



## **HV CollIN Developmental Promotion, Early Detection and Intervention Charter**

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### **A. WHAT ARE WE TRYING TO ACCOMPLISH?**

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**Call to Action:** Research demonstrates that early detection of developmental and behavioral issues and the use of appropriate intervention supports and services significantly improve a child's school readiness, academic success, and overall well-being. In fact, investments in early detection and intervention often reduce the high costs and long-term consequences for health, education, child welfare, and juvenile justice systems.<sup>1</sup> However, many children enter school with significant delays and missed opportunities for intervention due to under-detection and lack of timely referral to and receipt of necessary services. For example, less than 50% of children with developmental or behavioral disabilities- such as autism, attention-deficit/hyperactivity disorder, or delays in language- are identified before children start school.<sup>2</sup> Across home visiting programs serving children at high risk for developmental and behavioral delay, there are gaps between what we know works- to identify and provide appropriate services- and actual practice, with large variations in performance across the system.

HV CollIN teams have made great strides in testing evidence and practice-informed changes to improve promotion of healthy development and early detection and intervention for developmental risk and delay. HV CollIN surveillance rates (home visitors asking parents about their child's development, growth and learning at each visit) are at 91%. Screening rates for all enrolled children in Phase I are at a mean of 71%. Furthermore, once identified, individualized and enhanced support by the home visitor to the family/child to address the area of risk/delay is 87%. When children and families are referred to community services, 74% are receiving services within 30 days. Although there has been great improvement, these positive results need to be maintained in Phase II of the HV CollIN. We need to continue work on policy and practices that help children and families to get evaluated and into services, as early as possible. HV CollIN has had variable results with testing practices to improve timeliness of children being evaluated for early intervention and increasing the eligibility rates of those referred.

**Mission:** Together, in Year 4 Scale-Up, we will dramatically increase the percentage of children identified with developmental and/or behavioral concerns that receive appropriate services over five months by developing and refining policy and practices that lead to: 1) standardized and reliable processes for developmental and behavioral surveillance and screening, 2) effective, program-developed connections with community partners for linking families to services, 3) competent and skilled workforce to address child development, 4) active family involvement in children's development, and 5) comprehensive data-tracking system for developmental promotion, identification, and linkage.

This is important to home visiting because:

- Research demonstrates that the early detection of developmental and behavioral risk and the use of appropriate intervention services significantly improve a child's school readiness, academic success, and overall health and development.

- Research supports high-quality surveillance and screening processes as critical, effective, and efficient means of detecting early- and addressing- child and family risk.
- Investment in early detection and intervention often reduce the high costs and long-term consequences for health, education, child welfare, and juvenile justice systems. <sup>3</sup>

Home visiting programs have a unique opportunity to reach families and to incorporate evidence-based and practice-informed strategies- what we know works, and what we do on the ground, to improve rates of developmental and behavioral screening.

**SMART AIM:** 80% of children with a developmental or behavioral concern identified in partnership with the family will receive targeted developmental promotion in a timely manner, including an appropriate combination of home visitor-delivered developmental promotion, community services and/or Part B/C services.

**PROCESS AIMS:**

- Parents will be asked if they have any concerns regarding their child's development, behavior, or learning at 95% of home visits.
- 75% of children will be screened with appropriate instrument at least every six months.
- 75% of all children who meet local criteria for referral to Part B or C early intervention services will be referred to early intervention (EI) services.
- For 50% of children referred to Part B or C early intervention services, home visitors will know the status or outcome of the referral.
- 80% of children with identified developmental concerns or a positive screen will receive individualized, targeted, home visitor-delivered developmental promotion.

**B. HOW WILL WE KNOW A CHANGE IS AN IMPROVEMENT?**

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To identify progress towards these shared aims, we will report a common group of measures monthly. Data will be graphed on run charts and shared with all HV CoIIN participants across the Collaborative to promote shared learning. The following measures were selected to reflect the processes necessary to achieve the SMART aim. They are listed in the order in which these processes occur in many sites, and are labeled with the Primary Driver they reflect.

**DEVELOPMENTAL PROMOTION, EARLY DETECTION AND INTERVENTION MEASURES**

**Measure #1 (Primary Driver 5):** % of team members using CQI Data in Practice

**Measure #2 (Primary Driver 1):** % of home visits this month where parents were asked if they have concerns regarding child's development, behavior or learning

**Measure #3 (Primary Driver 1):** % of children screened for developmental risk/delay within the last 6 months

**Measure #4 (Primary Driver 1):** % of children with positive screen for developmental risk/delay

**Measure #5 (Primary Driver 2):** % of children with developmental or behavioral concerns who receive Home Visitor-provided targeted developmental promotion by next home visit

**Measure #6 (Primary Driver 2):** % of children referred to community services who received services within 30 days

**Measure #7 (Primary Driver 2):** % of children with a developmental or behavioral concern appropriate for referral to Part B/C services that were referred within 7 days of that concern being identified

**Measure #8 (Primary Driver 2):** % of children referred to Part B/C services who receive Part B/C planning meeting for IFSP within 45 days of referral

**Measure #9 (Primary Driver 2):** % of children referred to Part B/C early intervention services for whom the Home visitor knows the status / outcome of the referral

**Measure #10 (SMART Aim):** 80% of children with a developmental or behavioral concern identified in partnership with the family will receive targeted developmental promotion in a timely manner, including an appropriate combination of home visitor-delivered developmental promotion, community services and/or Part B/C services.

#### C. WHAT CHANGES CAN WE MAKE THAT WILL LEAD TO IMPROVEMENT

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The HV ColIN developmental promotion, early detection and intervention collaborative provides working technical documents that establish a common vision and mission, shared aims, theory, measures, and change ideas to guide its operation, in conjunction with participating partners. HV ColIN staff, faculty, and frontline home visiting teams applied the latest evidence-based research and practice to develop a developmental promotion, early detection and intervention Key Driver Diagram (KDD). The KDD displays our aims and our shared theory of how that aim will be achieved, including the primary drivers (i.e., what needs to be in place to accomplish the aim,), secondary drivers (i.e., actions necessary to achieve primary drivers), and the change ideas (i.e., how those primary drivers might be put in place). Teams from participating local implementing agencies (LIAs) select which of these change ideas might work in their particular contexts, and design Plan-Do-Study-Act (PDSA) cycles to test those changes and drive improvement. The change package provides examples from seasoned LIA teams that tested specific change ideas and sample PDSA plans.

#### D. COLLABORATIVE EXPECTATIONS

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Education Development Center, the Collaborative Chair and the HV ColIN Planning Group will:

- Provide information on subject matter, application of that subject matter, and methods for process improvement during monthly calls.
- Offer coaching to state quality improvement teams to facilitate improvements in home visiting.
- Provide communication strategies to keep HV ColIN participants connected to the Planning Group and colleagues during the Collaborative.
- Provide monthly report to state leaders, model developers, and LIAs.
- Provide regular coaching and teaching on quality improvement topics.

Participating grantees are expected to:

- Identify state quality improvement lead(s) to be part of the HV ColIN project to provide support to local teams.
- Participate in every other month HV ColIN management/quality improvement meetings.
- Develop a spread plan for the HV ColIN work (e.g. aligned with MIECHV CQI plan and state strategic priorities).
- Meet regularly (e.g. monthly) with local quality improvement teams to review progress and provide coaching as needed (e.g. PDSA quality review, data progress and quality, etc.).
- Actively advise the HV ColIN planning group through participation in a grantee advisory committee which will meet on a quarterly basis.

Participating LIA s are expected to:

- Connect the goals of the Breakthrough Series work to a strategic initiative in the organization.
- Provide a senior leader to serve as sponsor for the team working on the Breakthrough Series.

- Set goals and work to achieve our AIMS.
- Perform tests of changes using PDSA rapid cycle methods.
- Make well-defined measurements related to the teams' aims at least monthly and plot the results over time for the duration of the Collaborative.
- Share information with the Collaborative including details and measurements of changes made.
- Participate in grantee-led quality improvement activities to review data, engage in learning, and problem-solve barriers.
- Work hard, implement change, and have fun.

## E. OUR TEAM

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Sponsor (State/Tribal Lead/Not-for-Profit Lead):

Agency Lead(s):

Day-to-Day Supervisor(s):

Home Visitor(s):

Family Member(s):

Others:

REFERENCES:

<sup>1</sup> [Birth to Five, Watch Me Thrive.](#)

<sup>2,3</sup> National Academy for State Health Policy, (2012). [Making the Case.](#)

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