

*Developmental Promotion,  
Early Detection, and  
Linkage to Services*  
**Electronic Playbook**



## HV CoIIN 2.0 Developmental Promotion, Early Detection and Linkage Charter

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### A. What are we trying to accomplish?

#### **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 linkage to support 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, and fewer than 10% receive services.<sup>2</sup>

Home visiting programs serve young children at high risk for developmental and behavioral delay and offer opportunities to incorporate evidence-based and practice-informed strategies to improve developmental promotion, early detection and linkage to developmental supports. 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. However, 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.

In HV CoIIN 1.0, MIECHV awardees and their LIAs tested evidence and practice-informed-changes and achieved reliable early detection of developmental concerns and linkage to services: developmental surveillance was conducted in partnership with families at 96% of home visits; 88% of children were screened every six months; and 80% of children with an identified developmental concern received targeted, timely developmental support – including 91% who received individualized, enhanced developmental promotion by the home visitor.

In [your state], [insert a description of the state of developmental promotion, early detection and linkage. If you participated in HV CoIIN 1.0, you could begin summarizing the accomplishments and learning in 1.0. Then describe the gap in practice that you plan to overcome.]

**Mission:** Together, in HV CoIIN 2.0, we will dramatically increase the percentage of children identified with developmental and/or behavioral concerns that receive appropriate services [over 11 months] by developing and refining policy and practices that lead to; (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.

**SMART AIM:** 80% of children with an identified developmental or behavioral concern will 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 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 6 months.
- 75% of all children who meet local criteria for referral to Part B or C early intervention services will be referred to EI services.
- For 80% 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?**

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 2.0 participants [insert your scale method here, e.g. “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.

**Measure #1 (Primary Driver 4):** % of team members using CQI Data in Practice

**Measure #2 (Primary Driver 1):** % of home visits 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 (optional)

**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 3):** % of children referred to community services who received services within 30 days

**Measure #7 (Primary Driver 3):** % of children with a developmental or behavioral concern appropriate for referral to Part C services that were referred within 7 days of that concern being identified

**Measure #8 (Primary Driver 3):** % of children referred to Part C services who receive Part C planning meeting for IFSP within 45 days of referral

**Measure #9 (Primary Driver 3):** % of children referred to Part C early intervention services for whom the Home Visitor knows the status / outcome of the referral

**Measure #10 (SMART Aim):** % of children with an identified developmental or behavioral concern who receive targeted developmental promotion and support in a timely manner

### C. What changes can we make that will lead to improvement?

HV CoIIN 2.0 provides a “playbook” comprised of working technical documents that establish a common vision and mission, shared aims, theory, measures and change ideas to drive improvement in developmental promotion, early detection and linkage. These materials were developed by HVCoIIN 1.0 staff, faculty, and front-line home visiting teams who applied the latest evidence-based research and practice to draft, test and refine the Developmental Promotion, Early Detection and Linkage *Key Driver Diagram* (KDD). The KDD displays our aim 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), change ideas (i.e., how those primary drivers might be put in place), and high quality sample PDSAs from HV CoIIN 1.0 LIA teams. [Insert text here to describe how you intend local teams to prioritize areas of the KDD to test in, e.g. “each team will begin with PD1 and follow a specific sequence, moving from one driver to the next as they achieve the associated process aims”, or “each team will select the driver that they prefer to start with, using data to inform which drivers to prioritize.” Be sure to include language that makes explicit that they will share their learning with one another. *Sample text: Teams from participating 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 more detailed descriptions of the change ideas, including examples from seasoned LIA teams that tested specific change ideas and sample PDSA plans.*]

### D. Collaborative Expectations

The HV CoIIN 2.0 National Group will:

- Provide playbooks, including draft charter, Key Driver Diagrams, Change Package with high-quality, tested sample PDSAs, and measures at a face-to-face national launch, via monthly virtual project-wide calls, and via regular and ad hoc coaching.
- Offer coaching to awardee teams to support scale design and execution to facilitate improvements in home visiting.
- Provide communication strategies to keep HV CoIIN 2.0 participants connected to the National Group and colleagues.
- Provide an online database that automates monthly reports to awardee leaders, model developers and local implementing agencies.
- Provide regular coaching and teaching on scale methods, content knowledge, quality improvement methods, and family leadership.

Participating awardees are expected to:

- Convene and lead an awardee team to be part of the HV CoIIN 2.0 project to provide support to local teams.
- Participate monthly HV CoIIN 2.0 project webinars.
- Develop a scale plan for the HV CoIIN 2.0 work (e.g. aligned with MIECHV CQI plan and state strategic priorities).
- Lead a state-wide scale effort using a specific method that will include meeting regularly (e.g. monthly) with local LIA QI teams to review progress and provide coaching as needed (e.g. PDSA quality review, data progress and quality, etc.).
- Cover travel and other expenses incurred due to participation in the HV CoIIN 2.0.

Participating LIAs are expected to:



- Connect the goals of the awardee HV CoIIN 2.0 work to a strategic initiative in the organization.
- Provide a senior leader to serve as sponsor for the team working on the HV CoIIN scale improvement work
- Convene a core team of 3-5 members and facilitate the full team’s participation in awardee-level scale activities.
- Set goals and work to achieve our AIMS.
- Perform tests of changes using PDSA rapid cycle methods and submit them via the HV CoIIN 2.0 database.
- Make well-defined measurements related to the teams’ aims at least monthly and submit them via the HV CoIIN 2.0 database, which will create automated run charts that plot the results over time for the duration of the scale initiative.
- Share information with the peers including details and measurements of changes made at awardee-sponsored peer-to-peer learning opportunities.
- Present the teams’ experiences and results at awardee-sponsored peer-to-peer learning opportunities to celebrate success and prepare for spread of changes to practice teams beyond the initial cohort.
- [adapt these expectations to your chosen scale method. For example, for a BTS collaborative: “Participate in monthly calls/webinars with peers, and awardee HV CoIIN 2.0 faculty, staff and consultants to review data, engage in learning and problem-solve barriers”].
- Work hard, implement change and have fun.

#### E. Our Team Signatures

Sponsor (Awardee Lead):

Agency Lead(s):

Day-to-Day Lead(s):

Home Visitor(s):

Family Member(s):

Others:

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## HV COIIN 2.0 KEY DRIVER DIAGRAM

### Developmental Promotion, Early Detection and Linkage

#### Key Driver Diagrams with Links to PDSAs

The KDD below outline the SMART Aim, Primary Drivers (PD) and Change Ideas (C) for Developmental Promotion, Early Detection, and Linkage. The KDD also includes hyperlinks to PDSA example packages, with relevant tools and PDSA ramps as examples of other agencies who have worked on improving aspects within those particular Primary Drivers and Change Ideas. Click on the links and see the work of your peers!

## Developmental Promotion, Early Detection, and Linkage

SMART AIM	Primary Driver	Change Ideas	PDSA Examples
<p>80% of children with an identified developmental or behavioral concern will 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 C services.</p>	<p>PD1. Standardized and reliable process for developmental and behavioral surveillance and screening</p> <p><i>Parents will be asked if they have any concerns about child's development, behavior, or learning at 95% of home visits.</i></p> <p><i>75% of children will be screened with appropriate instruments at least every 6 months.</i></p>	<p>1. Parents views and concerns about their child's development elicited at each home visit</p>	<p><a href="#">Dev.PD1.C1.Example1</a>. Using stickers to document any parents' concerns about their child's development</p>
		<p>2. Policy and protocol for screening periodicity and process (e.g., minimum every 6 moths or more frequently as warranted &amp; what it is, why it is important, and how it is done)</p>	<p><a href="#">Dev.PD1.C1.Example2</a>. Adding a label to a home visiting form to elicit data around parents' concerns with their child development</p> <p><a href="#">Dev.PD1.C2</a>. Increasing the number of children screened for developmental risk by rearranging visit schedules</p>
		<p>3. Policy and protocol for sharing results of screening with families</p>	<p><a href="#">Dev.PD1.C3.Example1</a>. Increasing caregiver knowledge of child development by developing a standard method of communication</p> <p><a href="#">Dev.PD1.C3.Example2</a>. Providing written, meaningful feedback using the ASQ-3 feedback form</p>
	<p>PD2. Competent and skilled workforce to address child development</p> <p><i>80% of children with identified developmental concerns or a positive screen will receive individualized, targeted, home visitor-delivered services in a timely manner.</i></p>	<p>1. Ongoing training/education of home visitors in tool administration, scoring, and interpretation</p>	<p><a href="#">Dev.PD2.C1.Example1</a>. Providing a refresher training on the ASQ-3 assessment tool</p>
		<p>2. Ongoing supervision on appropriate use of surveillance, screening, and sharing results</p>	<p><a href="#">Dev.PD2.C1.Example2</a>. Improving staff knowledge through professional development</p>
			<p><a href="#">Dev.PD2.C2.Example1</a>. Providing a training on the ASQ-3 screener and resource list</p>
			<p><a href="#">Dev.PD2.C2.Example2</a>. Using reflective supervision to improve home visitor preparation and confidence in discussing concerns about child development</p>
		<p><a href="#">Dev.PD2.C2.Example3</a>. Using videotaped home visits during reflective supervision to support the home visitor</p>	
		<p>3. Developmental promotion activities shared with families</p>	<p><a href="#">Dev.PD2.C3.Example1</a>. Improving parents' understanding of their child's developmental needs by providing immediate written feedback for the ASQ-3</p>

			<a href="#">Dev.PD2.C3.Example2</a> . Using a structured mechanism following the completion of the ASQ-3 to support and engage families in their child’s development	
			<a href="#">Dev.PD2.C3.Example3</a> . Improving ASQ-3 screening follow-up with families by adding a check box to the ASQ tickler report	
		Other	<a href="#">Dev.PD2.C.Other</a> . Asking mothers to find one item concerning child development to engage families in discussions around child development	
	PD3. Effective, program-developed connections with community partners for linking families to services	1. Policy and protocol for home visitors’ response to screening results (e.g., decision tree)		<a href="#">Dev.PD3.C1.Example1</a> . Increasing the percentage of children with positive screenings that receive service through the development of a systematic process for reviewing results and making referrals
				<a href="#">Dev.PD3.C1.Example2</a> . Developing a triage tool and referral matrix to review screening results and guide referrals
		2. Reliable and effective systems for referral and follow-up		<a href="#">Dev.PD3.C2.Example1</a> . Gathering referral sources from community resources
				<a href="#">Dev.PD3.C2.Example2</a> . Increasing children in the database with PCPs through database review and parent outreach
			<a href="#">Dev.PD3.C2.Example3</a> . Using a process map for EI referrals to increase the percentage of children who are referred within 7 days	
			<a href="#">Dev.PD3.C2.Example4</a> . Using a parent survey to better understand what services they find useful	
	PD4. Comprehensive data-tracking system for developmental promotion, identification, and linkage <i>90% of home visitors using data in practice each month.</i>	1. Tracking systems for surveillance, screening, periodicity and results, referral acceptance of referral, and follow-up to services		<a href="#">Dev.PD4.C1</a> . Using a referral tickler spreadsheet to track referrals and plan referral follow-up
2. Team meetings (i.e., weekly) to review improvement data and the direction it suggests for strengthening program effectiveness			<a href="#">Dev.PD4.C2</a> . Scheduling regular team meetings to unify practices in reporting across sites	



## Developmental Promotion, Early Detection and Intervention Measures Cheat Sheet

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The HV CoIN for Developmental Promotion, Early Detection and Intervention's **SMART Aim is:**

80% of children with an identified developmental or behavioral concern will 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 C services.

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.

**Measure #1 (Primary Driver 4):** % of team members using CQI Data in Practice [Column E]

- Numerator: N of Team Members (home visitors, supervisors, other members) with whom breastfeeding CQI Data was reflected upon and used to guide practice (for example, in individual supervision or team meetings) [Column D]
- Denominator: N Team Members (home visitors, supervisors, other members) [Column C]

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

- Numerator: N home visits this month where parents were asked if they have concerns regarding child's development, behavior or learning [Column G]
- Denominator: Total N home visits this month [Column F]

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

- Numerator: Among children due for screen, N children screened within last 6 months [Column J]
- Denominator: N of children who at the end of the month are at or beyond the age at which model recommends initiating screening and not already receiving Part C early intervention services [Column I]

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

- Numerator: N children screened within last 6 months whose last screen was positive [Column L]
- Denominator: N children screened for developmental risk / delay within the last 6 months [Column J]

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

- Numerator: N of those who received targeted developmental promotion by next home visit [Column P]

- Denominator: N children with parental concerns, Home Visitor concerns or positive screen who have had a subsequent home visit [Column O]

**Measure #6 (Primary Driver 3):** % of children referred to community services who received services within 30 days [Column T]

- Numerator: N children referred to community services who received services within 30 days [Column S]
- Denominator: N children referred to community services more than 30 days ago [Column R]

**Measure #7 (Primary Driver 3):** % of children with a developmental or behavioral concern appropriate for referral to Part C services that were referred within 7 days of that concern being identified [Column W]

- Numerator: N children with a developmental or behavioral concern appropriate for referral to Part C services that were referred within 7 days of the concern being identified [Column V]
- Denominator: N children with a developmental or behavioral concern appropriate for referral to Part C services [Column U]

**Measure #8 (Primary Driver 3):** % of children referred to Part C services who receive Part C planning meeting for IFSP within 45 days of referral [Column Z]

- Numerator: N children referred to Part C services who receive IFSP planning meeting within 45 days of referral [Column Y]
- Denominator: N children referred to Part C services more than 45 days ago [Column X]

**Measure #9 (Primary Driver 3):** % of children referred to Part C early intervention services for whom the Home Visitor knows the status / outcome of the referral [Column AB]

- Numerator: N children referred for whom the Home Visitor knows the status / outcome of the referral [Column AA]
- Denominator: N of children referred to Part C early intervention services greater than 45 days ago [Column X]

**Measure #10 (SMART Aim):** % of children with an identified developmental or behavioral concern who receive targeted developmental promotion and support in a timely manner. [Column AE]

- Numerator: N children who got all of the appropriate services in expected time-frame [Column AD]
- Denominator: N children with an identified developmental or behavioral concern referred to an appropriate combination of services [Column AC]

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*References*

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

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

