



Home Visiting Collaborative Improvement and Innovation Network 2.0: Addressing Developmental Promotion, Early Detection, and Linkage to Services

HV ColIN 2.0 brings together Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program awardees and local implementing agencies (LIAs) to engage in collaborative learning, rapid testing for improvement, sharing of best practices, scaling of tested interventions, and building of continuous quality improvement (CQI) capacity.

The Background

Since 2013, the Health Resources and Services Administration (HRSA), through a cooperative agreement with Education Development Center, Inc., has implemented collaborative improvement and innovation networks (ColINs) using the Institute for Healthcare Improvement *Breakthrough Series* (BTS) to accelerate improvements in select process and outcome measures for children and families within the MIECHV Program. Through its support of nine awardees and 12 LIAs, HV ColIN 1.0 demonstrated that the BTS model can be used in home visiting to improve outcomes and to develop the necessary resources and conditions for scale efforts. HV ColIN 2.0 continues to build the success of [HV ColIN 1.0](#) by **scaling improvements in the previously tested topic area of developmental promotion, early detection, and linkage to services.**

What is Scale?

Overcoming the infrastructure issues that arise as successful changes are spread for results at the system level. Essentially, it means getting what we know works to everyone who could benefit from it.

Developmental Promotion, Early Detection, and Linkage to Services: The Problem

Developmental promotion, early detection, and linkage to services is an area of top priority for MIECHV. Research demonstrates that early detection of developmental and behavioral concerns 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.¹

However, many children enter school with significant delays and missed opportunities for linkage to services due to under-detection and a lack of timely referral to and receipt of necessary services. For example, less than 50 percent of children with developmental or behavioral disabilities—such as autism, attention deficit/hyperactivity disorder, or delays in language—are identified before children start school, and fewer than 10 percent receive services.

Home visiting programs serve young children at high-risk for developmental delay and offer opportunities to incorporate evidence-based and practice-informed strategies to improve developmental promotion, early detection, and linkage to services. They can conduct regular, high-quality surveillance and screening and link children with developmental concerns to support services via home visitor-delivered developmental promotion and linkage to community and/or Part B/C early intervention services.²

What Are We Trying to Accomplish?

The HV ColIN 2.0 team is currently supporting one MIECHV awardee (New Jersey) and six LIAs to achieve the following SMART aim:

By March 2020, 80% of children with an identified developmental or behavioral concern receive targeted developmental promotion and support in a timely manner, including an appropriate combination of home visitor-delivered developmental promotion, community services, and/or Part B/C services.

"It's always inspiring when a child will hit a milestone that the parents and the team have worked hard for that child to reach. Seeing families trying something new with their children and knowing that it works has been invaluable." —HV ColIN 2.0 participant

How Are We Going to Accomplish the Aim?

HV CoIIN 2.0 supports awardee and local teams in meeting collaborative goals by sharing the best available evidence and promising practices for addressing developmental promotion, early detection, and linkage to services and by teaching and applying methods for scale. With support from faculty and CQI experts from HV CoIIN 2.0, awardees build and foster the following conditions to achieve scale in developmental promotion, early detection, and linkage to services:

- Leadership commitment
- Teams with high will
- Clear and ambitious aims
- Proven ideas
- A measurement system
- A process for refinement in response to learning during implementation
- The capacity to develop and execute a plan to communicate and implement the proven ideas

HV CoIIN 2.0 supports include providing awardee teams with the following:

- Coaching on consistent delivery of evidence-based interventions and promising practices to improve maternal depression and infant well-being
- A customized data tracking system for maternal depression
- Group and customized teaching and coaching from nationally renowned faculty experts in CQI practices, scale methods, and content areas
- A Family Leadership Coach to help maintain strong partnerships with families
- A suite of easy-to-use online resources, including key driver diagrams and gold-standard Plan, Do, Study, Act (PDSA) packages and measurement templates, to assist participants in getting started with CQI efforts, maintaining their gains, and engaging in scale efforts
- An easy-to-use and customizable data portal that provides on-demand data and supports virtual PDSA coaching

With these supports, awardee teams lead a scale effort with their local teams. New Jersey supports their local teams to apply the [Key Driver Diagram \(KDD\)](#), which was developed, tested, and refined in CoIIN 1.0. The KDD displays the SMART aim for addressing developmental promotion, early detection, and linkage to services and a shared theory for how that aim will be achieved, including the **primary drivers**—what needs to be in place to accomplish the aim—and evidence-informed interventions and processes to realize the drivers. These drivers include the following:

1. Standardized and reliable process for developmental and behavioral surveillance and screening
2. Competent and skilled workforce to address child development
3. Effective, program-developed connections with community partners for linking families to services
4. Comprehensive data-tracking system for developmental promotion, identification, and linkage

Through iterative learning cycles (i.e., PDSAs) and the use of monthly data for monitoring and improvement, teams learn how to effectively and efficiently put these drivers in place and achieve the aim.

Current Progress

Nine months into our work, we are making great strides in helping programs achieve their aims by March 2020.

Improvements to date:

- **90%** of team members use CQI data in practice
- **93%** of families get developmental surveillance at each home visit
- **76%** of children receive timely developmental screening
- **56%** of children screening positive are referred to Part B/C within seven days
- **82%** of home visitors follow up and know the outcome of the referral
- **45%** of children screening positive get the combination of services needed

¹ National Academy for State Health Policy. (2009, February 26). Making the case. Retrieved from <https://nashp.org/making-the-case/>

² Centers for Disease Control and Prevention. (2015). National survey of early childhood health

For More Information: <http://hv-coiin.edc.org> or email us at hvcoiin2.0@edc.org to learn more

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EDC 43 Foundry Avenue Waltham, MA 02453
E-mail: hvcoiin2.0@edc.org
Web: hv-coiin.edc.org
Phone: 857-233-3038

Boston | Chicago | New York | Washington, D.C.



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