as you test new ways of working virtually. We recognize that most of you are currently working from home. And you might be trying out these strategies alone. And unsure if you're doing it – if what you are doing is the best approach. Using CQI to test approaches, share challenges and successes among team members, and create strategies to make home visiting successful in the virtual environment may be helpful to you and the members of your team.

On the slide there are three examples of questions that might be addressed using CQI: What strategies improve comfort and quality of home visits? What processes can improve family engagement in the absence of in-person visits? And what strategies might reduce compassion

fatigue among home visitors? Please type any other questions that your team might address with CQI strategies in the chat box.

It is important to remember the power of one. And that is to test changes with one home visit, one home visitor, or one family. Since many home visitors are working at home, they can still implement PDSA cycles with one family and one home visit and scale to multiple home visits and families. The team should use frequent virtual meetings to check in and discuss the outcome of current testing and to agree on next steps. Remember also to use PDSA worksheets to help track your ideas and test changes. Please see the file share pod for a sample PDSA template. We'll share the PDSA template with you later in the presentation.

Another approach to CQI that may be useful during this time is to revisit previously completed PDSAs. Consider what adjustments should be made to account for this new context. In the same way that you can revisit old PDSAs, you can also revise your prior process maps to account for the changing processes. It's possible your processes have changed in our new way of operating. If they haven't yet changed, consider if they should be modified. What PDSA testing should be conducted to test the proposed changes? It can also be helpful to use a file-sharing platform to help teams update PDSAs and process maps. This will ensure that everyone is working from the most up-to-date versions of a document and that the documents are easy to access during virtual meetings.

Consider the process represented on this process map around scheduling initial home visits. In the example you can see the steps the home visitor would take to schedule an initial home visit prior to COVID-19. So imagine that the family is contacted, a date is agreed upon, a home visitor prepares the materials for the visit, and then goes on the home visit delivering the consent form, visit paperwork, and interacting with the family face-to-face.

In the revised process map shown here, the home visitor has modified certain steps in their process of setting up and engaging the family in the initial home visit. The highlighted text shows the significant changes. So first the home visitor must ask the family about their preferred virtual visit mode. Would the family prefer to use FaceTime, Zoom, or some other method? In addition, the home visitor must collect information about a family's access to email and Internet. Finally, the home visitor must email or text the family the consent form, as well as any other applicable visit materials, like handouts. You can see illustrated here the ways in which the process has to change to accommodate the new ways of working. It can also help your team identify potential opportunities for improvement.

Now, I'm going to pause for a moment to allow -- [inaudible] in the chat box if your team has adapted previous process maps to better fit your current situation. And it looks like there are some that have shifted CQI work. A PDSA log to simplify recording and capture as many PDSAs as possible. That's great. And you brought up a great point, Elisa, really drawing on the CQI skills during this time, even if it's not really a specific CQI project, but using those methods and tools with a CQI lens.

April, it looks like we got a question about sharing the transcript of the chat after to share all these ideas. If you could note that – thanks. All right. Looks like most of the chats are focusing on other things at this point. So we're going to move on.

Okay. So now I'd like to shift to CQI trainings. During this time you may want to participate in CQI training. And there are many different online trainings available free of charge. And your HV-PM/CQI TA Specialist is also available to provide trainings to your state or territory team. For more information on CQI training opportunities, please contact your project officer or HV-PM/CQI TA Specialist. For those of you interested in building up your state or territory CQI capacity to manage changes raised by COVID-19, consider accessing the CQI toolkit for MIECHV awardees to support your training efforts. There are nine modules covering everything from identifying CQI topics and developing Smart AIMS, to reliability concepts and sustaining gains all with home-visiting-specific examples. Each module includes a facilitator guides, talking points, and activities. And your HV-PM/CQI TA Specialist is available to help orient you to the toolkit or to help design the trainings for your LIAs.

The awardee CQI team communicates with multiple stakeholder groups. The CQI team communicates around successes and challenges with awardee leadership. They also communicate within their team to discuss progress and updates on CQI plans and to ensure consistent messaging to LIAs. The CQI team also coaches the LIA leaders. And the LIA leaders, in turn, coach home visitors. At the awardee level you might be used to virtual coaching already, so this is nothing new for you. It is important to realize that this way of working might be new at the LIA level, and all might need support around virtual coaching.

So here are some virtual coaching tips that can help you and support your LIAs. First, use clear communication and be very specific. For example, end a meeting with actions steps and a timeline. If you are implementing a CQI project plan around questions including: What are we going to test? By when? And how are we going to know if it's successful? Or if you're focusing on training, questions may include: What specific training modules will be completed by a specific date? Who will attend? How will the training be conducted? And what technology supports are needed?

It's also important to have regular check-ins. Plan regularly scheduled CQI calls, and you will need to be intentional about checking in when you are not in person. Prioritize relationship building. Check in to see what's going on with people and programs outside of the CQI work. Checking in to see that there are no other immediate needs that should be addressed prior to CQI work helps increase buy-in.

Use technology to your advantage. Platforms like Skype, RingCentral, and Adobe Connect are really great for virtual meetings and utilizing screen sharing and chat functions can help facilitate the conversation. Use cameras when available. They're a really great way to connect with others and see people face-to-face.

Finally, it is helpful to have an online sharing platform that team members can work on PDSAs, process maps, and data spreadsheets as a team. Please be aware of your agency's policies on HIPAA compliance.

To keep virtual coaching consistent, clear, and productive you may want to consider a CQI coaching tracking form. This form can be created in Word, Excel, Google Docs, and would allow you to document progress on your regularly-scheduled calls. The purpose of this tool is to structure the agenda of the call. The standard call structure can help keep the call on track and help attendees know what to expect. For example, you might have an opening or an introduction, PDSA discussion, data discussion, next steps, and closing for each call agenda. The tool can also prompt your team to ask important questions on each call. This ensures key questions are answered and standardized coaching across the awarding team. Examples include: What successes can you share, in terms of your PDSA cycle since our last call? In addition to the agenda I've outlined, is there anything else you want to make sure that we discussed today?

The tracking form can also keep your team accountable for moving your CQI work forward by outlining specific action steps, timelines, and measurement criteria. For example, it might include prompts like: What will we test before next calls, how will we measure or know if this test is successful? This example CQI coaching tracking form is on the file sharing pod. Please feel free to reach out to your project officer or HV-PM/CQI TA Specialist if you'd like additional assistance with this resource.

Finally, we want to acknowledge that during this time state or LIA teams may need to place CQI activities on hold. If you must place current activities on hold, please remember these tips. Communicate with all members of your CQI team. Let them know that you are temporarily placing activities on hold and that you will resume CQI activities as soon as possible. Make note on PDSA forms, run charts, and coaching feedback forms to reflect which activities are paused and the date that they were placed on hold. Also, please remember that even if your current CQI plan cannot go forward, there may still be an opportunity for home visitors to use CQI methodology to support them in their new way of working, which it sounds like some of you are already doing. Next, we'll hear from Mary about maternal depression and intimate partner violence screening and service linkages.

>> Great. Hello, everybody. Good afternoon. And for some I guess in Hawaii, it's still the morning hours. We appreciate you having us with you all today. So one of the things that we wanted to share with you from the Home Visiting CoIIN 2.0 Project is a recent memo that we created along with faculty for maternal depression and intimate partner violence. Obviously, due to this unforeseen public health crisis, many of our home visiting CoIIN 2.0 participants have begun to request guidance related to best practice for screening and referrals, specifically in the areas of maternal depression and intimate partner violence. And I'm sure this is not unique to all of you on the call as well. Maybe some of you are creating new processes that you can share. And that would be wonderful. But we wanted to share this memo because it

provides some general guidance from our faculty that we thought could be helpful to all of you, along with some strategies that would be time for testing using CQI practices.

One important thing that we wanted to note is that this is just general advice or not necessarily -- I guess I'm using the wrong word in terms of guidance -- it's not intended to replace or supersede guidance from home visiting models or local state or federal authorities. And if what we provide today you decide you want some deeper technical assistance, just remember to leverage your Home Visiting ImpACT and Home Visiting PM/CQI TA Specialist. So you can get linked to some subject matter experts and ongoing support. So the memo should be available in the file share pod, if you want to look at it a bit deeper.

So I'm going to share a little bit about our maternal depression Q&A that we had with faculty and a little bit about the strategies. So we all I think are recognizing that this reduced social support that families have is a critical environmental factor in the onset of anxiety and stress. And we know high stress is among the factors associated with a higher risk of postpartum depression. So during this time of uncertainty and induced social isolation, we know that it's really important to continue connecting with families, as home visitors are, and to continue to screen and provide support, specifically around maternal depression.

So we definitely understand that due to the coronavirus pandemic, home visitors are facing challenges to screen and referral. So we did reach out to our Home Visiting COLLN faculty, Dr. Darius Tandon, who many of you may know related to mothers and babies. And he does a lot of work around maternal depression. And Nancy Topping-Tailby who serves as one of our faculty who is a clinician working in the field. So they weighed in on some frequently-asked questions and she had some resources that we're going to share with all of you today.

So one of the top questions that have come up: Is it reliable and valid to screen mothers for maternal depression via the phone? Some of you may have already found the answers to this question, but when our faculty weighed in they said that there is some growing evidence that depression screening via the phone is reliable and valid. And their recommendations or advice to our teams was: During this time of heightened stress and isolation, maintaining screening periodicity, obviously with some flexibility as warranted, and adjusting protocol for virtual visits could really be impactful to getting families to the needed support.

And also, just finding -- we do know that it's really hard to replace that rapport engaging of comfort that we can do in an in-person visit while administering a screening tool, but we know these are unprecedented times. And rates of depression and stress are seeing a rise. So finding ways to operationalize the new process could really make it more amenable to home visitors. So as Mallory mentioned earlier, for instance, for CQI it may help to have a revised process map with talking points for doing screening over the phone that's tested with one home visitor -- remember, the power of one -- and then perhaps scales with necessary adaptations. Because I know that we often hear from home visitors: I want to ensure I'm doing this right. I've never done a screening over the phone. And having that script or that process creates a sense of ease, I guess, in process and that a process is being followed. We know too that many reliable and

balanced validated tools have user guidelines for phone use that could be adapted and tested as well.

Our second question is: How do we refer if healthcare providers are only available for emergencies? So we're learning that during this time of uncertainty, many home visiting teams are looking for stability and structure from us and likely all of you as leaders are looking to each other as well. And we know our healthcare providers are inundated, but there are some tips that could be tested to create some interim processes for supporting families with maternal depression symptoms during this time.

For example, a program might create a triaging map where the first step is to identify if the family medical provider is accepting non-acute patients. If so, are they able to provide telehealth? Does the family have capability for this type of connection? So do they have access to Internet and so on? Does the insurance cover this kind of visit, etcetera? So there's a triaging and process map developed specifically for this. And a decision tree could be used to get families a level of support that they need. So there's a list of other responses here. We don't have time to go over all of them today, but certainly you can download this memo and get some ideas and maybe some of these will resonate with some of the local implementing agencies that you all support.

Our last question is about: What can we do to support mothers and families and their heightened level of stress? So the faculty responded that there are many resources available to address these increased levels of stress. So they tried to list the ones that they can most stand behind, have utilized before, and really felt were useful. So we know that there is many quality tools that are free and available that sometimes navigating a long list can be really hard, especially when we might also be dealing with stressors in our own lives as leaders and supervisors and so forth, but through CoIIN some teams are testing more frequent, shorter -- or told us they are testing more frequent, shorter check-ins with families to connect and provide that sense of support. So checking in maybe for 15 or 20 min three times a day for parents that are really juggling a lot and really trying to leverage multiple stressors.

So many of the tools that you see on the screen or in our memo could be tested using PDSAs with families. For example, if home visitors are finding several families verbalizing heightened levels of anxiousness and requests for ideas, perhaps the home visitor could test one or two tips for reducing anxiety from the CDC. So many of these interventions could be operationalized through utilizing plan-do study-act cycles and utilizing that power of one. So again, very brief intro to our memo. We hope some of these strategies could be useful to all of you, but certainly we know that you have excellent ideas for sure.

So we wanted to just take a quick pause and ask all of you: How are you addressing screening, service linkage, and increased parental stress leveraging CQI? How have you dealt with some of these questions that you've also been faced with perhaps? And I know this might be more of a programmatic issue, but have any of these things come up in your work with teams around CQI and the types of things that they're testing? Great. I see a few people typing. Working with

hospitals. Great. Federally-qualified health centers. And I'll give it just another minute here. Updating resource lists with virtual options. That's great, Jessica. So making adaptations. I love the idea that Mallory's brought around of revisiting some of our process maps and triaging. Sara shared using our mom's PRN line to increase service linkage. That's wonderful. And sometimes there might be bumps. And it's a wonderful place to look at gaps and ways that processes may be improved. Kelsay, reaching out to referral partners to verify modification and service delivery, if a mom or child needs additional services after screening. That's great. I love this: Working with subject matter experts to offer webinars, sharing wellness planning and mental health resources. This is great. We have one program who plans to screen all families for maternal depression to identify possible increases. That's wonderful. And Marie shared, you are able to host a webinar with Dr. Linda Beeber, one of our faculty for maternal depression in COLLN. And Dr. Susan Jack to support our nurse home visitors with mental health and IPV screening and how to manage. That's awesome. It just helps to have that information to relieve some of the anxiety of what do we do now, so that's great. Thank you, everybody. I hope our memo was helpful to all of you. You can keep sharing. And I'm going to turn it over to Z to talk a little bit about our intimate partner violence strategies.

>> Thank you so much, Mary. And thank you all for sharing your wonderful ideas, not just in this portion, but throughout the call. It's been really great to see that's all coming in.

So I'm going to turn over to now our intimate partner violence work. As Mary mentioned, just like in the maternal depression topic, we have also been receiving a number of questions from our local implement and agencies and awardees participating in this collaborative. And we are making the assumption that some of those questions that they have are also ones that you have.

Unfortunately, we know that the data shows us that movement restrictions aimed to stop the spread of the virus is making violence in homes way more frequent, more severe, and more dangerous. And we also know that survivors often have specific needs around safety, health, and confidentiality. So at this time staying connected or even increasing connections with caregivers experiencing violence is really vital. And we know that home visitors are first responders. And they can truly be a lifeline in supporting survivors experiencing intimate partner violence. And we also know based on the work from our COLLN team, that you truly can utilize quality improvement tools to test your way into learning to be able to continue to provide high-quality service for all the families you serve, even in the virtual setting.

Like many of you have already reflected, connecting with your partners, with your local partners, to understand how services and resources availability has, changed, increase, or decrease or how referral process may be different, it's really important and definitely something you want to do. For our faculty, their message is: Home visiting doesn't have to address IPV alone. In fact, gaining better understanding of what agencies and families may experience when accessing IPV services will support home visitors in facilitating these connections and supporting families.

We want to elevate the National Domestic Violence Hotline, which includes chat live, call in over 22 languages, a deaf hotline, video chat, text chat. If not just available to survivors, but also available to home visitors, as well as many of you as awardees. They're able to problem-solve and to provide you ideas on how to best support a family. There's also a great big recommendation and big push on behalf of the faculty in the field, go ahead and find your state coalition and, I guess, in the National Coalition Against Domestic Violence website and connect with them, find out who they are, what they're doing, how you can support them and they can support you in supporting survivors.

And also connecting with your early childhood system efforts so that you can increase service coordination, capacity, and resource connection for families. We're really looking at this -- taking advantage of the opportunity to connect the services to support family for any number of topics so that survivors may be able to be supported with their self-identified need. So when thinking about who -- you might be asking yourself, who? Who's the right early childhood system, when we're talking about IPV? Really any of them, any to -- including two-generational support partners and centralized services that can really allow home visitors to support the survivor with their need at that specific time.

In addition to as the acknowledgement that home visiting doesn't have to do all this work alone, there is a big recommendation and from our faculty on the intentional supports that are provided to the home visiting workforce. So utilizing reflective supervision to support home visitors to care for themselves and also ensuring that supervisors are also provided opportunity for support, whether that is peer to peer, whether it is through access to mental health consultants, or other employee services other agencies may offer. We're including here some resources that were widely -- that were widely and are continues widely tested by the CoIN team to facilitate those conversations between a supervisor and a home visitor, but also those reflections for a home visitor, say, support families who are experiencing violence.

And you'll notice that in addition to those very specific resources for supervisors and home visitors, we're also integrating some resources around texting. So really understanding more about how to best use technology in a way that supports privacy and confidentiality for the home visitor, for the family. So definitely take a look at them.

And while we have addressed the connections that can happen at a system level with the awardee and between you guys with the awardee and say domestic violence advocacy agencies, as well as the kinds of support that are in place for our workforce, we know that many of you are also wondering, okay, so what about the families? What are some of the strategies to support families? And in collaboration with our partners at Futures Without Violence and the Washington State Coalition Against Domestic Violence and awardees, we've put together here some of them most -- some of the more simple -- simple, we say, we know this is difficult, but really ready to use, really ready to be tested, so you can also head over to the file share and see that we have a PDSA worksheet that can act as a sample to move forward to test around this idea of maintaining privacy.

We know that supporting families during these times requires drastic changes in your processes, and so thinking about when scheduling or confirming virtual visits, encouraging the caregiver to select the time that they will have access to a quiet, comfortable, and private spot, always asking is this a good time to talk, what is the best way to connect? Being prepared to offer suggestions for gaining privacy. And also being prepared to offer -- to be prepared to offer and prepare whether that is a court work -- code word or a different behavior that the caregiver can show to make sure that they can communicate, even if non-verbally, if it's a safe time to talk, and also providing information on how to stay connected. And all of this is done in a way that is universal, rather than through seeking a disclosure.

I know that many of you have already commented on this, but keep it in mind that families have different access to different types of communications. Some of you may be doing this through phone, others through video chats, and understanding also the role of those different modes of communication planning and securing privacy for family.

And I think above all during this time, the faculty were very clear in saying that there's a lot of power if we focus -- a lot of power behind focusing on the question of: How is it going? And really caring about the answer. That listening differently and staying connected with survivors is incredibly important. The faculty suggests that leaving may be a strategy, but especially during these times, it may not be the only strategy, but that home visitors have a lot of power in being able to recognize and validate the situation of the survivor. And that that's really important. And that home visiting plays a key role in reducing isolation and shame and encouraging the survivor to believe in a better future and to see that there is life after this. So like I said at the top, staying connected or even increased connections for the caregiver during this time is vital.

And I recognize that you have many more questions beyond that. We have got a number of questions around screening. And although there is no research indicating the virtual screenings are safe, we strongly advise everybody to follow their model guidance and just to know there is a potential risk of retaliation by an abusive partner and caregiver. Disclosing abuse during the screening, the faculty encourage every everyone to use their best-practice judgment when determining if it is appropriate or safe to screen.

So we know you have a lot of questions. And so because of that, we would love to invite all of you to attend this upcoming Futures National Webinar, where we have worked together with them to create this webinar that focuses in supporting clients experiencing IPV in the time of coronavirus. And would love to call out that this webinar will have opportunities for questions and access to the faculty, so please if you're able to not only as an awardee, but please do share this with your local implementing agencies in hopes that they are able to access experts, but also different strategies. And with that, I'm going to turn it over to Sara.

>> All right. Thank you so much. We are going to unmute your phone lines in just a minute. So if you have called in over the phone, now would be a great time to make sure your computer speakers are turned off so that we don't hear feedback when we do that. You can also get ready with any questions you have today that you want to pose.

Quickly, I want to run through a few additional resources. In addition to everything we've already talked about today, first, the Rapid Response Virtual Home Visiting Team held a webinar about screening and virtual visits on April 15th. The recording of that webinar, as well as an accompanying supervisor guide and resource guide are available on the Institute for the Advancement of Family Support Professionals website. They also have a live Q&A for home visitors on April 22nd, where they discussed how to use the ASQ-3 remotely with families. And that recording is also available. Brookes Publishing has posted a webinar on using ASQ-3 in a virtual environment. And they're also hosting coffee chats with education experts to share guidance and timely information to support children and families during the pandemic. They've recorded one on using the PICCOLO and HOVRS with virtual home visits. And they're adding new topics every week. And for those of you who are supporting home visiting programs in tribal communities, the Tribal Evaluation Institute hosted a webinar for Tribal MIECHV Awardees on screening virtually. And that recording is available. So you can access all of these links in the PDF of the slides that is saved in the file share pod today. And we'll also send them out afterwards.

As I mentioned at the beginning, HRSA is keeping their COVID-19 FAQ page up to date with all guidance related to MIECHV, so please continue to refer to that page and follow up with your project officer if you have any questions. The National Alliance of Home Visiting Models and the Rapid Response Virtual Home Design Team continues to put out new resources. They're hosting webinars every Wednesday at 3:00 Eastern. You can visit their page to see archived recordings of their past webinars and download resources and then register for anything upcoming. And then the HV-PM/CQI and ImpACT Teams are here to support. You can reach out to us at any time with TA needs. And we're also offering some group TA sessions every other week on topics that were identified by all of you as leading issues. So the next group call will be Thursday, May 14th at 3:00 Eastern, and that will focus on successful state and local responses to help meet family's basic needs during the pandemic. So please reach out to your TA Specialist or check your email for registration information about that. And then of course, please continue to reach out to your project officer or TA Specialist for any questions or requests for additional support.

We do have a few minutes now, if you have any questions you'd like to ask, please put them in the chat pod or feel free to unmute your phone line and ask over the phone. I did see a few questions come in as we were talking about where people could access some of the resources we were sharing today. We do have the file share pod. If anyone's having trouble downloading anything from that today, we'll send out an email after the webinar with links to all of these resources as well. All right. I'm not hearing any questions, so I'm going to move us forward, but please know you can type into the chat pod.

So as we're getting ready to wrap up here, we do want to get a little bit of information for you. First, we'd like you to reflect on any action steps you plan to take based on the information you heard today. So you'll see that a few poll questions have popped up on the screen. The first: whether or not you plan to take an action step based on the webinar? If you do, we'd love to hear what your action step is so that we can support you in that. And if not, please share with us anything that would have been helpful to you in identifying an action step today.

I see lots of good action steps here around communication with teams, looking back at CQI work, thinking about how to engage LIAs with CQI, documenting changes, using the coaching form, sharing some of these resources and strategies with teams. I do see we've had a question from Angela about if there are any considerations for changing the reporting period for Demonstration of Improvement? And so Angela and others, for that question I want to refer you to HRSA sent out an email on April 17th about Demonstration for Improvement, so just to summarize, the timeline for that is statutory, meaning that it's written into the -- it's written into statute, so, therefore, HRSA does not have any discretion to delay or waive it. And they provided some additional information there. So if you want to look back at that email or if you didn't get that information, please reach out to your project officer to TA Specialist and we can share that with you. All right.

And we have one other set of polls for you today that we're going to pull up now. So we'd just like to gather some feedback about what would be helpful next steps or resources to support you. So today we were able to hear a little bit from the HV ColIN experts around maternal depression and intimate partner violence, but we'd like to know if you would be interested in joining future MIECHV calls where we'd actually bring in subject-matter experts to better understand best-practice strategies and have your questions answered around IPV, maternal depression, and well-child visits, specifically during COVID-19.

Okay. And I see a question from Lorraine has popped up in the chat that says that an IPV screen was done -- I assume you mean here an education or referral information was provided virtually that can be recorded in Form 2 without a request for change and performance reporting. And yes, that's correct. Oh -- is an IPV screen was *due*. Okay. Lorraine, I'm going to ask you to please follow up with PM-CQI TA Specialist on that one. I think it'd just be helpful for there to be a conversation around it so we make sure we fully understand your question.

Okay. So I'd like to just close now by saying thank you again for joining us today and for sharing your time and your thoughts and your questions with us. We know that you have many demands on you right now. We hope that this space was a helpful and encouraging one for you. We're always looking for ways to improve and want to use your feedback to help guide that improvement. So we'd greatly appreciate a few extra minutes of your time to complete a short survey and share your thoughts about today's webinar. There's a link at the bottom of the screen. And then once we end the webinar that survey will appear in your web browser. If there's any questions we didn't get to today, we are keeping track of them here in the chat pod. And we'll have your TA specialist reach out to you. And if you have any lingering questions that you didn't get a chance to ask, please do not hesitate to reach out. So take care, and have a wonderful day, everyone.