

# HV CoIIN: Implementing Quality Improvement to Achieve Breakthrough Change in Developmental Promotion, Early Detection, and Intervention

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## **Context**

Research demonstrates that early detection of developmental and behavioral problems 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 underdetection 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>

Home visiting programs have a unique opportunity to reach vulnerable families and to incorporate evidence-based practices – what we know works, and what we do on the ground – to improve developmental outcomes.

Through the work of the Home Visiting Collaborative for Improvement and Innovation Network (HV CoIIN) (see sidebar), 12 local implementing agencies across eight Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grantees are using the Breakthrough Series Collaborative framework and the Model for Improvement. They are testing evidence and practicing informed changes to improve promotion of healthy development and early detection and intervention for developmental risk and delay. Key tenets framing efforts aim to:

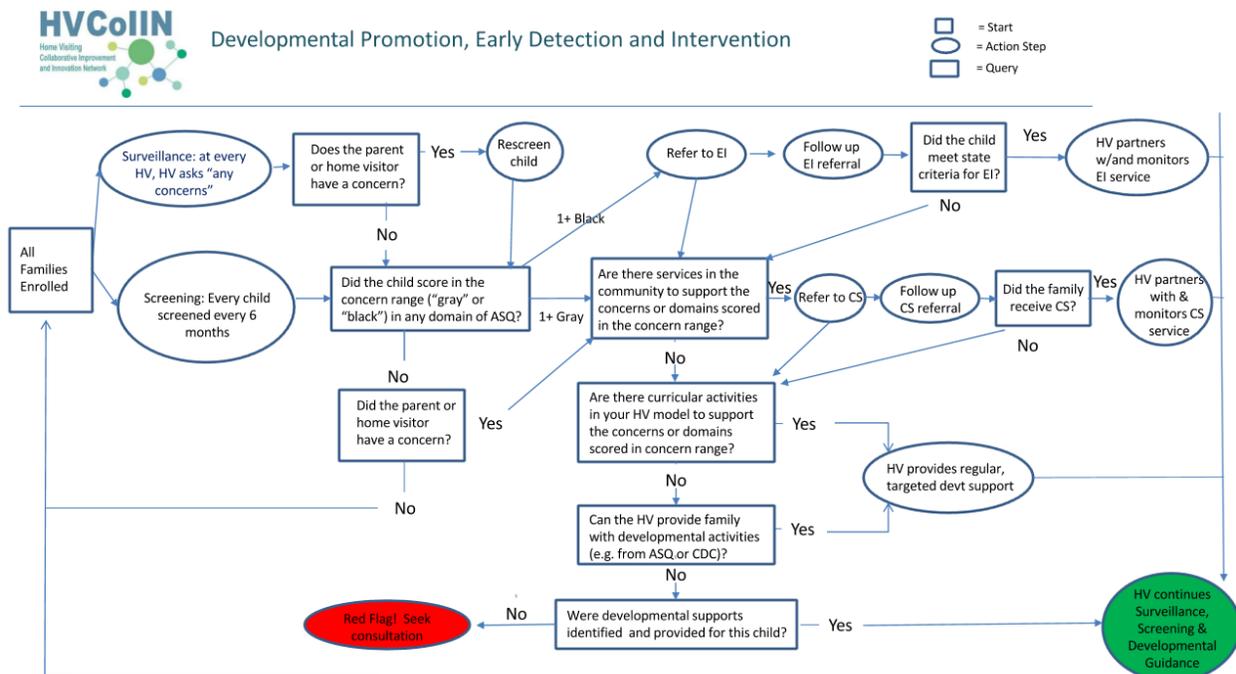
Through a cooperative agreement between the federal Health Resources and Services Administration (HRSA) and Education Development Center, the HV CoIIN provides a time-limited (18-month) learning collaborative using the [Breakthrough Series](#) Quality Improvement Model. In this model, topics for improvement are identified. Expert faculty are recruited to develop a framework for evidence-based changes. Participants enroll and attend three learning sessions, at which they learn topic knowledge and quality improvement methods from faculty and one another. In the Action Periods between each learning session, improvement teams test changes using the Model for Improvement and Plan-Do-Study-Act (PDSA) cycles.

For more information on the HV CoIIN Framework and implementation process, see: Technical Assistance Coordinating Center [eNewsletter, Issue 19, July, 2015](#).

- Engage parents and elicit their opinions and concerns.
- Appropriately administer and interpret valid and reliable screening tools in the context of all that is known about the child and family.
- Ensure that children identified as at risk or delayed are referred for the most appropriate intervention, whether the state's Part C early intervention (EI) program, a community-based program or service, or more intensive developmental support delivered by the home visitor.
- Ensure that children receive the appropriate services in an appropriate time frame.<sup>3</sup>

These key tenets are illustrated in an algorithm developed by HV CoIIN faculty illustrated in Figure 1. This algorithm provides teams with a comprehensive and continuous map of a process for developmental and behavioral promotion, early detection, and intervention, including a starting point, action steps, and decision-making points that can be carried out within home visits throughout the time that a family is enrolled and actively participating in services.

Figure 1. Developmental Promotion, Early Detection, and Intervention Algorithm



### Acronym Key

- ASQ = Ages and Stages Questionnaires®
- CDC = Centers for Disease Control and Prevention
- CS = Community Services
- EI = Early Intervention
- HV = Home Visitor

## ***What Are We Trying to Accomplish for Developmental Promotion, Early Detection, and Intervention as Part of the HV CoIIN?***

The HV CoIIN SMART Aim (or outcome) for developmental promotion, early detection, and intervention is to increase by 25% from baseline the percent of children with developmental or behavioral concerns receiving intervention in a timely manner.

This SMART Aim illustrates an ambitious outcome in tandem with process aims that support a continuous and comprehensive approach to detection and intervention.

The process aims that are critical to achieving this outcome include:

- Increase to 95% the percent of visits during which parents are asked if they have any concerns regarding their child's development, behavior, or learning.
- Increase to 75% the percent of children screened with an appropriate instrument at appropriate intervals.
- 75% of all children with a parental concern and/or positive screening, and where a home visitor judges need, will be referred to community resource(s) for assessment or intervention services, including EI services.
- For 80% of children appropriately referred to EI services, home visitors follow up and know the outcome.
- 70% of parents with a concern or child with positive screening will be engaged in planned and individualized support for the optimal development of their children.

## ***How Will We Know That a Change Is an Improvement?***

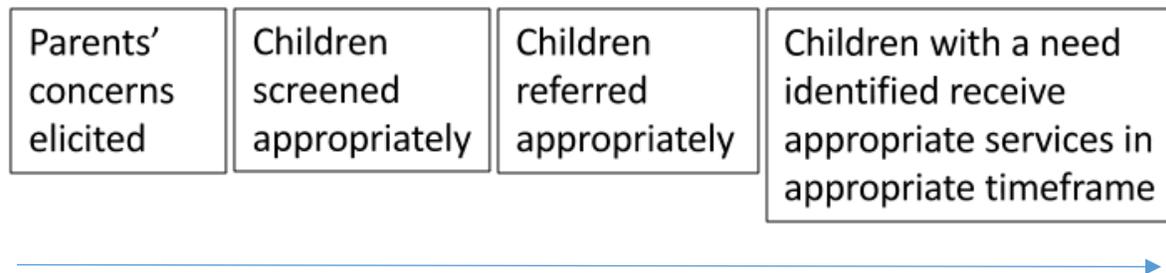
To measure progress toward the collaborative aim, the HV CoIIN developed a common group of measures that local implementing agencies (LIAs) report and analyze monthly. HV CoIIN measures were selected to capture steps in

### **HV CoIIN Operational Definitions for Promotion, Early Detection, and Intervention**

- An appropriate instrument has good psychometric properties, including adequate sensitivity, specificity, validity, and reliability, and has been standardized on diverse populations.<sup>4</sup>
- Appropriate intervals are at least every 6 months.
- Appropriate referral means the home visitor judges parental concern and/or positive screening and the need to be referred for EI assessment.
- Individualized support includes, activities or information provided by the home visitor to support the child's development and enhance parents' capabilities of supporting development that are planned directly based upon the results of the screening and individualized to the family. May include plan for enhanced developmental monitoring (e.g., more frequent screening or additional screening tools focused on particular aspects of development).

the process of promotion, early detection, and intervention, as seen in Figure 2.

Figure 2. Steps in the process of developmental detection and intervention

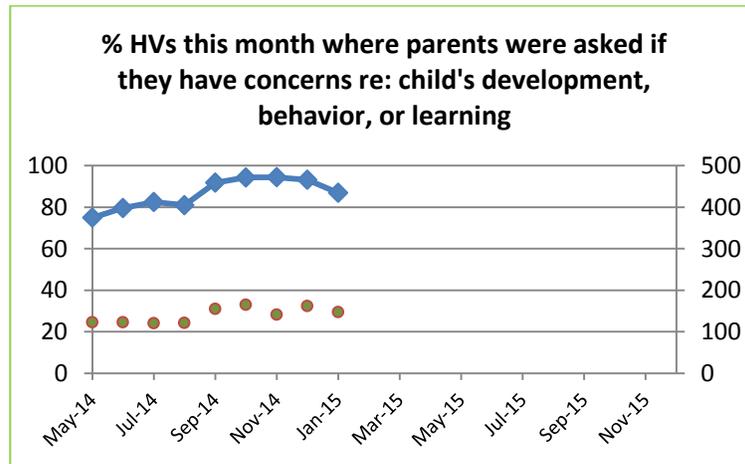


Monthly measures include:

- Percent of home visits this month where parents were asked if they had concerns regarding their child's development, behavior, or learning
- Percent of children screened for developmental risk/delay within the last 6 months
- Percent of children with a positive screen for developmental risk/delay within the last 6 months
- Percent of children referred for EI who were evaluated and deemed "eligible" for EI within 60–90 days
- Percent of children with parental concerns or positive screens receiving individualized developmental support from a home visitor
- Percent of children referred to community services who received services within 30 days
- Percent of children referred for EI and who received evaluation within 60 days

Each month, data are graphed on run charts and shared with all HV CoIIN participants to promote shared learning (see Figure 3). Through HV CoIIN, LIAs are learning how to analyze and create their own charts to promote sustainability of data use in ongoing improvement efforts.

Figure 3. Sample Run Chart for Developmental Promotion, Early Detection, and Intervention Collaborative



**KEY**

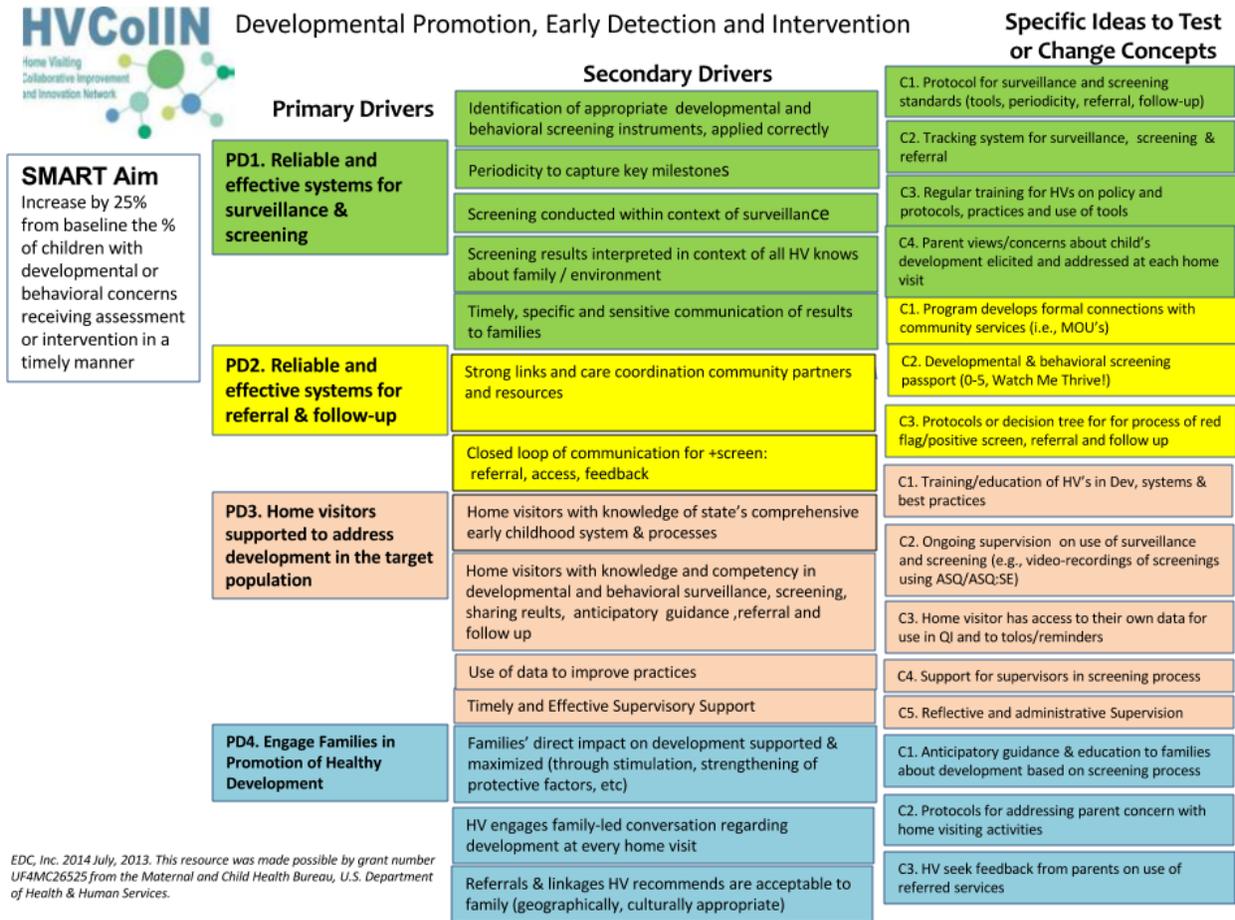
**Blue Diamonds/line**, left axis = Average percentage of HVs where parents were asked if they have concerns with their child's development, behavior or learning.

**Brown circles**, right axis = Average number of home visits monthly.

***What Changes Can Be Made to Improve Developmental Promotion, Early Detection, and Intervention?***

The HV CoIIN developmental promotion, early detection, and intervention learning collaborative provides working technical documents developed by faculty experts that establish a common vision and mission. HV CoIIN staff, faculty, and improvement advisor apply the latest evidence-based research and practice to develop a developmental surveillance and screening Key Driver Diagram (KDD). The KDD (see Figure 4) offers a theory of change and provides a mechanism to direct the improvement work. The KDD sets forth the aim, 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 then 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.

Figure 4. Developmental Promotion, Early Detection, and Intervention Key Driver Diagram



PDSA cycles are the framework for the HV CoIIN's learning in real work settings. The steps in the PDSA cycle<sup>5</sup> are:

- Step 1:** Plan – Plan the test or observation, including a plan for collecting data.
- Step 2:** Do – Try the test on a small scale (e.g., 1–2 home visitors, 1–2 families).
- Step 3:** Study – Set aside time to analyze the data and study the results.
- Step 4:** Act – Abandon, adapt, or adopt the change based on what was learned from the test.

Each LIA uses its own data to prioritize which recommended changes or original change ideas it will choose to test and in what order. Teams submit their PDSA plans each month to an internal online portal that each HV CoIIN participant can access. This online portal allows for peers to learn from one another and reduce duplication of efforts.

### ***Examples of PDSA Testing by Local Implementing Agencies Across Primary Drivers***

Teams began their quality improvement work by deciding which Primary Driver and subsequent change(s) they would like to prioritize. They then set a SMART Aim and began the work of developing their first PDSA cycle to test the change within the context of their target population. As teams gain success with ramping up tests of change, changes may move into implementation – becoming part of everyday practice – or the test may continue to be adapted until it leads to improvement, or it may even be abandoned if not successful. Teams get continual technical assistance and coaching throughout the course of the project to strengthen their PDSA development and testing process. HV CoIIN teams will have completed quality improvement across all three of the primary drivers by the end of the third Action Period.

#### Primary Driver 1

Primary Driver 1, *reliable and effective systems for surveillance and screening*, aims to develop and improve reliable and effective systems for surveillance and screening. These components are foundational to timely detection of developmental and behavioral risks. A quality system ensures that all children's development and behavior is continuously monitored, interpreted, and strengthened in the context of partnerships with families.

Actions necessary to achieve this primary driver (secondary drivers) include:

- Identification of appropriate developmental and behavioral screening instruments, applied correctly
- Periodicity to capture key milestones
- Screening conducted within the context of longitudinal surveillance
- Screening results interpreted in the context of all the home visitor knows about the family
- Timely and sensitive communication of results to families

Examples of changes teams are testing to achieve Primary Driver 1 include:

- A tracking and supervision protocol for checking in on a home visitor's weekly surveillance of parental concerns with their child's development, learning, or growth

- An automatic texting “tickler” system to remind home visitors when screenings are due for children on their caseload
- A Facebook page to remind families of upcoming due dates for screening
- A protocol and tracking system for sharing results of Ages and Stages Questionnaires®, Third Edition (ASQ-3™) screening with families right away
- Protocol for training all home visitors on the use and interpretation of the ASQ-3

Table 1 provides a detailed snapshot of testing being done within Primary Driver 1, using the required PDSA format.

### **Marion Adolescent Pregnancy Program, Ohio**

The HV CoIIN team in Ohio recognizes that surveillance is a critical piece of the early detection process and, when coupled with ongoing screening, is more likely to pick up on parental concerns and child risk – early. Although the team is engaging in surveillance, as well as screening children within a regular periodicity schedule, intentionally interpreting and sharing those results with families is not consistently practiced within home visits. The team is using the Model for Improvement to address this issue by creating a protocol and tracking system for incorporating timely feedback of screening results within the target population. The team hypothesized that if every family received immediate written feedback of screening results, the family would understand their child’s development better and caregiving practices to support their child’s optimal development would be improved.

Table 1. Marion Adolescent Pregnancy Program, Ohio  
Model for Improvement Plan:  
Cycle 1, Primary Driver 1

<p><b><i>What are we trying to accomplish?</i></b></p> <p>By January 30, 2015, 100% of our families will receive written feedback from their ASQ-3 screenings.</p> <p><b><i>How will we know that a change is an improvement?</i></b></p> <p>All families will get written feedback, including activities they can begin working on with their children to help strengthen emerging skills.</p> <p><b><i>What changes can we make that will result in an improvement?</i></b></p> <p>An ASQ3 feedback form will be created and attached to all blank copies of ASQ3's. Home visitors will complete the ASQ3 feedback form immediately following the ASQ3 and discuss it with the family.</p>
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<b>Plan</b>	<p><b>Who will implement the change?</b> Home visitors</p> <p><b>When will this change happen?</b> December 1, 2014</p> <p><b>What will take place?</b> During the week of December 1, 2014 home visitors will fill out the form and discuss it with the family, following the ASQ3. Home visitors will discuss emerging skills and activities that the family can do with their child to strengthen those skills. Home visitors will leave the form with the family for their records. Home visitors will gauge the family's receptiveness and interest in the form.</p> <p><b>Where will this change occur?</b> During home visits</p> <p><b>Tasks/Tools Needed to Support the Change:</b> Copies of the ASQ3 with attached feedback form.</p>
<b>Prediction</b>	Families will receive immediate written feedback and will understand their child's development better.
<b>Do</b>	A simple, family friendly form (see Figure 5) was created and attached to all the copies of the ASQ3 so the home visitor did not have to worry about forgetting to take the form on the home visit. As each ASQ3 was completed, home visitors discussed the results and strengths of the child. As a team, the home visitor and the parent identified activities that they could begin (or continue) doing with the child to assist either areas of concern or areas that could use some strengthening. The paper is left with the family.
<b>Study</b>	<p>For the month of January, 9 ASQ3's were completed, with all 9 families receiving written feedback.</p> <p>Families for the month of January appeared to enjoy the feedback. One mom told her home visitor that this paper helps her relay the information from the screening to the baby's father, who was not present at the home visit.</p> <p>One home visitor discussed with the supervisor during supervision that she felt that the process to get the information was too much like writing a goal for the family. The supervisor and home visitor role played different ways to discuss the screening results and ways to come up with activities for continued family involvement. Supervisor will follow up with home visitors to see if anyone would like to share their process with the group and get group feedback from the other home visitors.</p>
<b>Act</b>	<p>The team is going to continue this cycle, as they had a small sample of families that needed ASQ3's during this time frame.</p> <p>Home visitors will share their styles of filling out the sheet with each other and the supervisor, in hopes that everyone feels comfortable with the form, rather than feeling like they are writing another formal goal for the family.</p>

Figure 5. Marion Adolescent Pregnancy Program ASQ-3 Feedback Form

Marion Adolescent Parenting Program, 2015



Ages and Stages Questionnaire (ASQ-3)  
Month: \_\_\_\_\_

My Baby can: \_\_\_\_\_  
\_\_\_\_\_

And let's have fun working on: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_



Ages and Stages Questionnaire (ASQ-3)  
Month: \_\_\_\_\_

My Baby can: \_\_\_\_\_  
\_\_\_\_\_

And let's have fun working on: \_\_\_\_\_  
\_\_\_\_\_

### Primary Driver 2

Primary Driver 2, *reliable and effective systems for referral and follow-up*, seeks to ensure that all programs are testing evidence-informed and innovative practices for timely processing of referrals and receipt of necessary supports for families – right away. For example, this might include children screening positive on a developmental screening getting referred to EI for further assessment while the home visitor incorporates intentional developmental guidance to the family during home visits. Actions that need to be in place to meet this driver include:

- Strong linkages and care coordination with community partners and resources
- A well-developed loop of communication for referral, access to services, and follow-up
- Home visitors with knowledge of early childhood systems and processes
- Home visitors with knowledge and competency in developmental and behavioral surveillance, screening, interpreting and sharing results, providing anticipatory guidance, referral, and follow-up

- Use of ongoing improvement data to guide practice
- Timely and effective supervisory support to home visitors to successfully navigate a coordinated system of care

Examples of changes teams are testing across Primary Driver 2 include:

- A referral matrix/decision tree to guide home visitors in the referral of children to community supports
- A tracking system for referrals made for EI
- A tracking system for follow-up receipt of referral, and discussion in weekly supervision
- A protocol for sending, tracking, and follow-up of an official letter from the home visiting program to the primary care doctor for children screening in the at-risk or concern range on the ASQ-3
- A protocol for providing individualized developmental guidance by the home visitor to families related to their child's most recent ASQ-3 score

The snapshot below provides a detailed example of testing being done within Primary Driver 2 using the required PDSA format.

### **Healthy Families Georgia of Columbus, Great Start Georgia**

The HV CoIIN team in Georgia recognized that for some children, screening scores and/or parental concerns did not warrant an immediate referral to EI or community services. Prior to a developmental rescreen, these families were not getting the ongoing and intentional follow-up support within home visits to monitor and support children's ongoing development and behavior. The team found a gap between best practice and what was happening in their program. The team set out to provide individualized developmental support to families through ongoing home visits using an adapted Birth to Five, Watch Me Thrive Developmental Passport. The team predicted that by using the passport, parents will have a better understanding of the ASQ-3 scores for current and previous screens and will incorporate caregiving practices to support their child's development and learning.

Table 2 illustrates the teams' answers to the Model for Improvement and their first PDSA cycle.

Table 2. Healthy Families Georgia of Columbus, Great Start Georgia Model for Improvement Plan:  
Cycle 1, Primary Driver 2

<p style="text-align: center;"><b><i>What are we trying to accomplish?</i></b></p> <p>By February 11, 2015, maintain 100% of children with parental concerns or positive screen receiving individualized developmental support from their home visitor.</p> <p style="text-align: center;"><b><i>How will we know that a change is an improvement?</i></b></p> <ol style="list-style-type: none"> <li>1. Qualitative data related to the adapted Birth to Five, Watch Me Thrive developmental passport - asking families if they have a better understanding of their child's developmental screening as a result of the passport.</li> <li>2. Number of families with a concern identified who received in-home activities developed with the family, targeting that concern.</li> </ol> <p style="text-align: center;"><b><i>What changes can we make that will result in an improvement?</i></b></p> <ol style="list-style-type: none"> <li>1. Provide families with an adapted Birth to Five, Watch Me Thrive developmental passport with previous scores of ASQs.</li> <li>2. Ask families to fill out scores on passport if they have a new screening.</li> <li>3. Ask families if they have a better understanding of the scores as a result of the passport.</li> </ol>	
<b>Plan</b>	<p><b><i>Who will implement the change?</i></b> Supervisor and home visitors</p> <p><b><i>When will this change happen?</i></b> February 2-10, 2015</p> <p><b><i>What will take place?</i></b></p> <ol style="list-style-type: none"> <li>1. Prepare and deliver developmental passport with past scores for each child that has a visit during this cycle.</li> <li>2. Ask parents the following questions: Does this passport help you to better understand your child's development and their screening scores? Was a developmental concern identified? If so, what was it? Was an activity provided? If so, what was it?</li> </ol> <p><b><i>Where will this change occur?</i></b> Healthy Families Georgia of Columbus, Great Start Georgia office and homes' of families</p> <p><b><i>Tasks/Tools Needed to Support the Change:</i></b></p> <ol style="list-style-type: none"> <li>1. Prepare developmental passports with previous scores (home visitor and supervisor).</li> <li>2. Prepare index card with survey questions for home visitor to ask parents (Supervisor).</li> </ol>
<b>Prediction</b>	Parents will have a better understanding of the ASQ scores for current screens and previous screens.

<b>Do</b>	The PDSA cycle ran from February 2-10, 2015 as part of ten home visits that occurred during that timeframe. Home visitors were able to collect the qualitative data.
<b>Study</b>	During this cycle, the site was able to give the passports to ten families. The site received surveys from all ten. Three children received activities specifically tailored to a delay (two children due to a parental concern and one child with a delay and parental concern). The other seven children were above the cutoff but received activities to enhance/promote development in anticipation of their next ASQ. The feedback from the surveys was positive overall: all ten families stated that the passport helped them understand their child's development and their screening scores better. The home visitors also stated that the passport helped them facilitate more easily the conversation about the scores with families and gave them with another opportunity for providing activities, discussing referral opportunities, and eliciting any parental concerns.
<b>Act</b>	The site feels that the cycle was successful. The site made one modification to the passport by changing the "key" to another color to make it more noticeable. The site is implementing this process throughout the program. The site will now pursue another Aim.

### Primary Driver 3

Primary Driver 3 aims to ensure *home visitors are supported to address development in the target population*. Local teams work to test training and education, data collection and feedback systems, and supervisory supports that help to build the necessary competencies and efficacy of home visitors to adequately detect and intervene on behalf of children's developmental and behavioral well-being.

Examples of changes tested across Primary Driver 3 include:

- Home visitors trained on an EI system, referral, and follow-up protocol with ongoing refreshers
- Joint visits with EI specialists to provide enhanced visits to families with children falling close to the positive screen range but in the "grey zone" on the ASQ-3
- Tracking children that fall into the monitoring range and provide supervisory support to home visitors for providing anticipatory developmental and behavioral guidance to families

The snapshot below provides a detailed example of testing being done within Primary Driver 3, using the required PDSA format.

### **Family Futures/Kent County Healthy Start, Michigan**

The Family Futures HV CoIIN team in Michigan recognized the importance of integrating intentional supervisory support to help strengthen home visitors' ability and feelings of competence in implementing comprehensive screening. Implementing Quality Improvement to Achieve Breakthrough Change in Developmental Promotion, Early Detection, and Intervention

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efforts. Although screening protocols were in place with an appropriate tool used within appropriate time frames, a gap existed in home visitors' use of the results to inform best practice. The team used the Model for Improvement to address this issue by incorporating an in-depth discussion of screening into monthly team meetings. The teams predicted that if screening is discussed at supervision monthly, there will be an increase in the amount of support and guidance provided by supervisors (measured through increased instances of discussion) to home visitors to complete screenings, interpret screenings, share results with families, provide anticipatory guidance and referral and follow up when necessary.

Table 3. Kent County Healthy Start Model for Improvement Plan: Cycle 1 and 2, Primary Driver 3

<p><b><i>What are we trying to accomplish?</i></b>          By January 31, 2015, Kent County Healthy Start will establish a baseline for instances of ASQ discussion/follow-up during supervision, and will increase the instances of ASQ discussion in supervision by 25%.</p> <p><b><i>How will we know that a change is an improvement?</i></b>          There will be an increase in the number of instances that ASQ results are discussed during weekly staff supervision.</p> <p><b><i>What changes can we make that will result in an improvement?</i></b>          Healthy Start will implement a checkbox accountability system on the ASQ tickler report so that supervisors are reminded which families have ASQs due during the month and need to be discussed during supervision meetings with staff.</p>	
<p><b>Plan</b></p>	<p><b><i>Who will implement the change?</i></b>          Data specialist, program manager, home visiting supervisors</p> <p><b><i>When will this change happen?</i></b>          Weekly supervision starting November, 2014</p> <p><b><i>What will take place?</i></b></p> <ol style="list-style-type: none"> <li>1. Healthy Start data staff will add a checkbox to the ASQ tickler report.</li> <li>2. Home visit supervisors will check the boxes for every instance where they talked about the results of a family's ASQ/child development with the home visitor.</li> <li>3. The program manager will analyze the data for a baseline and then follow up to see if the additional accountability and reminders increases the instances of supportive supervision around ASQ use, results, and follow up.</li> <li>4. Data results and discussion will be provided to the team monthly at continuous quality improvement meetings.</li> </ol>

	<p><b>Where will this change occur?</b> Kent County Healthy Start and Home Visit Partner Sites</p> <p><b>Tasks/Tools Needed to Support the Change:</b> ASQ tickler has been modified with checkmark box for supervision accountability.</p>
<b>Prediction</b>	With increased accountability specific to ASQ discussions at supervision, there will be an increase in the amount of support provided by supervisors (measured through increased instances of discussion).
<b>Do</b>	ASQ reports were distributed to supervisors for them to document which clients' ASQs were discussed in staff supervision during the month of November, 2015.
<b>Study</b>	<p><b>Cycle 1 - November 2014</b> Out of 70 ASQs that were due to be completed in the month of November, 65 (93%) were discussed during normal staff supervision. This will be our baseline at this point but may be modified based on the "surprises" below. It was discovered that there may need to be further communication about what "discussion" of the ASQ means during supervision. Does it mean simply asking if the screening is complete? Discussing results? Discussing why it wasn't completed? Discussing activities to do with the families to enhance development? Staff have voiced wanting more supervision for ASQ use but it appears that supervisors are providing support each time an ASQ is due.</p> <p>This PDSA will be adapted for Cycle 2 in December. We hope to have better understanding of what "discussion" means and which instances of support during supervision we are looking at capturing.</p> <p><b>Cycle 2 - December 2014</b> Out of 76 ASQs that were due to be completed in the month of December, 67 (88%) were discussed during normal staff supervision. After discussion at our November CQI meeting, all staff operationally defined the term "discussion" during supervision. It is: asking if the screening is complete, discussing results, discussing why it was not completed (if applicable), and discussing activities to do with the families to enhance development? Supervisors are discussing the ASQ results with staff the majority of the time they are completed. The lower percentage of results is likely due to the holidays and staff vacations. Front line staff completed ASQs during the last two weeks of the month, but their supervisor was not available to have those discussions until she returned in January.</p>
<b>Act</b>	Successful test. Continue to collect data, adapt if necessary, and move to implementation with all home visitors, supervisors and clients.

#### Primary Driver 4

Primary Driver 4, *engage families in promotion of healthy development*, relates to family engagement. Family engagement is paramount to successful detection and intervention efforts. The HV CoIIN's stance is that Implementing Quality Improvement to Achieve Breakthrough Change in Developmental Promotion, Early Detection, and Intervention 15  
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all improvement efforts are accomplished within the context of strong relationships with families – as experts and partners. Family engagement serves as our area for “innovation.” Family engagement is of great concern to home visiting, yet robust evidence-based practice is not yet available. Teams are testing creative practices and collecting data on their efficacy. For example:

- In Muskegon, Michigan, the Catholic Charities team is testing the use of in-depth reflective supervision with home visitors to strengthen home visitor capacity to interpret work with families in the context of culture, past experiences, current feelings, and multiple perspectives.
- In Florida, the Healthy Start Coalition of Pinellas team is testing the use of printed certificates of completion for families to celebrate their participation in the first eight foundational visits of their home visiting program, with the hope of strengthening retention and engagement.
- Healthy Families Georgia of Columbus, Great Start Georgia is testing the use of tailored, home visitor-delivered, developmental guidance and activities for families with children who have a suspected developmental delay, or are in the monitoring range on the ASQ-3. Specifically, the team is:
  - Incorporating the Centers for Disease Control and Prevention’s Milestone Moments booklets to discuss child development and what adults can do to support their child’s development.
  - Suggesting learning activities for the family to do in between visits using the Milestone Moments booklet.
  - Following up with the family to see if they are doing the activities/promoting development between visits.

Additional information on HV CoIIN family engagement efforts will be shared in the fourth article in this HV CoIIN series in August 2015.

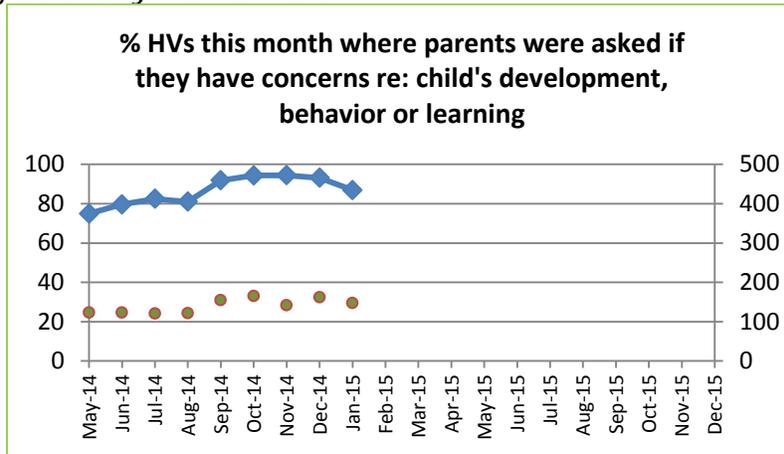
### ***Conclusion***

The HV CoIIN’s theory of change includes a comprehensive approach for the development and implementation of reliable and effective systems for surveillance, screening, referral, follow-up, and intervention, with the goal of supporting all children’s development and getting vulnerable children access to appropriate and timely supports.

Within the first 9 months, the HV CoIIN is generating promising movement toward breakthrough change across indicators, for example:

- By instituting mechanisms to track and provide ongoing surveillance of developmental and behavioral well-being, home visitors are asking

over 80% of parents about their child’s development, behavior, or learning at every home visit.

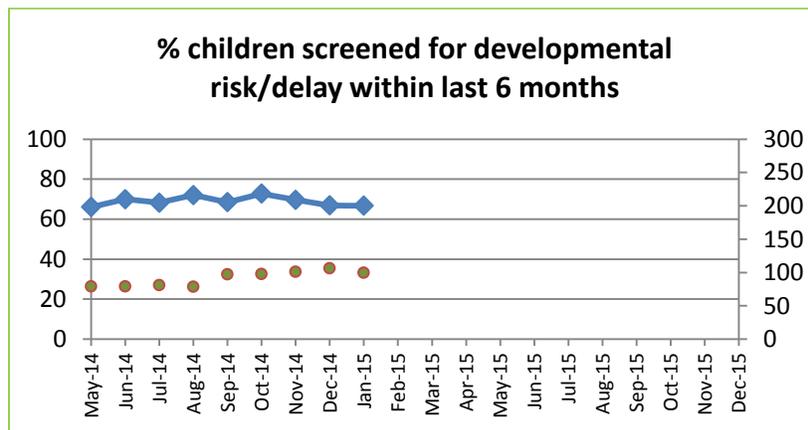


**KEY**

**Blue Diamonds/line**, left axis = Average percentage of HVs where parents were asked if they have concerns with their child’s development, behavior or learning.

**Brown circles**, right axis = Average number of home visits monthly.

- By standardizing and measuring efficacy of processes for developmental and behavioral screening, programs are screening approximately 70% of children at appropriate intervals.



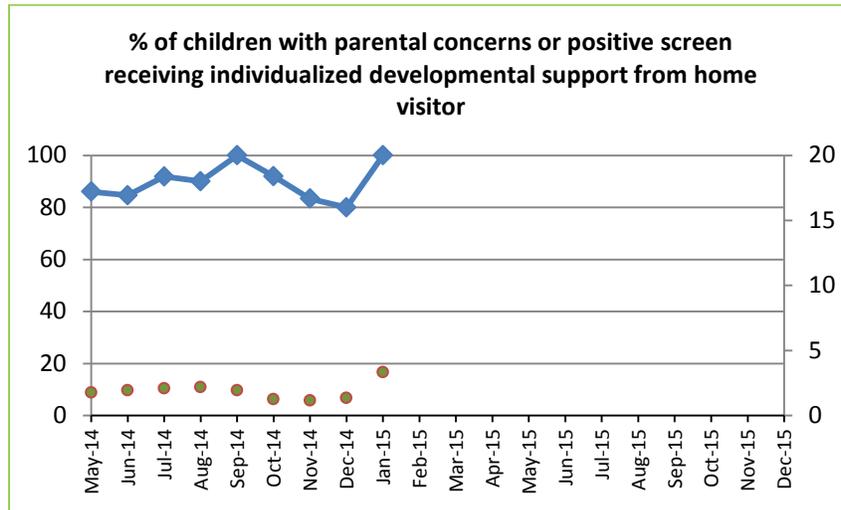
**KEY**

**Blue Diamonds/line**, left axis = Average percentage of children screened for developmental risk/delay within the last 6 months

**Brown circles**, right axis = Average number of enrolled children.

- By incorporating protocol and practice for intentionally supporting children with a positive screen or parental concerns, home visitors are providing 80% or more of families with individualized support related

to their child’s development, behavior, or learning within regularly scheduled home visits.



**KEY**

**Blue Diamonds/line**, left axis = Average percentage of children with parental concerns or positive screen who are receiving individualized developmental support from their home visitor

**Brown circles**, right axis = Average number of children with parental concerns or positive screen who are receiving individualized developmental support from their home visitor

This first cohort of HV CoIIN grantees will continue testing changes within the current theory of change through August, 2015. Proven methods from this project will be spread and scaled-up.

For more information, visit the HV CoIIN website at: <http://hv-coiin.edc.org/>

Visit the Institute for Healthcare Improvement Website at [www.ihl.org](http://www.ihl.org)

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#### Notes

<sup>1</sup> National Academy for State Health Policy. (2012). *Making the Case*.

<sup>2</sup> Centers for Disease Control and Prevention. (2009). *National Survey of Early Childhood Health*.

<sup>3</sup> Paul Dworkin. (2015). *The Help Me Grow Blog*. Available at: <http://www.helpmegrownational.org/pages/blog-post.php?BlogId=20>

<sup>4</sup> American Academy of Pediatrics, "Developmental Surveillance and Screening of Infants and Young Children." *PEDIATRICS* 108, no. 1 (July 1, 2001): 192–195, <http://pediatrics.aappublications.org/content/108/1/192.full>

<sup>5</sup> Institute for Health Care Improvement: <http://www.ihc.org/knowledge/Pages/HowtoImprove/ScienceofImprovementTestingChanges.aspx>

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