Why Are Workforce Issues Important to Address as Part of the Screening Process?

Developmental, behavioral, and trauma screenings are critical but not sufficient to meet the needs of young children and families[1]

Even when families of young children receive high quality developmental, behavioral, and trauma screenings, physicians may not have a mechanism for referrals or may not receive feedback following referrals

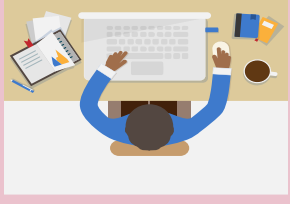
47% of Regional Centers in CA do not have a feedback mechanism in place with primary care physicians[2]

87%

of Regional Centers without a feedback mechanism also lack the workforce, additional resources, and funding to implement a feedback loop[3]

68% of pediatricians feel that a lack of referral services are a barrier to screening young children[4]

Shortages in birth to 5 mental health providers across the state result in limited mental health services for very young children



Providers may be unwilling to screen if they have nowhere to refer young children for services

Must develop a menu of resources and specialty providers to meet referral needs

A menu of resources and specialty services will support providers following screenings

Simply screening without having any resources, referral mechanisms, and specialty providers in place will not meet child and family needs

References

1 Murphey, D., & Bartlett, J. D. (2019). Childhood adversity screenings are just one part of an effective policy response to childhood trauma(Rep.). Retrieved September 1, 2019.

2 WestEd (March, 2019). Regional Center Early Services Programs Feedback to Physicians Report: WestEd Center for Prevention and Early Intervention.

3 Ibid.

4 The Importance of Early Childhood Developmental Screening. (2018, December 26). Retrieved July 29, 2019, from https://www.first5sanmateo.org/2017/08/30/importance-early-childhood-developmental-screening/

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