

# *A Community Approach to Implementation of Developmental Screening and the Impact on Early Intervention*

Diane Liebe, MD

Emily Reed, RN

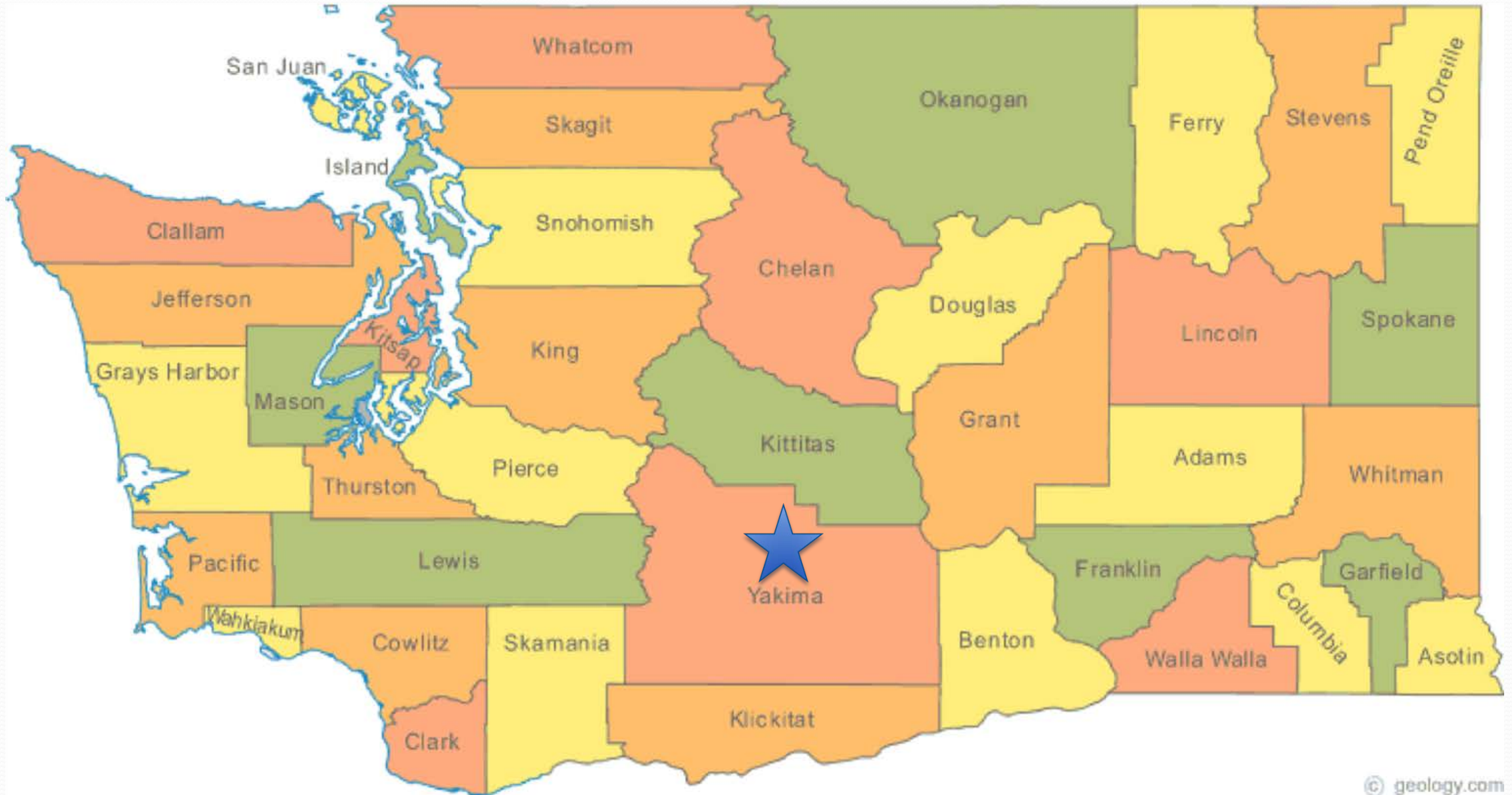
Victor M. Cardenas, MA/IMH-E(I)

# Objectives

- Introduce a community approach to teaching universal developmental screening (UDS) in medical practices and early learning centers
- Review the impact that this has had on the community's early intervention numbers
- Discuss the expansion of the childcare service provider training to other areas of the state
- Facilitate small group discussion to identify approaches to teaching and implementing UDS in your communities



# Community approach to teaching universal developmental screening



# Yakima County (2015)

- Population 248,830
- Per capita Income \$37,630 (State \$49,610; National \$46,049)
- **Poverty rate: 20.5 %** (State 12.2%; National 13.5%)
- Population under the age of 5: 8.3% (state 6.2%)
- Ethnicity:
  - White non-hispanic 44.3% (state 69.8%)
  - African American 1.5% (state 4.1%)
  - American Indian/Alaska Native 6.2% (state 9.1%)
  - Hispanic or Latino 48.3% (state 12.4%)**

# Children's Village Yakima, WA



# Background : HMG in Central WA

- Started in 2010 with CATCH Planning Grant (AAP) obtained by developmental and behavioral pediatrician supporting work around **universal developmental screening (UDS)**.
- Initially a community work group began meeting monthly and UDS Coordinator hired.
- Funding was obtained from local/state resources i.e. Community Foundation.
- Trainings on UDS conducted with Medical Providers and Early Learning Centers.
- In 2017 the group expanded and adopted the principles of HMG, changing their name and focus to “HMG Central WA”

# Academic detailing approach or Clinical educational outreach

- Contacted practices and scheduled a time to meet that was convenient for them.
- Always brought food/coffee.
- Conducted 1 hour training with DBPeds and UDS Coordinator.
- Assessed their current practice of UDS.
- Presented Power Point (brief) on UDS and use of ASQ/ MCHAT.
- Spent ~30% of time on linking to local resources, primarily Early Intervention (EI).



# Follow-up with practices

- UDS Coordinator continued to contact practices following the training (often through clinic administrator)
- Provided ongoing Technical Assistance (TA)
- Trained staff in ASQ
- Set up (where possible) means of collecting data i.e. quarterly reports from each practice

# Results

- Since 2010 approximately 81% of Pediatricians and 25% of Family Physicians have received training.
- All pediatric and most FP practices have implemented developmental screening, although a few not universally.
- All 3 FQHC Migrant and Community Health Centers have implemented UDS as a component of their pediatric care and spread to all clinic sites, some as far away as Oregon.

# South Central WA

## Infant Toddler Consultation Project

- UDS Coordinator and Community partners trained local childcare facilities in UDS/ASQ
- Included information on discussing developmental concerns with parents
- Included information on local resources i.e. EI
- Included the importance of working with and linking to the child's medical home



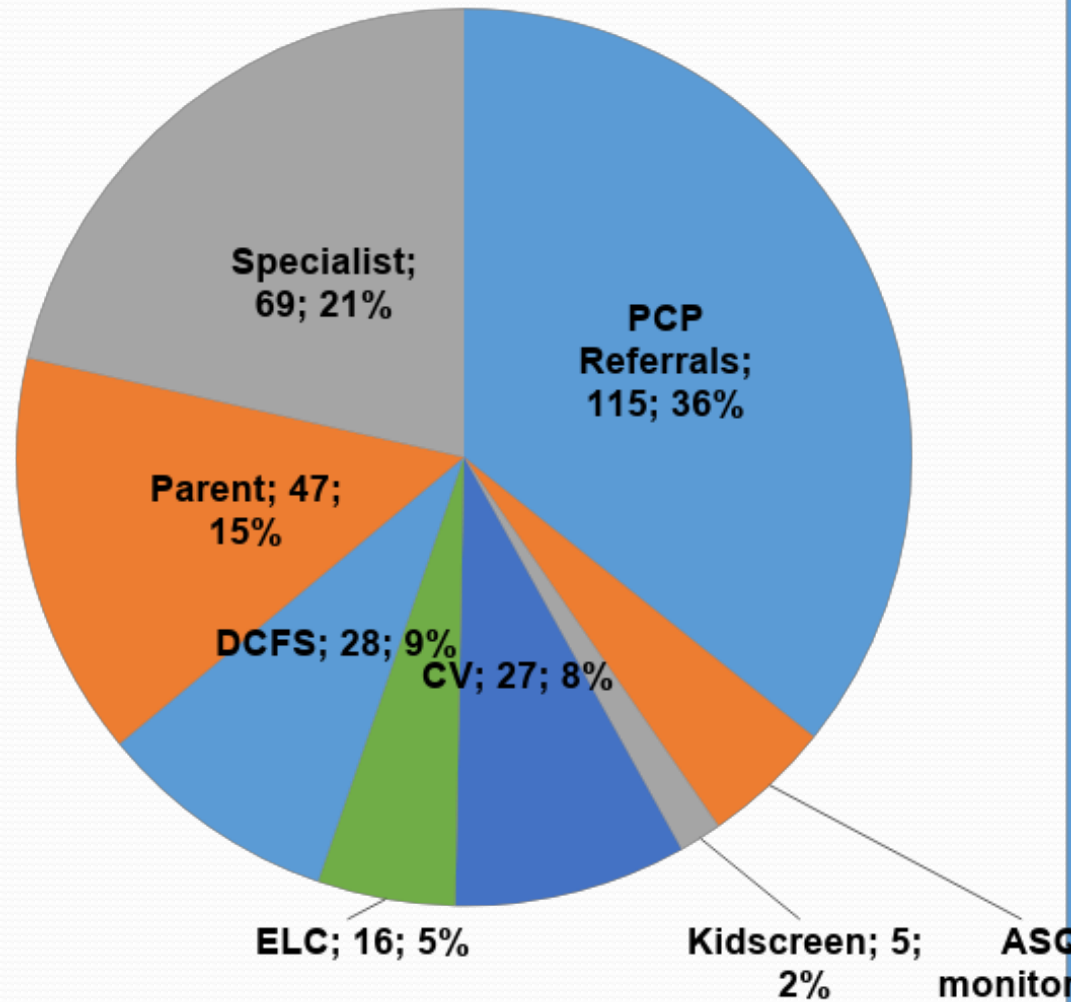
# Impact on Early Intervention

# Measuring the impact of UDS training

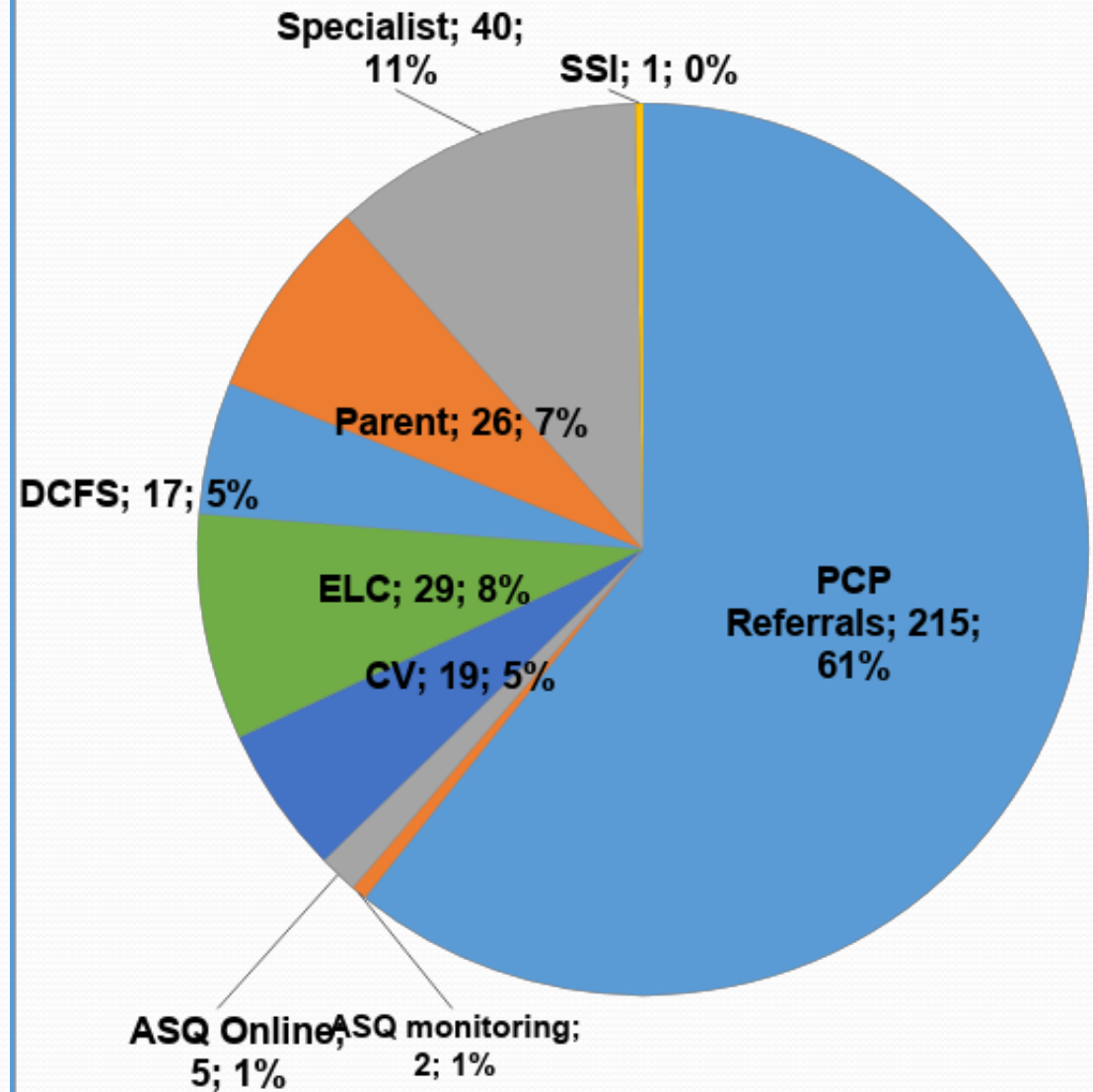
- Retrospective chart review of all referrals into EI (EI referral logs, CVIS, and medical charts)
- January to June 2010 as baseline
- January to June 2014 for comparison
- Included all EI referrals for Yakima County (excluded one school district who does not contract with Children's Village for EI)

# EI Referrals – Where are they coming from?

Jan - June 2010



Jan - June 2014



# Number of EI Referrals

- Total Referrals
  - 2010 = 322
  - 2014 = 354

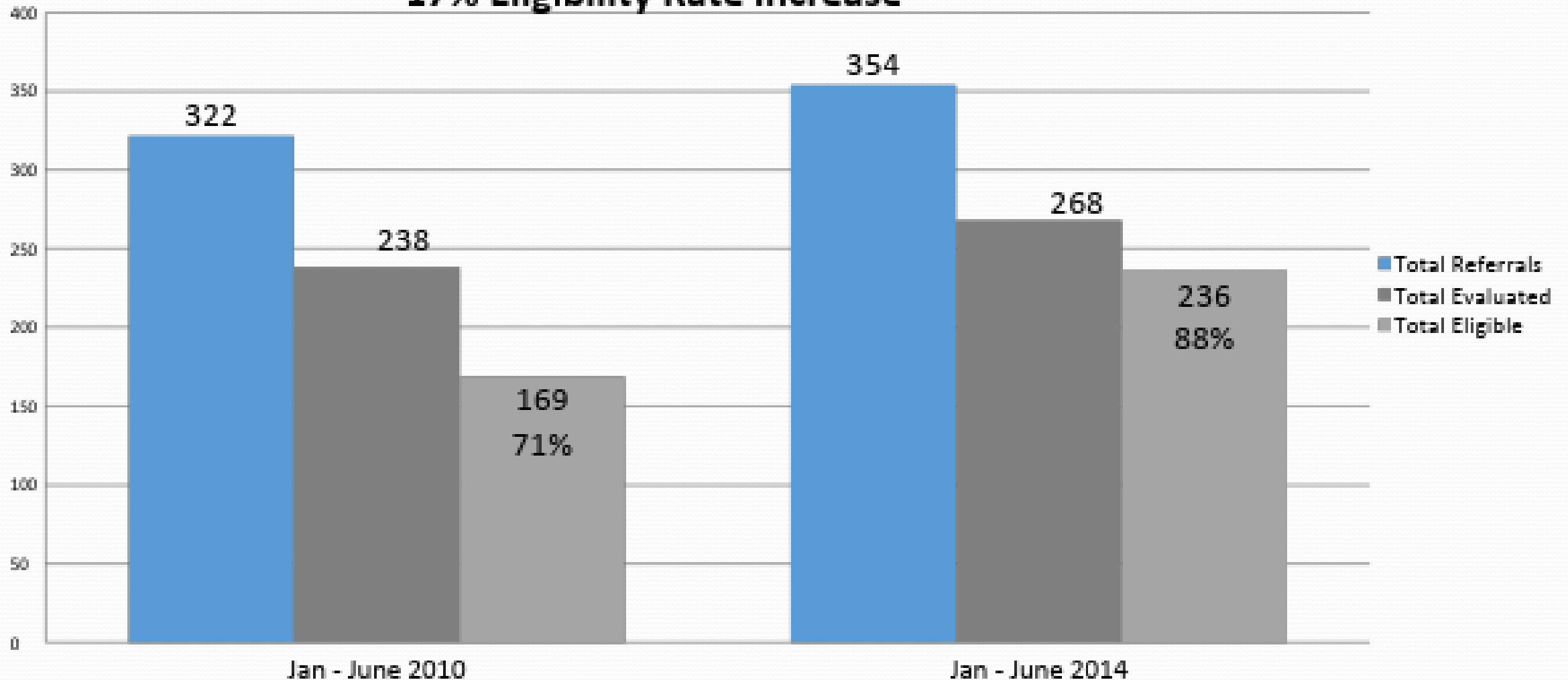
# The Impact on Evaluations in Early Intervention Program

- Total EI Evaluations Completed
  - 2010 = 238 (73.9% of those referred)
  - 2014 = 268 (75.7% of those referred)
- Increased eligibility rates
  - Total EI eligible
    - 2010 = 169 (71% of those evaluated)
    - 2014 = 236 (88% of those evaluated)
- Increased number of children enrolled in EI



# Early Intervention Eligibility Rates

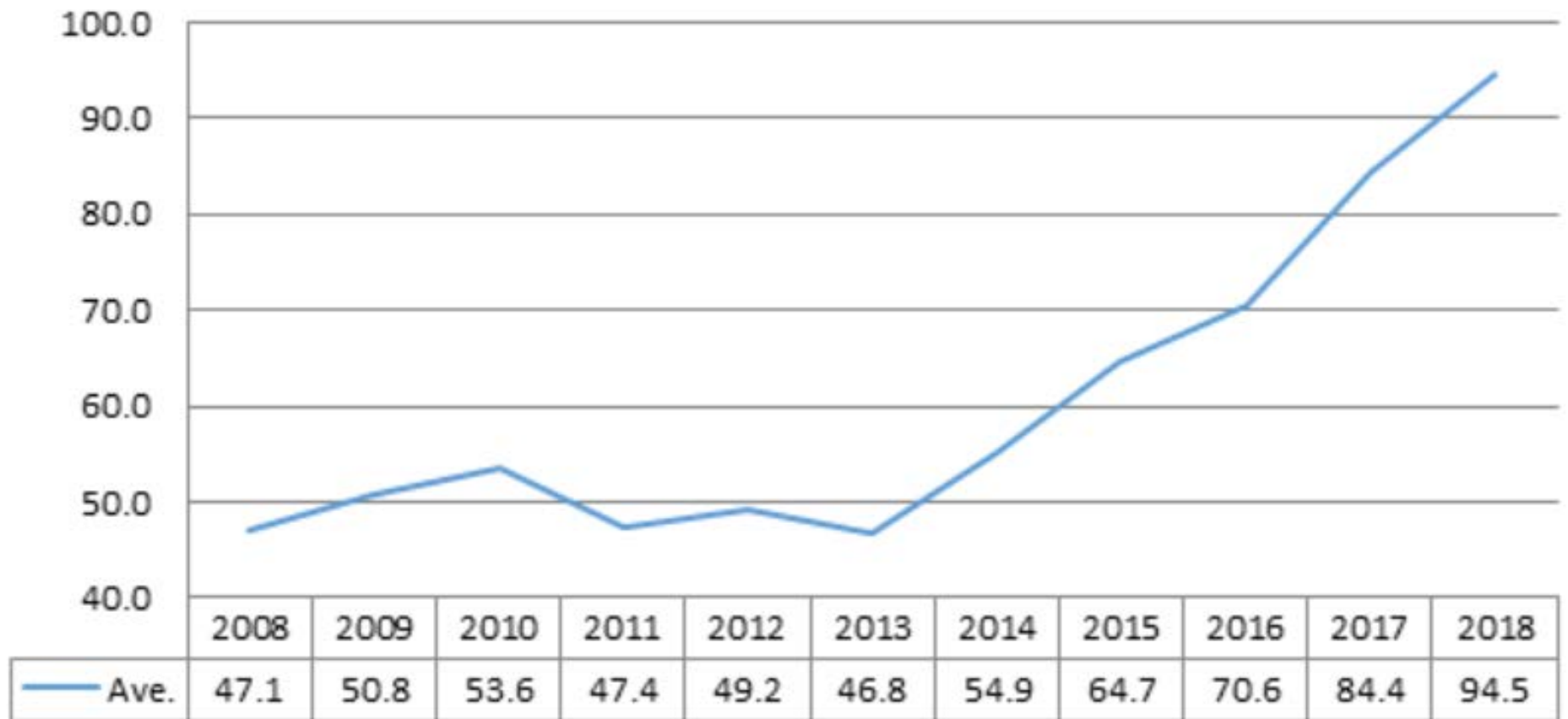
**17% Eligibility Rate Increase**



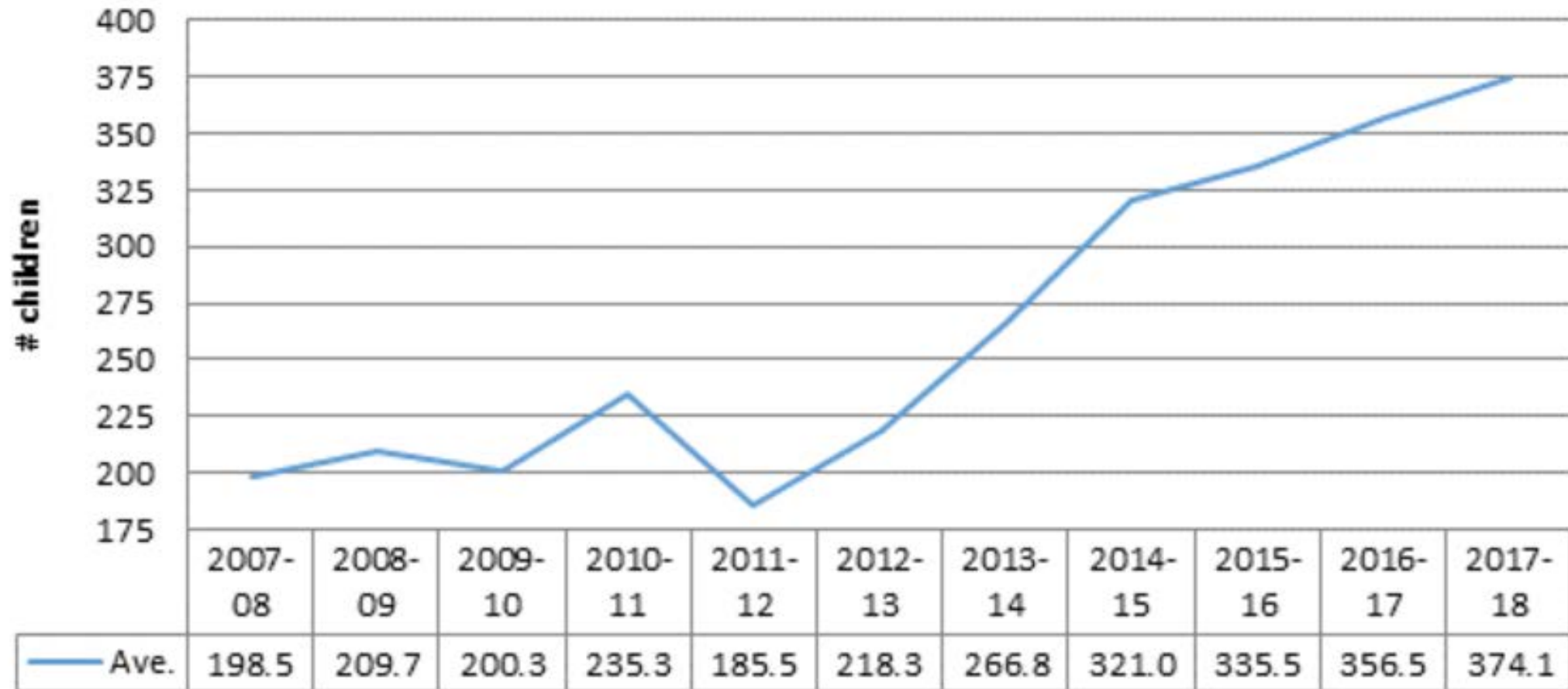
# Rural Health Network Grant


- 3 year grant (2014 -2017)
- One component of the grant was continued funding for UDS coordinator position and trainings with early learning centers and medical practices in rural areas
- 4 rural early learning centers trained per year
- 4 rural medical practices trained per year

## Average # of EI referrals per month/year



## School count per month/school year



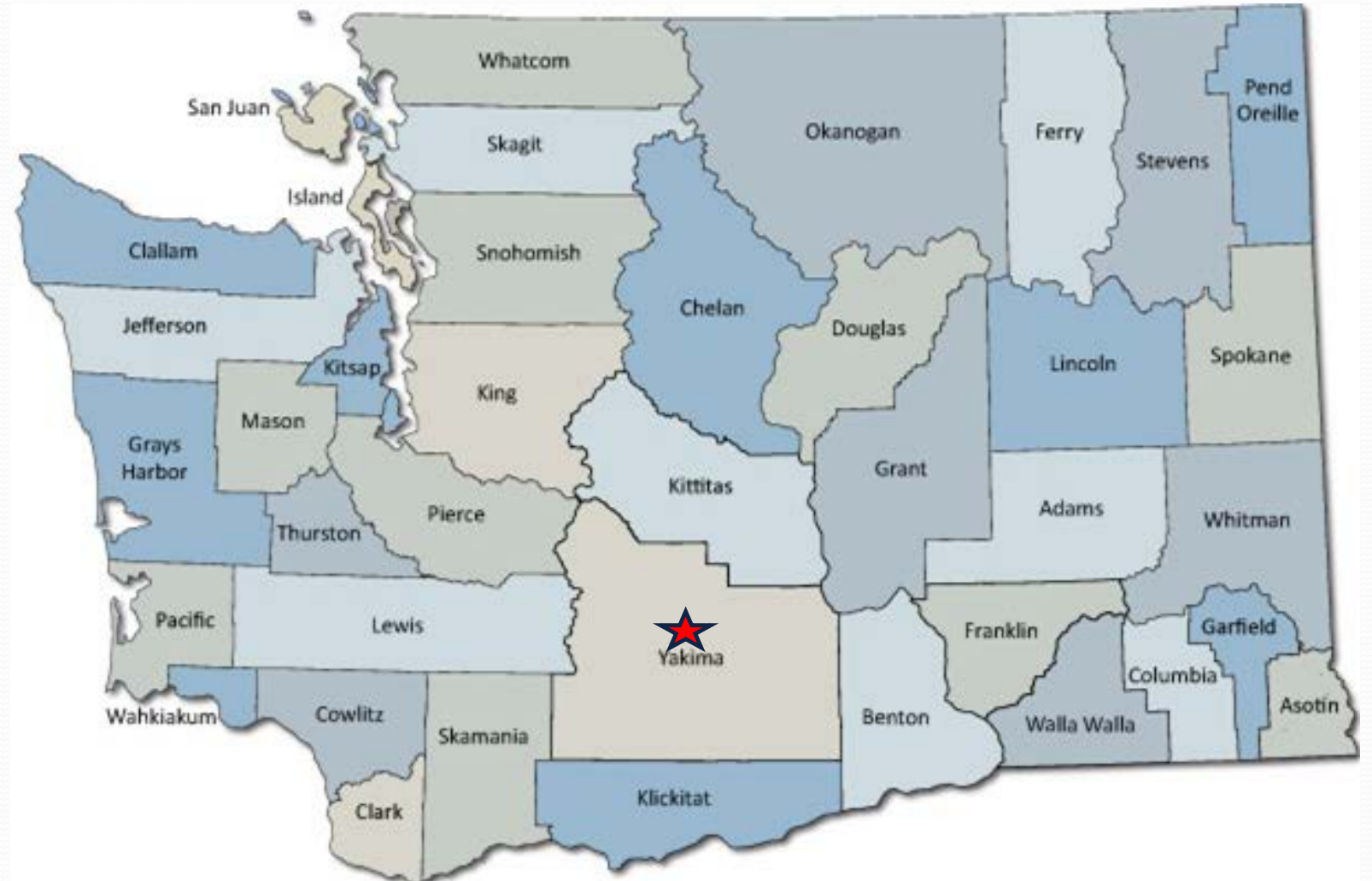



Recent 2017 EI data from Yakima County indicates that EI averaged 14.4 more referrals/month than the previous year.



Expansion of model to other countries

# 2018 Original Project LAUNCH UDS PILOT



 = Yakima, WA

# TOOLKIT & FRAMEWORK FOR UDS

- Pathway for Child Care Service Providers to implement UDS in their licensed child care setting
- Supports a developmental screening standard of practice for all children 0-5
- Builds continuity of care & strengthens relationships with childcare, families and community
- Supports ease of replication/adaptation to each unique community & individual learning styles

## Trainer's Manual & User's Guide



## Milestone Moments Booklet



## Learning Activities Resource Book



## ASQ-3 & ASQ: SE-2 Kit





# REPLICATION OF UDS FRAMEWORK & SUSTAINABILITY

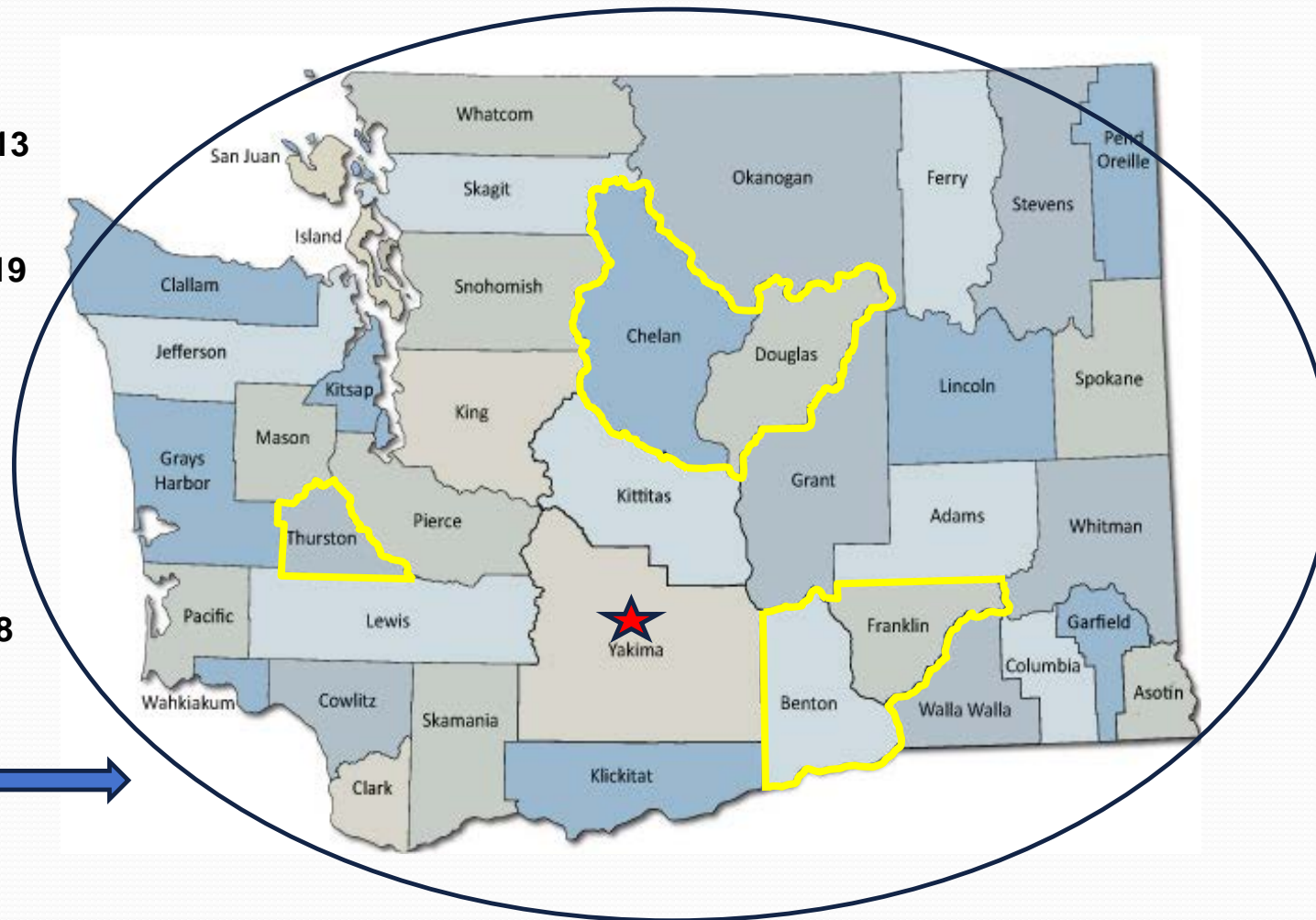
★ = Yakima, WA: Original Project  
Launch Pilot Community 2008-2013

## Project LAUNCH Expansion – 2015-2019

- Chelan & Douglas Counties
- Benton & Franklin Counties
- Thurston County

## DEL – Statewide Systems Integration 2018

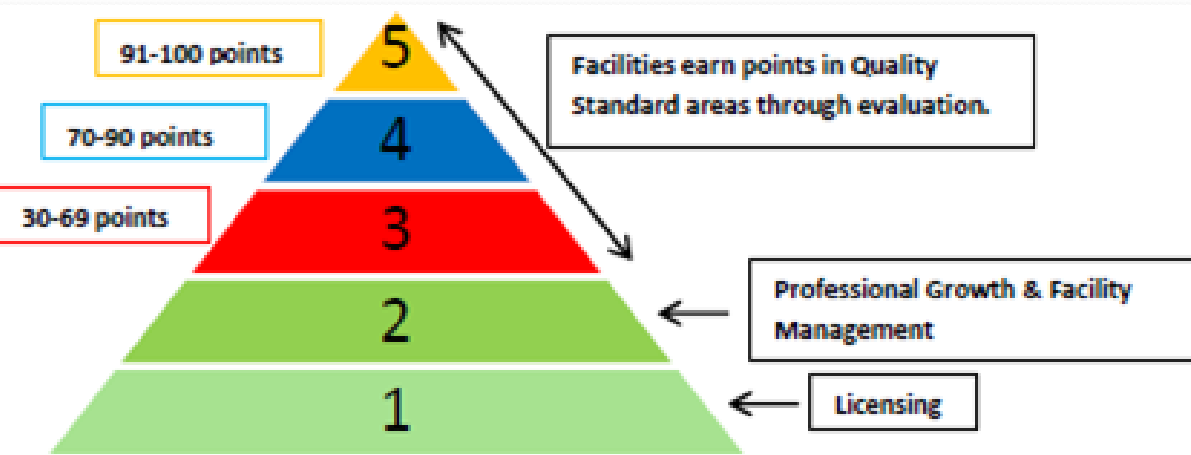
- Infant/Toddler Consultation



# SUSTAINABILITY

## INTEGRATED WITHIN EXISTING STATE SYSTEMS

### Quality Rating & Improvement System (QRIS)



Quality Standard Area	Example of how facilities earn points in each Standard Area	LAUNCH/Infant/Toddler Consultation Support
<b>Child Outcomes (10 pts)</b>	<ul style="list-style-type: none"> <li>•Screen children to spot developmental concerns.</li> <li>•Provide ongoing assessment to learn about each child's strengths and needs.</li> <li>•Share information about children's growth and progress with families to promote school readiness.</li> <li>•Use information about each child's strengths and needs to plan activities and curriculum.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Provide Ages and Stages Questionnaire Kits to child care service providers.</li> <li>✓ Offer technical assistance and support on implementing a sustainability plan for all children within child care settings to receive developmental screenings.</li> </ul>
<b>Curriculum, Learning Environment and Interaction (70 pts)</b>	<ul style="list-style-type: none"> <li>•Meet thresholds in the environment rating scale (ERS) and the Classroom Assessment Scoring System (CLASS). These tools measure the quality of learning environments and teacher-child interactions.</li> <li>•Implement a curriculum that aligns with the Washington State early Learning and Development Guidelines.</li> <li>•Provide planning time and supports for staff for professional growth and learning.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Provide ongoing consultation, TA, or STARS training to infant and toddler child care providers in the areas of Early Achievers quality improvement including social-emotional behavioral support, developmental screening, and referral, and classroom environment.</li> </ul>
<b>Professional Development and Training (10 pts)</b>	<ul style="list-style-type: none"> <li>•Facility and teaching staff have verified state Early Childhood Education (ECE) certificated and credentials, Associates, Bachelor's or Master's degrees in ECE or DEL Approved degree and documented in MERIT.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increase knowledge of developmental growth, social-emotional health, and grow capacity to serve subpopulations experiencing behavioral health disparities.</li> <li>✓ Support child care service providers to achieve WA Association for Infant Mental Health endorsement credentials.</li> </ul>
<b>Family Engagement and Partnerships (10 pts)</b>	<ul style="list-style-type: none"> <li>•Complete the modified Strengthening Families Self-Assessment and develop a Plan of Action, based on the research-based Strengthening Families Protective Factors Framework.</li> <li>•Provide resources to families such as evidence-based parenting programs, and information about community resources.</li> <li>•Partner with families to determine perception of child strengths and needs.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Support child care service providers to host a Parent Night, introducing developmental screening into the child care facility.</li> <li>✓ Promote parent led screenings and referrals in the developmental screening</li> </ul>

# Designing Activities with Parents in Mind

## Maintain Parent Engagement at all levels

- **Systems Level:**
  - Expansion Oversight Council, National Parent Engagement Summit, Washington State Association for Head Start and ECEAP, Parent Advisory groups and councils.
- **Local Level:**
  - Parent representation at LAUNCH workgroups, local Parent Advisory groups, Play and Learn groups
  - Implementation focus with specialized training & coaching providers to communicate with parents
  - Community based partnerships/relationships between parents, caregivers and community members
- **Program Level:**
  - Support childcare providers to facilitate a parent engagement event
  - Support childcare staff to collect & score ASQs, facilitate parent conferences, connect families back to their medical home and support referral process as needed

# Empowering Parents & Caregivers

- Teach childcare providers how to partner with parents, caregivers, & community members to support a parent engagement event (behavioral health, public health, ESIT, etc.)
- Support childcare providers to plan & educate parents on their intended UDS practices (ASQ-3 & ASQ: SE-2)
- Reaffirm parents/caregivers are their child's FIRST & MOST important teachers
- Decrease parent/family isolation by integrating collaborative learning activities during parent night events





# Group activity

# Questions?

Diane Liebe, MD

[dianeL@yfwc.org](mailto:dianeL@yfwc.org)

Emily Reed, RN

[EmilyReed@yvmh.org](mailto:EmilyReed@yvmh.org)

Victor M. Cardenas, MA/IMH-E(I)

[vcardenas@catholiccharitiescw.org](mailto:vcardenas@catholiccharitiescw.org)

Please complete a brief survey!

