



# Comprehensive Framework for Promoting High-Quality Developmental Screening Practices:

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MOVING FROM PILOT INITIATIVE TO WIDESPREAD SYSTEMS CHANGE

THERESA ZIGHERA, FIRST 5 SAN FRANCISCO [theresa.zighera@first5sf.org](mailto:theresa.zighera@first5sf.org)



A good process

produces good results.

Nick Saban

Objective 1: Share pilot outcomes

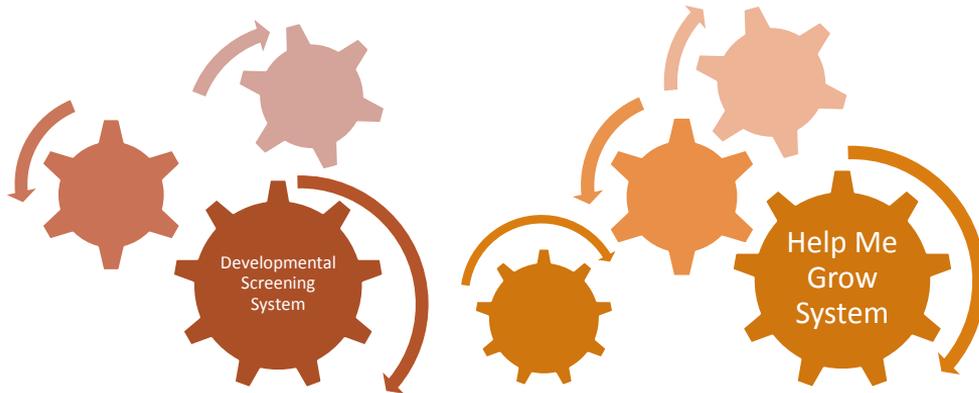
Objective 2: Focus on the process

Objective 3: Provide organizing frameworks

# A Few Quick Assumptions

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- Connection to early intervention referrals (i.e. Help Me Grow) is facilitated by effective developmental screening
- Effective developmental screening is a system unto itself



# Organizing Framework #1: Theoretical

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## Set to Systems Theory

A system is an interconnected set of elements that is coherently organized in a way that achieves something ... [A] system must consist of three kinds of things: *elements, interconnections* and a *function or purpose*.

It also functions within a *context* that has important influencing power to be considered. If these things are not present it is likely just a more static set of elements that have yet to form a system.

Meadows, Donella H. (2008). *Thinking in Systems: A Primer*.

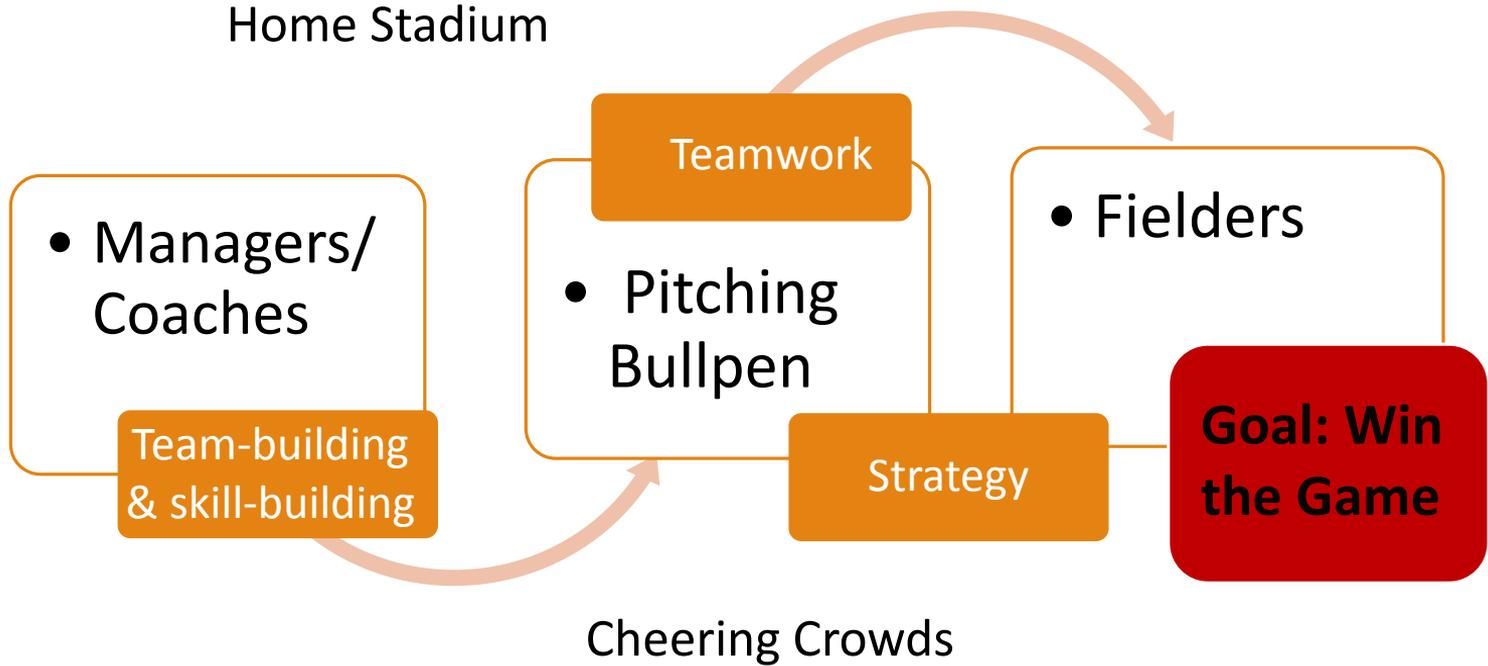


# SET:

- Owners
- Managers
- Coaches
- Pitchers
- Catcher
- Infielders
- Outfielders

# SYSTEM:

Baseball Team



# SET

# SYSTEM

Baking  
Cake

?

Remodeled Kitchen

- Instructions & Equipment

Accuracy

- Ingredients

Creativity

Mix and Heat

- Decoration

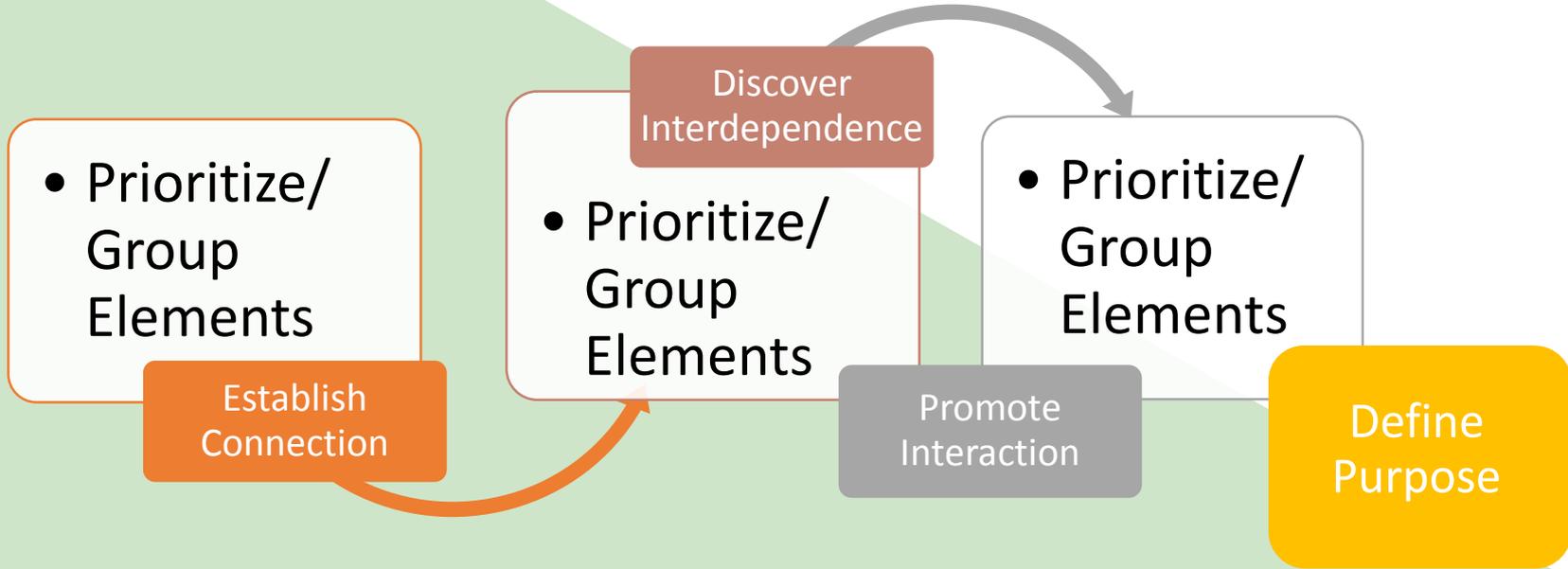
Goal: Make  
Cake For a  
Friend

Big Fancy Birthday Party



# Set to Systems Framework

Explore Context



Explore Context

# 4 Year Pediatric Developmental Screening Pilot

- North East Medical Services
  - Largest Federally Qualified Health Center in San Francisco
  - Serves approximately 10,000 children; 3,000 Medi-CAL children birth to 5
  - Primary language is Cantonese/Mandarin with limited English fluency
- University of California Berkeley
- Joint Venture Health
- First 5 San Francisco/Help Me Grow
- Vendors: Brookes Publishing and Get Well Network



# Transforming Clinic Culture: Screening and Technology

Universal developmental screening at all locations during well child visits

- ✓ Tablet-based screening system integrates with patient scheduling and Electronic Health Record
- ✓ Automated screen selection and scoring
- ✓ Expanded periodicity
- ✓ Screening in families home language
- ✓ **> 90% screening rate for children birth to 10**

Age Interval	Developmental	Social Emotional	Autism
9 months	ASQ-3		
12 months		ASQ-SE	
18 months	ASQ-3		MCHAT
24 months		ASQ-SE	MCHAT
30 months	ASQ-3		
36 months	ASQ-3		
48 months		ASQ-SE	
60 months		ASQ-SE	

# Transforming Clinic Culture: On-Site Prevention and Intervention

Enhanced screening follow-up , referral, and parent education on site

- ✓ Partnerships with OB team for monthly prenatal workshops that promote awareness about attachment and developmental health
- ✓ Partnerships with community-based Family Resource Centers for post-natal parent education workshops that promote early literacy and healthy child development
- ✓ On-site team of social workers (*100% of families with any level of risk*)
- ✓ **Extended screening and on-site early intervention for moderate risk (*88% of families*)**
- ✓ **Referrals to HMG and community partners (*19% of families*)**



Great, let's  
get started  
on the next  
site!

What exactly are you  
asking us to do?

Why change?



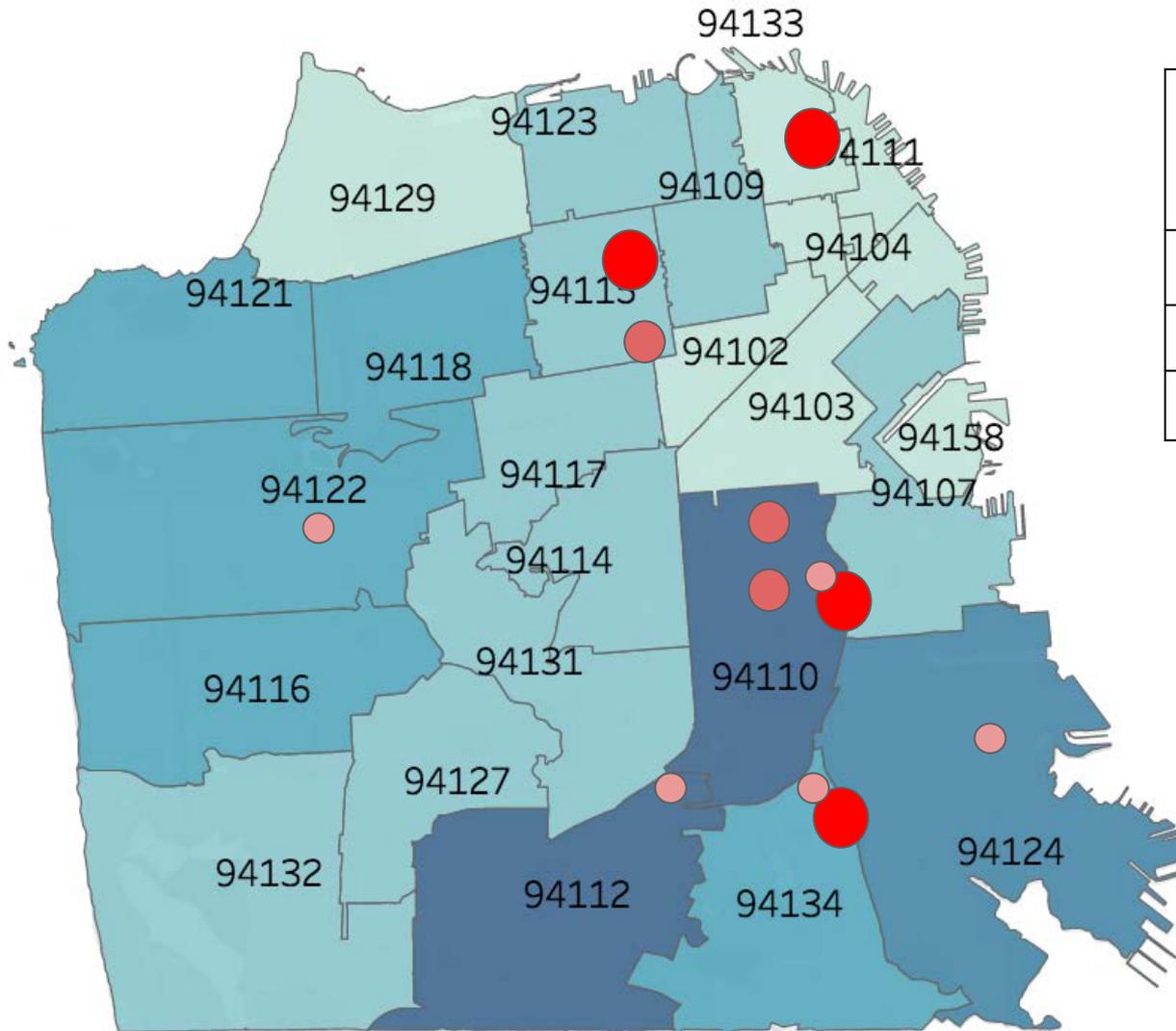
What do you have to  
offer?

All pediatric providers in San  
Francisco?

***Answer: We have a set, but we need is a  
system!***

# Explore Context

- Assess the landscape; identify key players
- Target efforts



	Medi-Cal Children Served By Primary Care Clinics (Ages 0-5)
	1000-2000
	500-1000
	250-500

	Total Children In Zip Code (Ages 0-5)
	4000-5000
	3000-4000
	2000-3000
	1000-2000
	0-1000

## Prioritize Elements

- Select most critical elements
- Check that list makes sense to others

### Top 10 from Pilot

1. Using evidence-based tools
2. Screening schedule established
3. Champions and resource allocation
4. Formal training
5. Screening in family's home language
6. Automation and electronic data collection
7. Tracking of information
8. Expanded screening process
9. Care Coordination
10. Internal and external partnerships

## Redefine Purpose

- Engage target clinics in a dialogue about what they need, what they care about, what assets they bring
- Reflect on what is feasible

### What we learned

- We are not starting from scratch, build on what exists
- Clinics are unique, one size will not fit all
- Difficult to dictate how, but possible to define the expectations
- Connections outside clinics are valued but challenging
- Must be a reciprocal process
- Equity and equitable systems matter!

### Where we landed

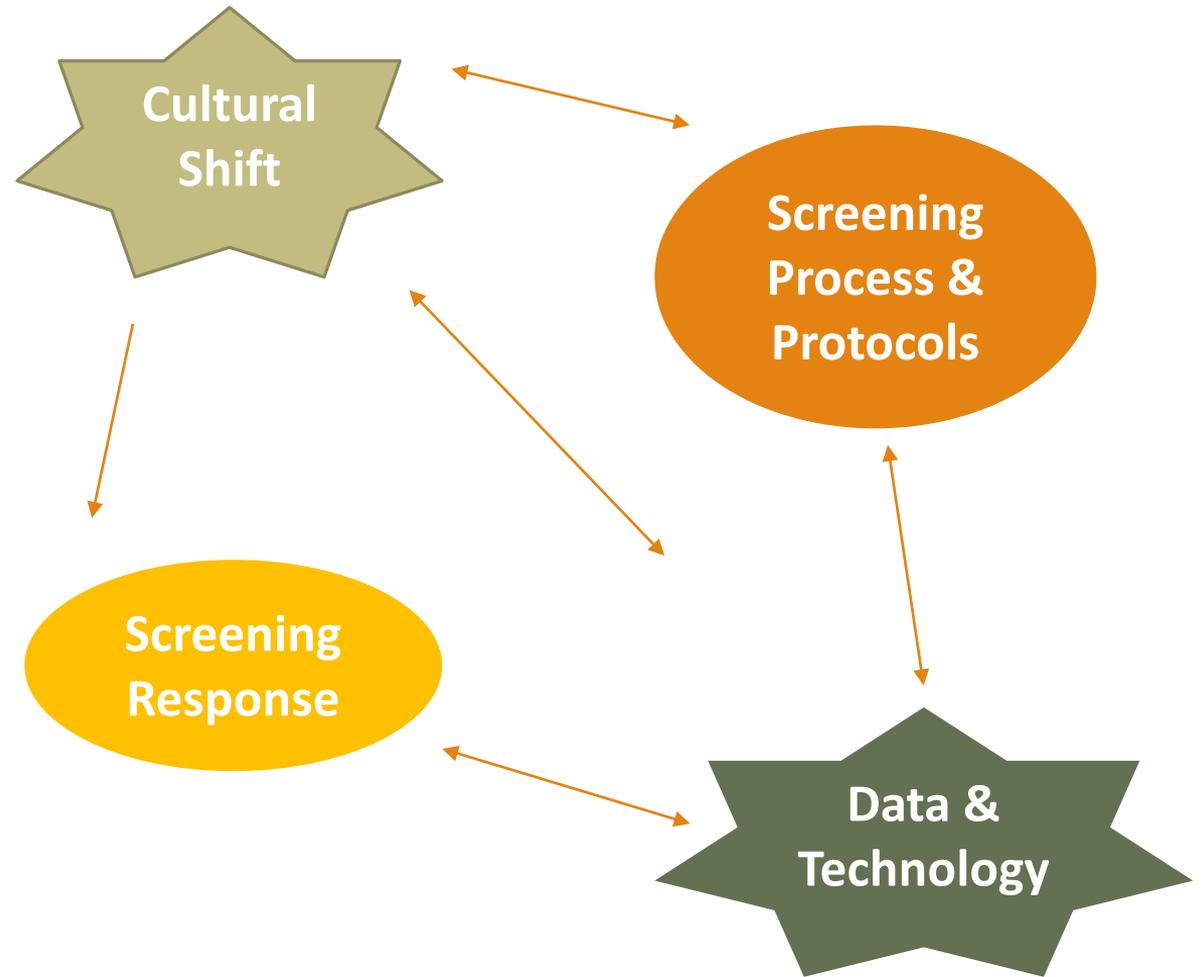
Establish common expectations and organizing framework

Define and standardize a high quality screening approach

Mobilize countywide supports to compliment on-site efforts

# Establish Connections

- Organize elements into interconnected groups
- Validate and refine



# Review of Literature and Validation of Emerging Framework

Emerging San Francisco Framework	Categories/Elements from National Models	Categories/Elements from Implementation Science
<b>Cultural Shifts</b>	Create office-wide implementation	Facilitative administration
	Divide responsibility among staff	Staff selection
<b>Screening Process &amp; Protocols</b>	Choose appropriate screening tools	Training and coaching
<b>Data &amp; Technology</b>	Monitoring and continuous quality improvement	Decision support data system and performance assessment
<b>Screening Response</b>	Align screening measures with community based programs	Systems intervention and alignment of external systems

# Organizing Framework #2: Practical Developmental Screening System Quality Framework

## Site-wide Prioritization

- ✓ Leaders and key staff identified
- ✓ Defined roles & division of responsibilities
- ✓ Allocation of resources
- ✓ Commitment to equity and quality improvement

## Screening Competency

- ✓ Selection and use of validated tools at regular, consistent intervals
- ✓ Tools available in multiple languages
- ✓ Screening protocols in place
- ✓ Provision of training and coaching

Alignment with  
Internal/External  
Systems &  
Countywide Supports

## Screening Response

- ✓ Timely on-site screening response
- ✓ Follow-up plans by level of risk
- ✓ Established referral mechanisms
- ✓ Cross-agency coordination and collaborative care models

## Utilization of Summary Data

- ✓ Screening rate summary
- ✓ Risk stratification summary
- ✓ Referral and linkage summary
- ✓ Data informs decision making

# Organizing Framework #2: Practical

## Developmental Screening System Quality Framework

EQUITY

- ✓ Leaders and key staff identified
- ✓ Defined roles & division of responsibilities
- ✓ Allocation of resources
- ✓ Commitment to equity and quality improvement

- ✓ Selection and use of validated tools at regular, consistent intervals
- ✓ Tools available in multiple languages
- ✓ Screening protocols in place
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PEER SUPPORT

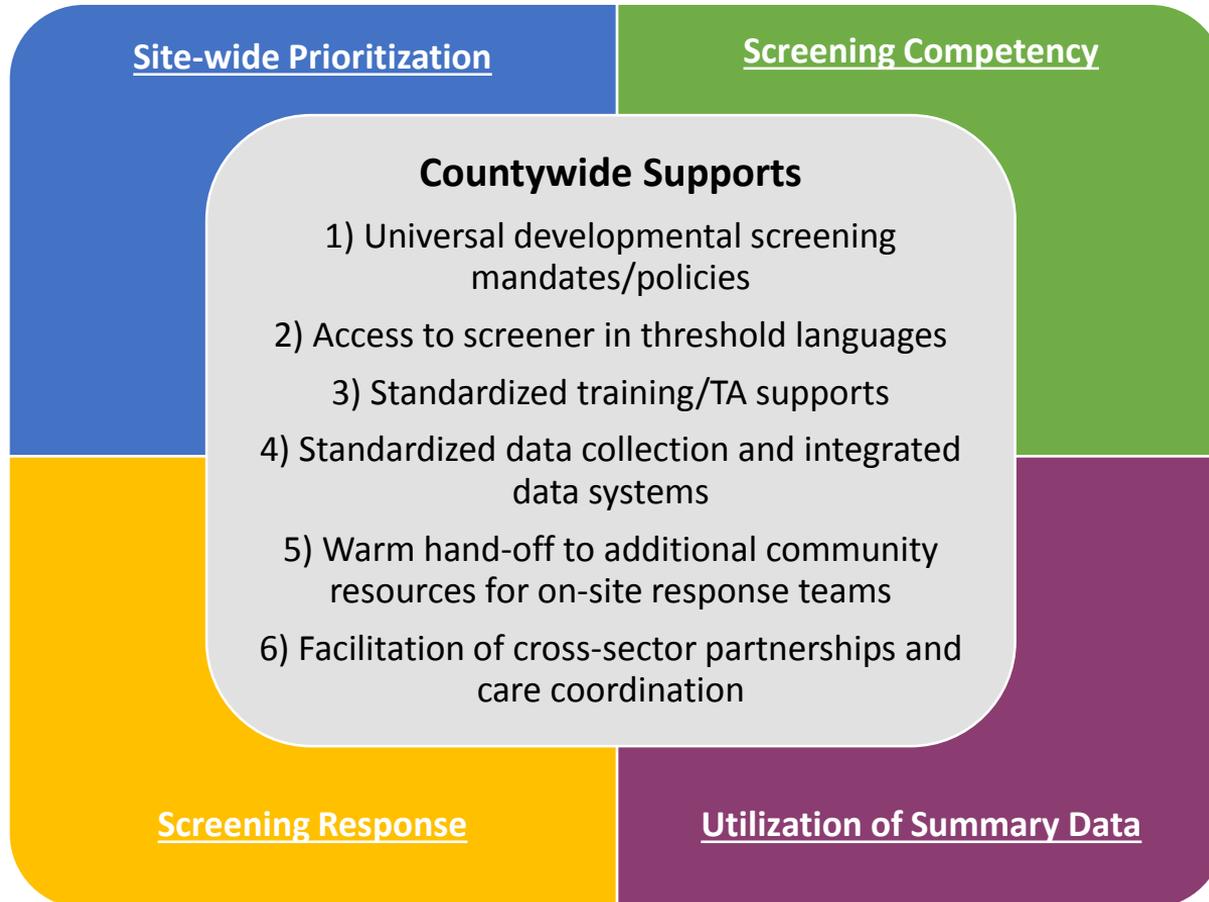
FAMILY ENGAGEMENT

- ✓ Timely on-site screening response
- ✓ Follow-up plans by level of risk
  - ✓ Established referral mechanisms
- ✓ Cross-agency coordination and collaborative care models

- ✓ Screening rate summary
- ✓ Risk stratification summary
  - ✓ Referral and linkage summary
- ✓ Data informs decision making

RESOURCE ALLOCATION

# External Supports for On-Site Developmental Screening Systems



# Several Significant County Changes: October – March

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- ✓ Key leaders from target health clinics meet monthly to tackle small and large scale changes based on framework
- ✓ Framework used to attract major San Francisco donor; multi-million dollar grant proposal submitted
- ✓ Grant funding for roll-out of standardized training model based on framework
- ✓ Framework now applied to early care and education quality initiatives for consistency across sectors
- ✓ Renewed city/county funding cycle for Help Me Grow will offer more direct site based support and linkage for settings implementing framework



# Developmental Screening Framework in Other Affiliate Communities: Discussion Questions

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1. Do elements and groupings resonate with your experience?
2. How might framework be applied in your affiliate community?
3. What contextual factors might influence its application? Would these factors help or hinder?



# Thank you for your participation!

Special thanks to:

Judy Li, Joint Venture Health

Nadia Thind, San Francisco Help Me Grow

Jennifer Frehn, UC Berkeley School of Public Health

Please complete a brief survey!

