Promoting Developmental Screening

in Health Care Settings
Introductions

- Zulema Rubalcava Barron, Developmental Screening Coach
  San Francisco Inclusion Networks/Support
  For Families/Help Me Grow
Objectives

- benefits of developmental screening
- strategies on how to promote developmental screening to health care providers
Benefits of Developmental Screening

- California ranks 30th in the country for its rate of developmental screenings for infants and toddlers.

- Less than one-third (28.5%) of children in California receive timely developmental screening.
Benefits of Developmental Screening

- One in four (28.1) children under the age of 6 in CA are at moderate or high-risk for developmental, behavioral, or social delays;
- 1 in 68 children are at risk for an autism spectrum disorder; and
- 2 in 5 parents with children age 5 and younger report having concerns about their child’s development.
Benefits of Developmental Screening

- **SURVEILLANCE** is the process of recognizing children at risk for developmental delays and should occur at EVERY well-child visit.
- **SCREENING** is the use of a standardized tool to identify children at risk for a developmental delay or disorder.
- **EVALUATION** is the in-depth process of identifying children with developmental delays or disorders.
## Benefits of Developmental Screening

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<thead>
<tr>
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<th>Without Screening Tools</th>
<th>With Screening Tools</th>
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<tbody>
<tr>
<td><strong>Developmental Disabilities</strong></td>
<td>14-54% identified</td>
<td>70-80% identified</td>
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<tr>
<td><strong>Mental Health Problems</strong></td>
<td>20% identified</td>
<td>80-90% identified</td>
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The AAP Recommends...

- Developmental surveillance during EVERY well-child visit.
- A general developmental screening using a well-validated tool at 9, 18, and 30 months.
The AAP recommends...

- An autism-specific screening using a well-validated at 18 and 24 months.
- Referrals: If a risk is identified by any of the above, a referral needs to be made for developmental and/or medical evaluation and early intervention.
Some strategies...

Supporting primary care providers for screening and referral:

Challenges
- Lack of awareness of resources
- Busy clinics, diverse needs
- Referrals

Supports
- Support implementation
- Training on validated screening instruments
- Referral resources
Some strategies

Implementation Supports:
- Identify a physician champion!
- Leverage non-clinician support staff
- Promote recommended AAP screening tools like ASQ-3 or PEDS-DM, MCHAT-R/F
(see Performing Preventive Services: A Bright Futures Handbook)
Some Strategies…

- Map the workflow
Some strategies...
Some strategies...

**Screening Results Follow-up Decision Tree**

- **Age-Appropriate ASQ-3 completed by family**
  - **No Developmental Concerns** (ASQ-3 domains all above the cut-off; no parent/provider concerns)
    - Provide parent with general development activities (e.g., ASQ Parent Activities, in English and Spanish)
  - **Some Developmental Concerns** (One or more ASQ-3 domains in the monitoring zone; parent/provider concerns)
    - Refer family to Help Me Grow/Support for Families; families will have an assigned FR3
    - Provide parent with domain-specific intervention handouts, like ASQ-3 Learning Activities; Re-screen in area of concern 2-4 months after for children under the age of 2 years and 4-6 months for children ages 2-5 years old.
  - **Developmental Concerns Present** (One of more ASQ-3 domains below the cut-off)
    - Make referrals to GGRC, SFUSD, MDAC, or other community agencies, as approved by family
    - Continued follow up and developmental surveillance, re-screening, and monitoring every 6 months, for children under the age of 2, and every...
Some strategies...

**Help Me Grow (HMG) Pediatric Strategies**

**Front Office Staff/Medical Assistant**
- Determine who gets universal screening with ASQ
- Distribute ASQ
- Explain to parents the purpose of ASQ and next steps
- Help to complete ASQ using ASQ tool kit
- Give parents incentive bag when ASQ is complete
- Transfer results to score sheet
- Assure that provider sees screening results

**Pediatric Provider**
- Use ASQ where there are concerns about learning behavior and/or development
- Collect ASQ from staff person or parent
- Review ASQ and follow-up on unanswered questions
- Discuss results with parents
- Note referral and/or follow up on score sheet

**No Concerns (White Zone)**
- Provide general developmental materials
- Return ASQ to family for anticipatory guidance
- Keep copy of score sheet in patient’s record

**Monitoring (Gray Zone)**
- Provide general developmental materials
- Return ASQ to family for anticipatory guidance and follow-up on areas of concern and make a copy if referring
- Keep copy of score sheet in patient record
- Rescreen based on clinical judgment and document return to clinic/office on ASQ score sheet/information summary
- Refer family to HMG Linkage Line for support

**Concerns (Black Zone)**
- Discuss areas of concern and suggested referrals
- Attach entire ASQ with referral
- Refer family to HMG Linkage Line for additional support

**Observed or parental concerns**
- Refer to the HMG Linkage Line
- Rescreen
- Provide developmental materials

**Data Collection**
Place copy of ASQ score sheet in folder for HMG team to pick up on monthly visit. Practices receive an incentive bag for each completed score sheet.

**Follow-up for ASQs scoring “of concern”**
- HMG staff may request assistance from office staff to pull charts for review to ensure referrals were made if not documented on ASQ score sheet.
- Provider may administer ASQ SE or MCHAT if parent or provider is concerned about behavior or other issues related to “social emotional development” regardless if the ASQ is within normal limits.
Some strategies...

Train ALL available clinic staff

- Direct, on-site, in-person training at clinics works best
- One hour, 1 ½ max
- Food!
Some strategies...

Partner with other developmental screening projects in your county:

- Home visiting—Early Head Start/Head Start
- QRIS (Quality Rating & Improvement System) partners
- Part C and Interagency Early Intervention Committee’s responsible for Child Find
Some Strategies

- Provide support on screening materials and supportive materials
Some strategies...

- CDC’s Learn the Signs, Act Early materials (customizable)

Don’t know your child’s birth date? Talk to your child’s doctor and obtain screening results and completed toxscreen checklists.

- Call your doctor (916) 538-0500, or send an email to info@learnthesigns.org.
- Ask the doctor for a referral for further evaluation.
- Contact Golden Gate Regional Center (Early Start) Intervention Program Birth to Three at 1-800-300-3235 or info@ggpy.org.
- Contact San Francisco Unified School District at (415) 231-2000 or email: info@sfusd.org.

HELP ME THRIVE!

BIRTH TO 5: WATCH ME THRIVE!

What should I do if I am concerned about my child’s development?

- Call your doctor (916) 538-0500, or send an email to info@learnthesigns.org.
- Ask the doctor for a referral for further evaluation.
- Contact San Francisco Unified School District at (415) 231-2000 or email: info@sfusd.org.

HELP ME GROW SAN FRANCISCO | helpmegrowsf.org | info@helpmegrowsf.org
Some strategies...

- Early Start Referrals—find more information about regional centers at the DDC Early Start website
Some strategies...

Local School District Special Education Department

California School Directory

The California School Directory contains information about all California public schools, private schools, nonpublic nonsectarian schools, school districts, and county offices of education.

Use the form below to search for schools and districts based on one or a combination of options and inputs. Hover your mouse over a field's label to find out more information about it. Click the "More Options" button below to see more advanced options for searching.
Some strategies…

Family Resource Centers—Early Start FRCN

Welcome to Family Resource Centers Network of California website, your link to the local resources and services available at California’s 47 Early Start Family Resource Centers!

Early Start Family Resource Centers (ESFRC) provide parent to parent support outreach, information and referral services to families of children with disabilities and the professionals who serve them. All ESFRCS serve families of children birth to three and many have enhanced funding which allows them to serve families of all income levels.
Help Me Grow

33 Counties Strong, Serving 80% of California’s Children
First 5 and Help Me Grow

- 14 counties are currently Help Me Grow affiliates
- 17 additional counties in process
- By the end of 2017, 80% of California’s kids will live in a Help Me Grow county
- First 5 provides more than 90% of the funding for HMG across California and serves as the lead agency in 9 of the 14 affiliate counties
First 5/ HMG CA Policy Agenda

- Educate and support health care providers to identify and refer children at risk for delays
- Inform families about the importance of screening and early treatment, and develop a centralized intake and referral process across counties
- Collect and analyze data on children screened, assessed, and served in order to effectively track statewide progress toward addressing developmental delays
Resource links...

- http://agesandstages.com/
- http://www.frcnca.org/
- https://www.cdc.gov/ncbddd/actearly/
- https://www.pedstest.com
- https://mchatscreen.com
- http://www.cde.ca.gov/schooldirectory/
- http://www.dds.ca.gov
Questions?
Contact info

☐ If you have any questions feel free to contact me:

Zulema Rubalcava Barron
415-282-7494 ext. 131
zulema@supportforfamilies.org