Developmental Screening: What, Why, Who and How

November 19, 2014

BACKGROUND

Collaboration Council
- Sets strategic direction
- Approves board member nominations
- Approves annual budget

Board of Directors
- Acts on all decisions (through consensus process)
- Adopts policies
- Supervises executive director

Intergovernmental Oversight Board
- Reviews annual budget and audit
- Reviews program services and outcomes

Early Detection Screenings
- Establish system to assure all children birth to five receive periodic developmental screening
- Conduct vision and hearing screenings at preschools
- Implement follow-up processes to ensure all children needing assessments and services receive them
- Maintain accurate, up-to-date inventory of services and disseminate to all providers and families

Parent Information and Support
- Provide information about child development and services to every parent
- Offer every at-risk family intensive parent education/support
- Make available group support and periodic visits to all families
- Publish Early Childhood Resource Directory bi-annually

Professional Development
- Provide training programs in best practice and career development advice to preschool and child care staff
- Coach centers on quality improvement and qualify them for state recognition and financial incentives
- Provide leadership coaching to center directors
- Develop loan/scholarship program for college credit and training programs
- Offer annual symposium on critical early childhood issues

Public Preschool Coordination
- Coordinate outreach for, and referral to, all programs for at-risk children
- Lead curriculum planning, instructional improvement, and unified assessment by programs to ensure high quality
- Work with all early education providers to establish community expectations for incoming kindergarteners

Voluntary Database

Includes all children birth to five to monitor program participation, service usage and program impact

Includes staff of early care and education programs to monitor staff qualifications, professional development activities and participation in Illinois State quality enhancement programs to monitor impact of programs

Developmental Screening Strategy

- Conduct vision and hearing screening for children ages 3-5 at preschools and child care centers

- Ensure every child birth to age five receives periodic developmental screening.

- Children needing additional assessments and services receive them.

- Provide information about referral processes and services to all providers (health care, early learning workforce social service agencies).

Vision and Hearing Screenings at Preschools

- In 2013 expanded program to include River Forest. ALL Oak Park and River Forest preschool programs are offered the opportunity to participate in the vision and hearing screening program.

- This year program participation has increased from 30 programs to 35 and the number of children to be screened this year is anticipated to reach approximately 1,400, an increase of about 200.

- Branding and marketing strategies in place to boost follow-up completion and return rates.

What is Developmental Screening?

- Quick check of child's developmental skills and milestone:

    first words

    smiling

    following directions

    playing with peers

    pretend play

    calming oneself

Why Is Developmental Screening a Primary Strategy?

- 17 percent of children have a developmental or behavioral disability such as autism, mental retardation, or Attention-Deficit/Hyperactivity Disorder (ADHD). In addition, many children have delays in language or other areas.

- When a developmental delay is not recognized early, children must wait to get the help they need. This can make it hard for them to learn when they start school.

- Many times delays are overlooked or missed by parents, physicians and educators. Using a valid and reliable screening tool significantly increases the accurate identification of developmental delays.

- Intervening early means improved outcomes for children.

Physicians' Role in Screening

- 2006 American Academy of Pediatrics recommendations:
    - Incorporate developmental surveillance at every well-child visit
    - Use standardized, validated screening tests at 9, 18, and 24 or 30 month visits

- Not widely implemented

- Fellowships for new doctors to help practices incorporate validated screening tools into office workflow

Physicians Network of the Collaboration

- Formed in 2008 to promote use of developmental screening tools in local pediatric and family practice offices

- Table for local health department, Children's Clinic, Oak-Leyden Services, D97 Early Childhood Special Education, Early Intervention, and pediatricians to share experiences with the screening and referral system and collaborate to find solutions to challenges

- 2010 grant from AAP for $10,000: focus groups to identify barriers to implementation and communication

Physician Implementation Barriers, and Solutions

Releases of information under FERPA and HIPPA, feedback loops

✓ New referral forms developed and adopted

Office work flow, billing, compensation

✓ Provided newsletters, semiannual breakfast seminars

Information about referral procedures to Early Intervention system, Early Childhood Special Education, and private service providers

✓ Referral and Services Directory published

Connecting the System

- Recent surveys indicated time pressures at well-child visits, compensation concerns, and lack of training in child development remain as barriers for physicians.

- New partners will help get the job done.

- Public information campaigns will help families understand the importance of screening and early intervention.

- Linking pieces of the system will help us know that all children are getting the services they may need.

Ages and Stages Questionnaires (ASQ)?

- Completed by parent and reviewed by provider
- Results discussed with family and all parties gain insight into individual child's development

- Two Tools
  - ASQ-3 – 21 age intervals, 30 questions covering five areas of development: communication, gross motor, fine motor, problem solving, personal social. Includes questions that look at the quality of skills.

  - ASQ:SE – 8 age intervals, between 19 and 33 questions covering seven areas of behavior: self-regulation, compliance, communication, adaptive, autonomy, affect and interaction with people. Includes open-ended questions related to eating, sleeping and toileting as well as parent concerns and what the parent enjoys most about the child.

- ASQ Online – Web based access to questionnaires and data management.

Sample Questions

ASQ-3 (16 month)

Does your child say four or more words in addition to "Mama" and "Dada"?

Does your child climb onto furniture or other large objects, such as large climbing blocks?

Does your child throw a small ball with a forward arm motion?

Can your child drop a crumb or Cheerio into a small, clear bottle (such as a plastic soda-pop bottle or baby bottle)?

Does your child help undress herself by taking off clothes like socks, hat, shoes, or mittens?

Do you think your child talks like other toddlers his age? If no, explain:

ASQ:SE (6 month)

Does your baby smile at you and other family members?

Is your baby able to calm himself down (for example, by sucking on his hand or a pacifier)?

When awake, does your baby seem to enjoy watching or listening to people?
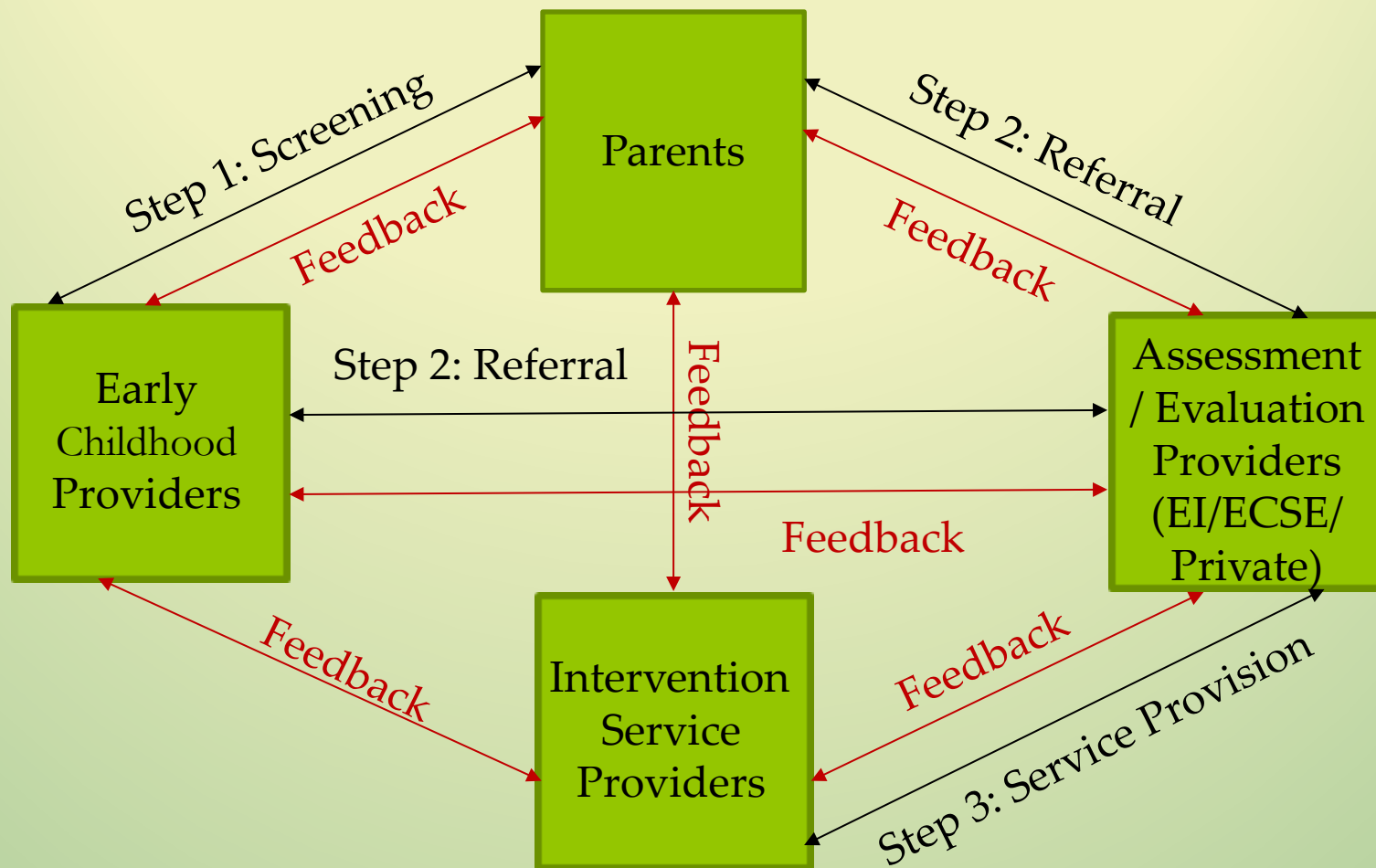
Does your baby have any eating problems, such as gagging, vomiting, or ? (You may write in another problem.)

Does your baby sleep at least 10 hours in a 24-hour period?

Has anyone expressed concerns about your baby's behavior? If you checked sometimes" or "most of the time," please explain:

Getting the System to Work

The Collaboration's Approach - Supporting all parties in the process

Community*Works* Grant ASQ:SE project

- Work of the Professional Development Coordinator, Diana Rosenbrock and the contracted trainer, Penny Willams-Wolford

- 19 Early Childhood care providers. (10 Family child care homes and 9 child care centers)

- Utilized the Ages and Stages Questionnaire : Social Emotional (ASQ:SE) screening tool via ASQ Online

- Provided training and support around social-emotional development

ASQ-3 and ASQ:SE Pilot Project

- Developmental Screening Coordinator building on the foundation of the ASQ:SE project.

- 20 Early Childhood care providers.
  - nine family child care homes
  - nine child care centers
  - Parenthesis (Parents as Teachers and Parenting Resource Program)
  - one medical practice

- Utilizes the ASQ-3 and the ASQ:SE screening tools, via ASQ Online access.
  - Access to ASQ Online provided by OP97

- Provided 15-hour training series

- Provides up to 6 hours per month of coaching and mentoring support to each program around all aspects of developing and implementing a developmental screening program using ASQ Online.

- Guided screening rounds are scheduled to occur within 45 of the start of the program year or enrollment and at least twice per program year.

Results
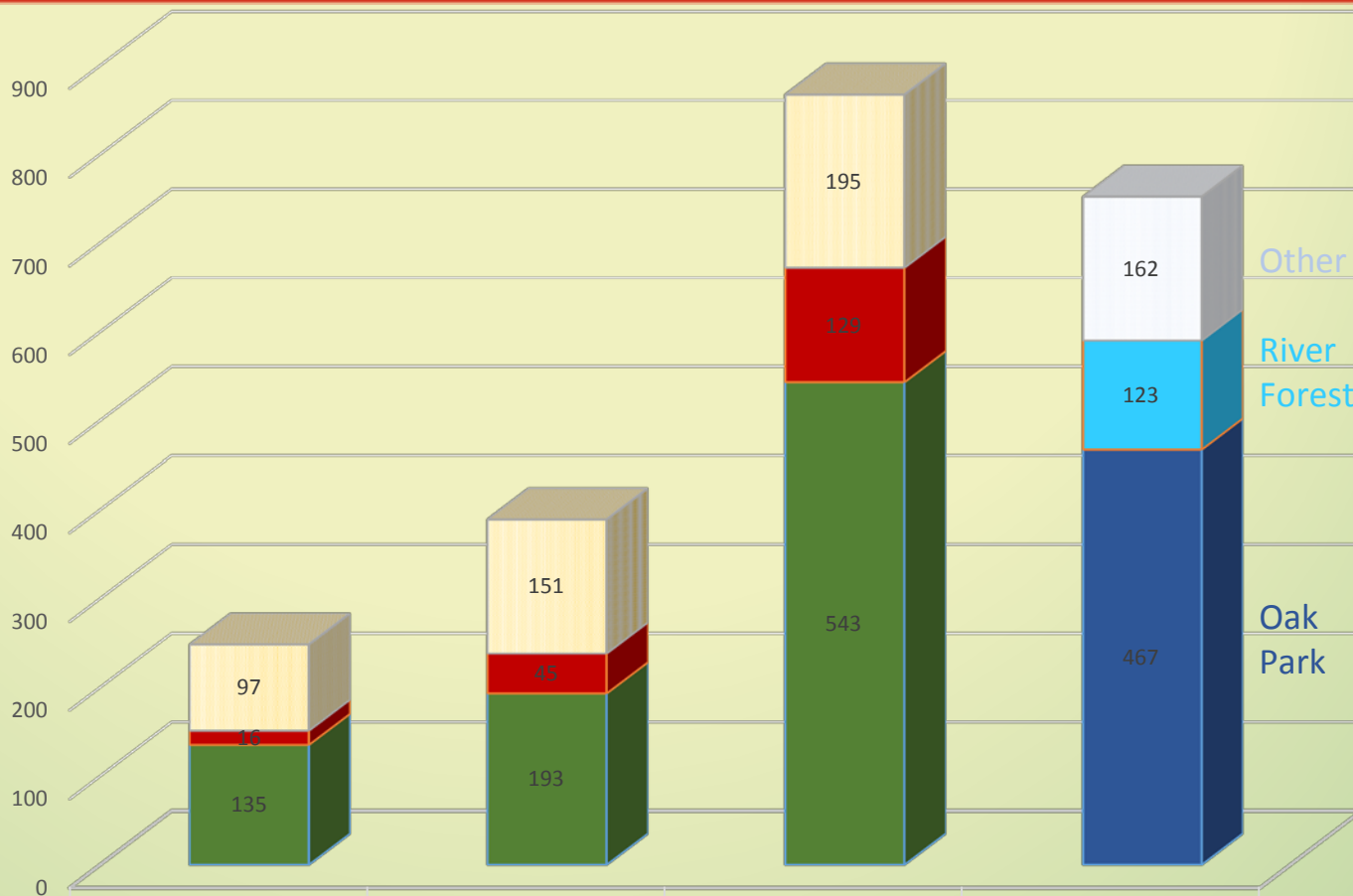
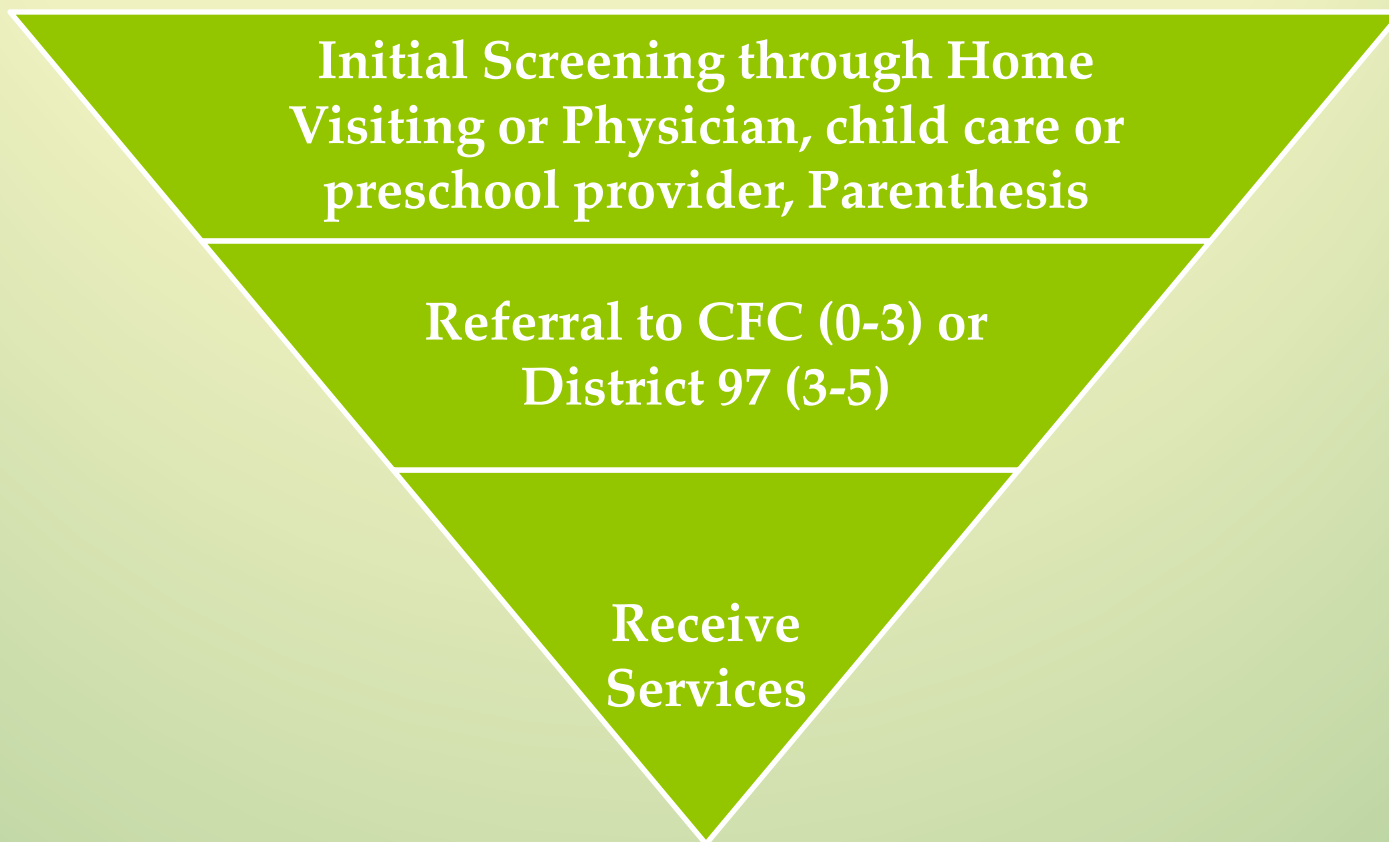|	ASQ:SE Screenings January 2013- September 2013	ASQ:SE Screenings October 2013 - June 2014	ASQ:SE Screenings July 2014 -October 2014	ASQ-3 Screenings July 2014-October 2014
▨ Other	97	151	195	162
■ River Forest	16	45	129	123
■ Oak Park	135	193	543	467

Multi-System Impact

- Support to meet increasing quality standards and rating requirements.
  - ExceleRate (formerly QRIS)
  - NAEYC accreditation
- Curriculum development
- Parent- provider relationship
- Parent education
- Identification of possible developmental delays earlier so that assessment and service provision can be more effective
- Professional development (screening and referral processes)

Children identified through screening as needing assessment or services receive them.

Initial Screening through Home Visiting or Physician, child care or preschool provider, Parenthesis

Referral to CFC (0-3) or District 97 (3-5)

Receive Services

Children identified through screening as needing assessment or services receive them.

Initial Screening through Home Visiting or Physician

Referral to CFC (0-3) or District 97 (3-5)

Receive Services

0-3 services –
- CFC can't give us detailed data regarding services received by children
- Chapin Hall can provide Medicaid data about what services covered children receive
- We don't know about services paid for out of pocket or by private insurance

3-5 services
- District 97 provides information about the services children are receiving.

Next Steps

- July 2015 - Invite additional (eventually all) programs and medical practices to participate in our ASQ Online Enterprise

- Increase public awareness and education around the importance of developmental screening

- Continue to support providers to evaluate screening results to determine the most appropriate agency for referral when further assessment is deemed needed. This will ensure that children are evaluated for eligibility for appropriate support services in a timely fashion.

Provider Perspective

Questions?