

Family Home Visiting Improving Child Development Referrals

This document is a section of the Developmental Screenings toolkit. This document focusing on how home visiting agencies can utilize continuous quality improvement (CQI) methods to improve child development referral practice.

Child Development Referrals

This toolkit provides information on two foundational components of building a referral network:

- Identifying resources and building relationships with organizations in the community.
- Developing a process and protocol to ensure all children and families receive referrals if they screen positive.

Identifying Resources & Building Relationships

To streamline the referral process and improve referral follow-up, home visiting organizations should have collected information about resources in their community prior to screening.

A home visiting organization could identify child development assessment and resources by completing a community inventory. An inventory of community resources can be most helpful to home visitors and caregivers when it contains up-to-date information on address, hours, services, and eligibility. If an inventory is developed, a process for regularly updating the inventory should be developed as well to ensure that clients are receiving accurate information. The inventory could be used to create an accessible list of resources for families. Accessible could mean placing the inventory online, making a visual display in home visiting offices, or creating a brochure with the most commonly used resources. Collaborating with parents and seeking their feedback on how best to display resource information could improve accessibility and result in creating a resource list that is most responsive to the needs of home visiting families.

Asking home visitors and caregivers about resources that are commonly used can help home visiting organizations identify potential referral partners. A referral partner could be an organization that frequently partners with home visiting services or serves a lot of home visiting clients. Placing materials like a brochure or flyer from a referral partner in home visiting offices could provide clients with another way of accessing information on resources outside of screening and referrals.

Most home visiting organizations are likely familiar with community organizations that provide support around child development including:

- [Minnesota Help Me Grow \(http://helpmegrowmn.org/HMG/index.htm\)](http://helpmegrowmn.org/HMG/index.htm)
- [Early Childhood Family Education \(https://education.mn.gov/MDE/fam/elsprog/ECFE/\)](https://education.mn.gov/MDE/fam/elsprog/ECFE/)

- [Early Head Start \(https://education.mn.gov/MDE/fam/elsprog/start/\)](https://education.mn.gov/MDE/fam/elsprog/start/)

Minnesota Help Me Grow has a wealth of information on child growth and development and is also where home visitors or parents can complete online referrals to request an early childhood special education assessment, which is then sent to the family's school district to arrange for an evaluation with the family. ECFE and some Early Head Start programs provide services by school district as well.

Identifying private referral sources such as private-practice child mental health practitioners can be done through a community inventory and discussions with home visitors and parents.

A home visiting organization could also identify community organizations that can provide continued support to families, such as cultural, faith-based and other community-based parenting groups. Some state and national resources for children with developmental concerns or special health needs include:

- [Family Voices of Minnesota \(http://familyvoicesofminnesota.org/\)](http://familyvoicesofminnesota.org/) - Advocacy group and connection to other families of children and youth with special health needs
- [PACER Center \(https://www.pacer.org/\)](https://www.pacer.org/) - Provides assistance to individual families, hosts workshops, and advocates for policy that protects the rights of children and youth with special health needs
- [Minnesota Hands and Voices \(https://www.mnhandsandvoices.org/\)](https://www.mnhandsandvoices.org/) - For families of children that are deaf or hard of hearing
- [Healthy Children \(https://healthychildren.org/English/Pages/default.aspx\)](https://healthychildren.org/English/Pages/default.aspx) from The American Academy of Pediatrics- Resources on healthy development for different ages of children
- [Zero to Three \(https://www.zerotothree.org/\)](https://www.zerotothree.org/) - Resources focused on early development and well-being
- [CDC Milestones in Action \(https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html\)](https://www.cdc.gov/ncbddd/actearly/milestones/milestones-in-action.html) - Photos and videos showing developmental milestones by age so parents can track
- [Infant Mental Health Specialists \(https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5448D-ENG\)](https://edocs.dhs.state.mn.us/lfserver/Public/DHS-5448D-ENG) are located across Minnesota. Agencies can be contacted directly for referrals
- Other condition-specific groups and organizations

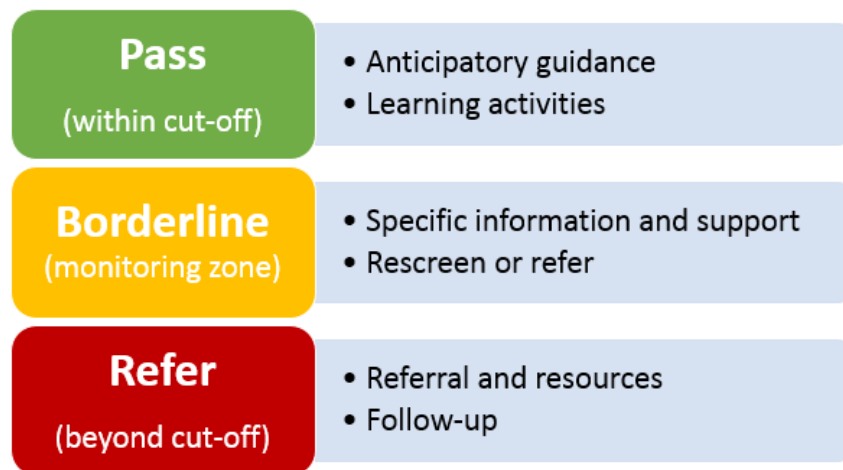
Developing a Referral Process and Protocol

Rapid referral, defined as referral to resources appropriate for the level of support indicated by the screening result, is the goal of screening. Connecting a caregiver and child to resources as soon as possible can lead to improved outcomes. As a best practice, referrals should be made as soon as possible.

Home visitors are most likely already very familiar with the organizations in their communities that they make referrals for, but examining the referral process using a [Swim Lane Map](https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html) (<https://www.health.state.mn.us/communities/practice/resources/phqitoolbox/swimlanemap.html>), also called a swim lane map, may help to identify barriers and opportunities for improvement to streamline the referral process.

The referral process begins when a child is screened using one of the validated developmental screening tools. A written referral protocol should include guidance for home visitors based on each type of screening result (see Figure 1). The referral process and protocol should include next steps for children who don't screen positive for a potential developmental concern as well as for those with an identified concern. If a child does not screen positive, the family could still benefit or be in need of services that could support a child's healthy development. Home visiting organizations should detail in a referral protocol how children and families without an identified concern can still receive follow-up in the form of continued screening or referral to appropriate services. For example, a child does not have an ASQ-3 screening that indicates a concern but the family has shared that they feel the child could benefit from more social interactions with other children. The home visitor should connect the family with ECFE resources in their community record this referral, regardless of the screening result. Although this referral will not be counted towards MIECHV performance measure data, it is best practice to provide referrals when clinical judgement indicates the family could benefit from additional services or when a referral is requested. Figure 1 provides an example of next steps a home visitor could take based on screening result.

Figure 1. Follow-up guidance for developmental screening.



MDH has created an example of a [SAMPLE ASQ-SE-2 \(Social Emotional\) Referral Guide](https://www.health.state.mn.us/docs/communities/fhv/asqrefguide.pdf) (<https://www.health.state.mn.us/docs/communities/fhv/asqrefguide.pdf>). This referral

guidance document should serve as a guide for home visiting agencies to develop their own referral protocols that include information on both the ASQ-3 and ASQ-SE-2.

A referral protocol should detail how quickly home visitors are expected to make a referral to services if a concern has been identified. A best practice to implement could be that home visitors make referrals within 24 hours of identifying a concern.

It is recommended that home visitors provide a dual referral when developmental concerns are identified and a triple referral when social-emotional concerns are identified. A dual referral includes both a medical and educational evaluation (see Figure 2). A triple referral includes a medical evaluation, educational evaluation, and mental health evaluation. A written referral protocol should detail when how home visitors will utilize this best practice and communicate information about a dual referral to families.

Figure 2. Dual referral for developmental concerns

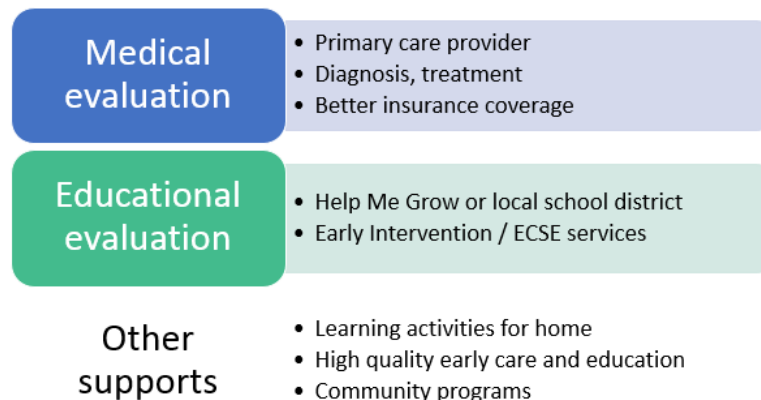
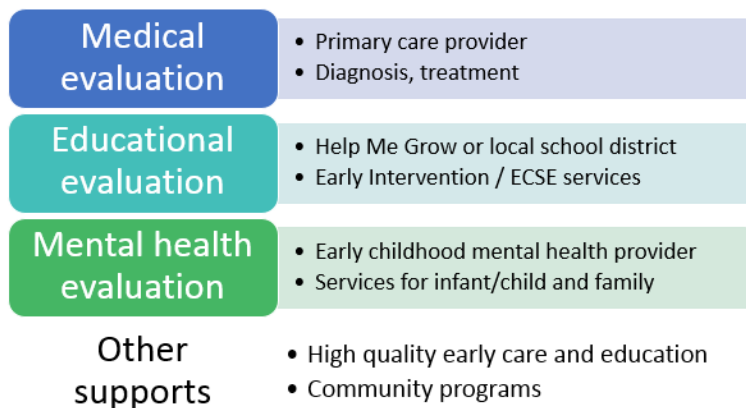


Figure 3. Triple referral for social emotional concerns



Home visiting organizations should determine if the referral process differs if the screening is done in the home or in a public place, such as a WIC office. If a screening is done in a public place, how can home visitors ensure that the family and child's comfort and private health information are protected if a referral needs to be made?

Home visiting organizations should also determine if the referral process will be different if the scoring is done immediately or at a later time. For example, a parent could complete the ASQ-SE-2 during a visit but the home visitor might not complete the scoring until they return to their office at the end of the day. If the child screens positive for a concern, how will the home visitor inform the child's caregiver of the screening result? If the scoring is done outside of a visit, how can home visitors ensure that families are receiving rapid referrals?

It is a recommended best practice to score screening tools and provide referrals based on screening results immediately. A referral protocol should include information on how home visitors should respond to screening results if the scoring cannot be immediately completed and shared with the caregiver.

Completed developmental and social-emotional referrals made by home visitors working for agencies that receive MIECHV funds must include at least one of the following:

1. Received individualized developmental support from a home visitor;
2. Were referred to early intervention services and received an evaluation within 45 days; OR
3. Were referred to other community services and received services within 30 days

More detailed information on the components of each of these referrals can be found in [MIECHV Performance Measures-Target Timeframes for Screening and Referral \(https://www.health.state.mn.us/docs/communities/fhv/miechvscreenguide.pdf\)](https://www.health.state.mn.us/docs/communities/fhv/miechvscreenguide.pdf). A referral protocol should detail how home visitors will ensure that referrals contain at least one of these components and how they will track when families receive services.

Resources

- [MDH Home Visiting Program and Practice Child and Teen Checkups \(https://www.health.state.mn.us/docs/people/childreneyouth/ctc/devscreening.pdf\)](https://www.health.state.mn.us/docs/people/childreneyouth/ctc/devscreening.pdf)
- [Minnesota Interagency Developmental Screening Task Force \(https://www.health.state.mn.us/people/childreneyouth/ctc/devscreen/index.html\)](https://www.health.state.mn.us/people/childreneyouth/ctc/devscreen/index.html)
- [Follow Along Program \(https://www.health.state.mn.us/people/childreneyouth/fap/index.html\)](https://www.health.state.mn.us/people/childreneyouth/fap/index.html)
- [Help Me Grow \(http://helpmegrowmn.org/HMG/index.htm\)](http://helpmegrowmn.org/HMG/index.htm)
- [MinnesotaHelp \(https://www.minnesotahelp.info/public/\)](https://www.minnesotahelp.info/public/)
- [CDC Developmental Monitoring and Screening \(https://www.cdc.gov/ncbddd/childdevelopment/screening.html\)](https://www.cdc.gov/ncbddd/childdevelopment/screening.html)

- [CDC Learn the Signs, Act Early \(https://www.cdc.gov/ncbddd/actearly/index.html\)](https://www.cdc.gov/ncbddd/actearly/index.html)
- [Zero to Three \(https://www.zerotothree.org/\)](https://www.zerotothree.org/)
- [ASQ Training Portal \(https://agesandstages.com/resource/training-portal/\)](https://agesandstages.com/resource/training-portal/)
- [Just in Time Parenting \(https://jitp.info/\)](https://jitp.info/)
- [Wilder Research Home Visiting Engagement and Retention \(https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention\)](https://www.wilder.org/wilder-research/research-library/home-visiting-engagement-and-retention)

Contact

If you have questions regarding this toolkit or continuous quality improvement efforts within the MDH Family Home Visiting Section, please email health.fhvcqi@state.mn.us.

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