



**Early Screening, Better Outcomes:  
Exploring Developmental Screening  
and Referral Toolkits**

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## About First 5 LA

- Public agency created by voters in 1998, funded exclusively by a tax on cigarettes
- Focused on kids prenatal to age 5
- Prioritizing kids because 90% of the brain is developed by age 5



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## About CHLA



USC University of  
Southern California

USC UNIVERSITY CENTER  
FOR EXCELLENCE IN  
DEVELOPMENTAL DISABILITIES

- Private, nonprofit children's hospital serving primarily children with Medicaid
- Affiliated with the University of Southern California
- USC University Center for Excellence in Developmental Disabilities conducts research, provides training, and serves children with mental health, developmental disability, and special healthcare needs



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## Learning Objectives

- Identify steps to implement a high-quality developmental screening and linkage approach within programs and organizations.
- Develop tips for having developmental conversations with families.

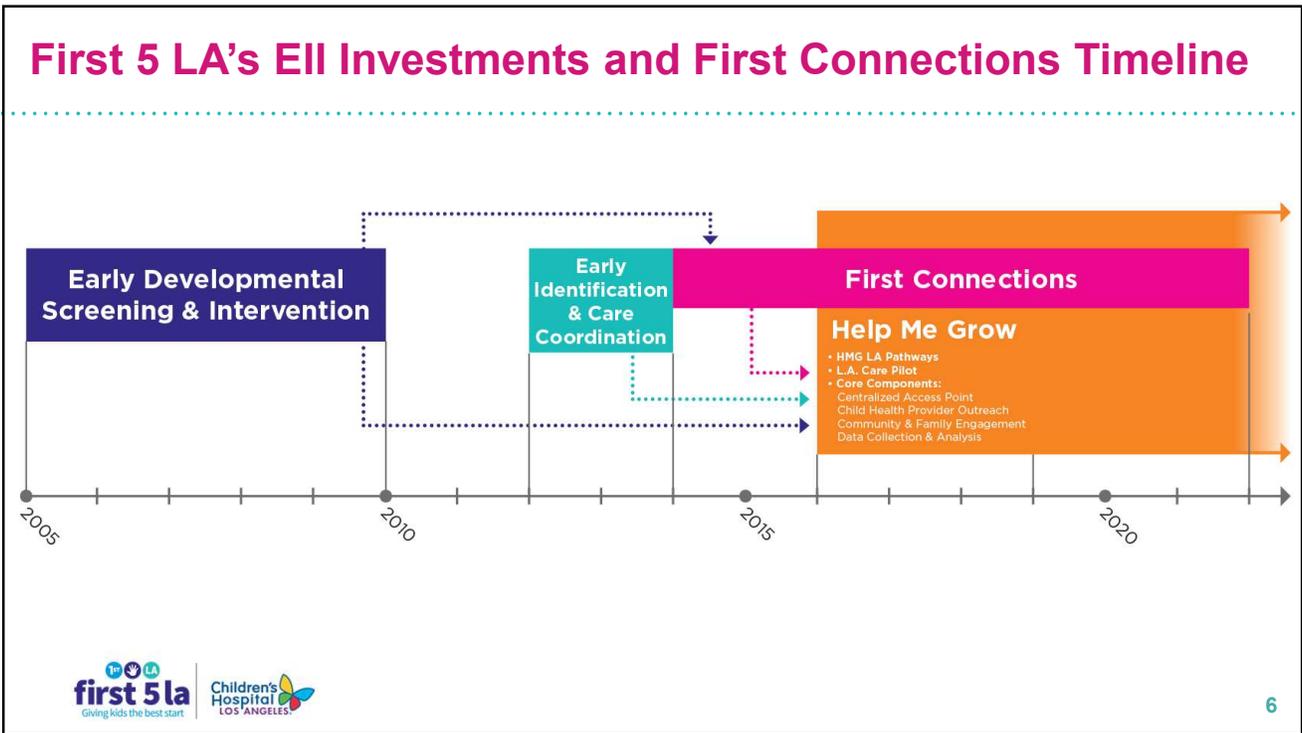


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## First Connections Project Objectives

1. **Raise competencies of community-based providers** to conduct developmental screenings, identify developmental delays, and link children and families to culturally and linguistically appropriate early intervention services and supports as early as possible.
2. **Improve young children and families' access** to developmental screenings and early intervention services.
3. **Increase parents' knowledge** about healthy development and developmental delays.
4. **Strengthen support for parents** with children who have special needs.



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## First Connections Partners



In collaboration with



Learn more at: <https://www.first5la.org/first-connections/>

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## Diverse Approaches to Screening and Linkage

### FQHC Pediatric Medical Clinics:

- Screen children during well-child visits per AAP guidelines
- Link to community resources if needed
- Follow-up monitoring over time at subsequent visits

### Family serving agencies:

- Screen all children aged birth – 5 at intake and 6-month intervals
- Link to community resources and/or within-agency resources

### Regional Center:

- Screen young children whose parents seek help at Regional Center; facilitate linkage with Early Start and other resources
- Conduct outreach screenings in community settings: libraries, community medical centers, health fairs, etc.



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# Research and Evaluation Equity Findings

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## Evaluation Background

First Connections  
Program Evaluation

Final Report  
October 2020

### Purpose

- Program implementation;
- Evidence of effectiveness; and
- Relationship between implementation and effectiveness



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### Goal

- Identify essential components to implementing the First Connections Program and demonstrate grantees' ability to embed and expand EII practices within their agencies; and
- Recognize what EII practices were most effective in standardizing early identification and making successful referrals



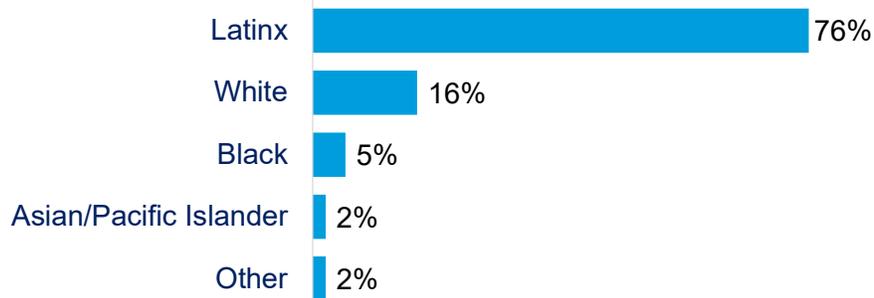
See full results at: <https://www.first5la.org/article/first-connections-program-evaluation/><sup>11</sup>

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## Ensuring Equitable Service Delivery



Overall, First Connections grantees screened children of varying racial and ethnic backgrounds.



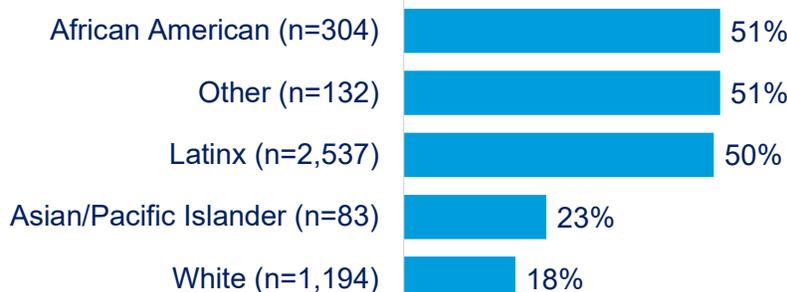
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## Ensuring Equitable Service Delivery



On average, almost half (44%) of children who were identified as needing further assessment and/or referral were referred to the Regional Center.



## Equitable Service Delivery - Successes



Grantees **shifted their outreach strategies** to better identify and reach children and families of diverse backgrounds.

Grantees were **responsive to the cultural nuances and needs of all the families** in their catchment area.

Engaging certain populations was often more difficult than others and **required grantees to be thoughtful and creative**.

## Successful Linkages of Latinx Families with Early Intervention Services

- We interviewed 63 Latinx parents who had a screening at an FQHCs, were found to have possible delays, and were referred for early intervention evaluation.
- 91% found eligible for EI and 92% receiving services
- > 90% were satisfied with screening, developmental guidance, and access to services.
- 88% said the person providing EI services spoke their home language



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## Developmental Screening & Linkage Toolkits

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## Toolkit Adoption: Lessons Learned

### Agencies:

- Champions & dedicated staff
- Care coordinator role
- Embed EII in workflow & clinic practices
- In-house-trainer approach for sustainability

### Technical Assistance:

- Provide support early in project
- Tailor to individual agency & needs
- Can generalize to other efforts

## First Connections Toolkits

Early Screening, Better Outcomes: Developmental Screening and Referral Toolkits for . . .

- Pediatric Medical Clinics  
*Released 7/2020*
- Family Serving Agencies  
*Released 2/2021*
- Family Resource Centers  
*Coming Soon*



## What You Get From the Toolkits

**EARLY SCREENING, BETTER OUTCOMES:**  
Developmental Screening & Referral  
Toolkit for Family Serving Agencies



**EARLY SCREENING, BETTER OUTCOMES:**  
Developmental  
Screening & Referral  
Toolkit for Pediatric  
Medical Clinics



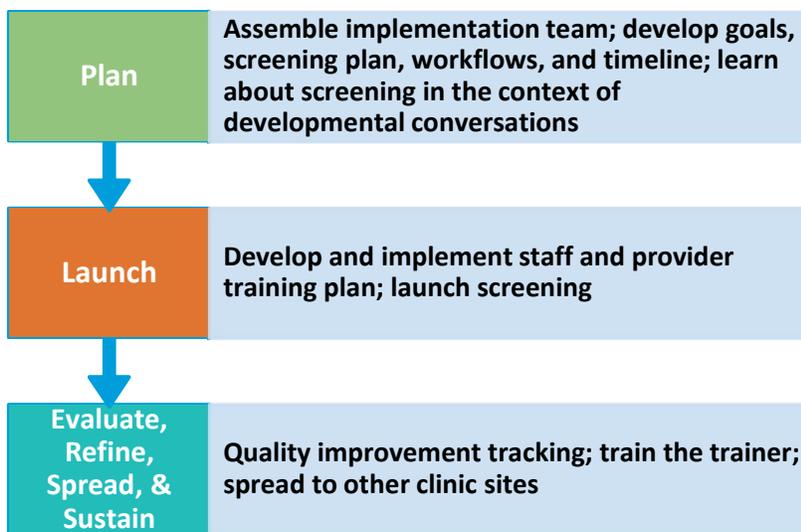
The toolkits offer:

- Implementation Steps
- Recommendations & Considerations
- Lessons from the Field
- Templates and Tools



Developed by  
University of Southern California  
University Center for Excellence in Developmental Disabilities  
at Children's Hospital Los Angeles  
& First 5 LA

## Three Phases of Toolkit Implementation



## Let's Check the Toolkits Out....

<https://www.first5la.org/early-screening-better-outcomes-developmental-screening-referral-toolkits/>



## First Connections Publications & Articles

Williams, M. E., Zamora, I., Akinsilo, O., Hickey Chen, A., & Poulsen, M. K. (2018). **Broad developmental screening misses young children with social-emotional needs.** *Clinical Pediatrics*, 57, 844-849  
<https://journals.sagepub.com/doi/10.1177/0009922817733700>

Williams, M. E. & Chacon, J. (2018). **Innovations in cross-sector developmental screening: Developmental screening and linkage to early intervention helps children grow and families connect.** Washington, D.C.: ZERO TO THREE. (Link Pending)

Perez, H., Lakatos, P. P., & Williams, M. E. (2019). **Helping Babies and Young Children Involved with the Child Welfare System.** Los Angeles, CA: Children's Hospital Los Angeles.  
<http://www.uscucedd.org/component/jdownloads/send/4-brochures/214-helping-children-in-the-child-welfare-system-english>

Moore, C., Zamora, I., Patel Gera, M., & Williams, M. E. (2017). **Developmental screening and referrals: Assessing the influence of provide specialty, training, and interagency communication.** *Clinical Pediatrics*, 56, 1040-1047.  
<https://journals.sagepub.com/doi/10.1177/0009922817701174>

- ❖ Williams, M. E., Harley, E. K., Quebles, I., & Poulsen, M. K. (2021). **Policy and practice barriers to early identification of autism spectrum disorder in the California early intervention system.** *Journal of Autism and Developmental Disorders*,  
<https://doi.org/10.1007/s10803-020-04807-7>

**Coming soon:**

- ❖ Quebles, I., Perrigo, J. I., Bravo, R., Patel Gera, M., Poulsen, M. K. Wheeler, B. Y., & Williams, M. E. **Latinx mothers' experiences with linkage to early intervention.** Accepted by *Infants and Young Children*.



# Developmental Conversations

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## Standardized Screening Facilitates Developmental Conversations

All families benefit . . .

Children with **typical** development:

- Screening helps parents learn about child development
- Screening helps parents learn ways to support their child's continued progress
- Screening provides opportunity for anticipatory guidance
- Screening communicates the provider is interested in the child's development
- Screening provides reassurance when all is well

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## Standardized Screening Facilitates Developmental Conversations

All families benefit . . .

Children with **delays** in development:

- Screening leads to linkage to early intervention services
- Early intervention can change the developmental trajectory
- Helps families move into action
- Shifts parental expectations and attributions
- Provides opportunity for provider to support family in addressing developmental delays

## Standardized Screening Facilitates Developmental Conversations

All providers benefit . . .

Providers with **less experience** with child development:

- Standardized tool helps identify subtle delays
- Identifies children who might be missed through surveillance

Providers with **extensive experience** with child development:

- Standardized tool helps frame conversations with parents about identified delays

## Guidelines for Talking to Families

[www.firstsigns.org](http://www.firstsigns.org)



## Set the Stage

- Allow sufficient time for screening.
- Talk in person and in private.
- Start by pointing out something positive, especially something that supports the parent-child relationship.

Examples:

- “I noticed how your child turns to you for comfort.”
- “Your child is so curious and alert.”
- “I can see that you really know your child well.”
- “You’ve worked so hard to get help for your child.”
- “You’re so good at helping your child feel comfortable in this new environment.”

## Be Direct and Clear

- Remind the parent the purpose of the screening tool
  - “Just like we track your child’s weight and height, we also track their development. We ask all parents to fill out these questionnaires at this age.”
- Ask the parent if they have any questions about the screening tool
- Share the screening results, and share your observations
  - Begin with areas in which the child is developing typically or are strengths for the child
  - Then share any areas of concern (if applicable)
- Avoid using the words “pass,” “fail,” “normal,” “abnormal”
  - Instead, talk about strengths and areas where help may be needed



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## Listen and Empathize

- Pause and encourage the parent to respond to what they heard
- Ask if this information fits the way they view their child
- If the medical provider raised a concern, ask the parent if they were also concerned about this area, or if other family members have expressed concern
- Listen and be ready for any emotional responses
- If the parent is upset, respond with empathy but do not provide false reassurance:
  - “This is hard to hear”
  - “Even if you were also worried about your child’s language skills, it’s hard to hear me say it”
  - “This is a screening, not a diagnosis; it means that it’s important to get more information to see if there are services that would help your child continue to develop”
  - “You were hoping that I could reassure you; I’m concerned, but I also know there is help available”



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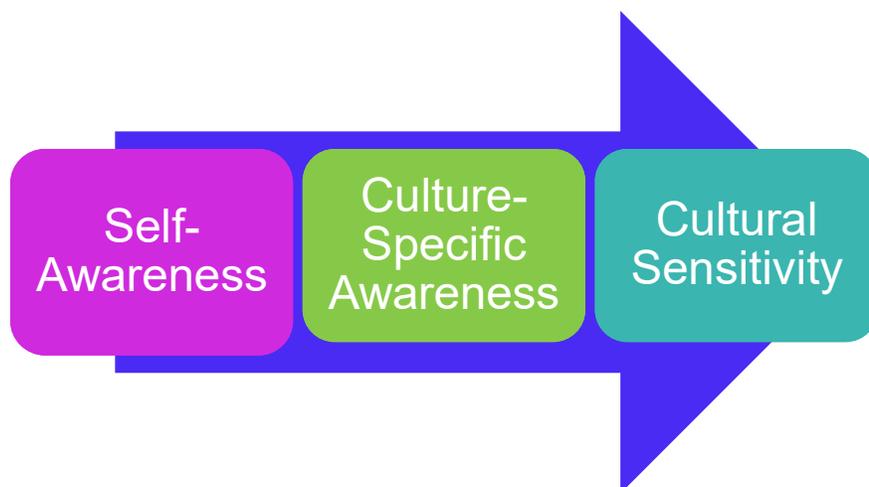
## Provide Recommendations and Referrals

- Emphasize the importance of **early identification** and the availability of **early intervention**:
  - “Most concerns or delays around language, play and interaction will not go away on their own. They can get worse over time if there is no intervention”
  - “Most children respond well to early intervention; many improve with help and are better prepared for school”
  - “It’s important to get the help now while your child is young and developing quickly”
- Follow the referral algorithm to identify the best referral recommendation
- Provide information in writing:
  - Information Summary of screening measures
  - Referral letter with the specific referral made
  - CDC Milestones Moments booklet and/or ASQ Activity Sheets
- If possible, provide an earlier follow-up appointment if there was an area of concern or a referral made

## Cultural Considerations

- Listen to parents’ explanation regarding why the child has a delay: “Me echaron mal de ojo.”
- Provide parents with a gentle re-frame of why developmental delays occur
  - Reassure them that they have not caused the delay
- Discuss services and interventions
  - Reassure parents that they are in charge; they can accept or decline any suggested intervention
  - Early intervention services can be provided in the home
  - Early intervention services are provided at no charge to the family
  - Early intervention providers do not report to immigration
- Be open to hearing about alternative interventions and alternative healing practices

## Cultural Competence Overview



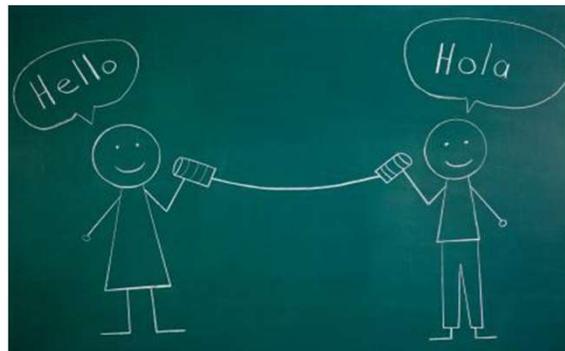
## Cultural Competence

- Learn about one's own roots
- Examine values & behaviors, beliefs and customs of one's own cultural heritage
- Learn about others' cultures and values
- Consider diversity within and between cultural groups
- Make no assumptions about concerns, priorities & resources

## Cultural Considerations

- Consider how we treat each other
- Show respect for all people
- Ask questions & avoid assumptions
- Treat others as you would like to be treated
- Apologize if you make a mistake or accidentally offend
- Cultural competence is not a set of skills but an ongoing process involving self-reflection
- Reflective practice is a tool for the development of cultural competence

## Screening Bilingual or Non-English-speaking Children



# Bilingual Development

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# Myths and Facts About Bilingualism

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## Myth 1

- Bilingual children's language will be delayed



## Fact

- Language milestones are the same for bilingual and monolingual children
  - Classic study of 25 Spanish-English bilinguals and 35 from monolingual homes
  - Language milestones were tracked from ages 8 to 30 months
  - Combining vocabulary in both languages, bilinguals had same vocabulary as monolinguals

**If a bilingual child is not reaching typical milestones: seek help! It's not because he or she is being exposed to 2 languages.**

## Myth 2

- Children are confused by exposure to two languages



## Fact

- Some children may show cross-linguistic influence: rules from the more dominant language may get applied incorrectly in the less dominant language. Code-switching between languages is common.
  - This is a typical part of bilingual language development
  - Children are good at figuring out when/with whom they should use which language

**Code-switching/code mixing is not a sign of confusion or delay.**

## Myth 3

- Children with developmental delays or autism will have more delays if exposed to two languages



## Fact

- Children do not show additional delays when exposed to more than one language.
- Studies of children with autism, Down syndrome, and specific language impairment:
  - No difference in language development in bilingual vs monolingual children

**Even if a child has delays, exposure to more than one children is not harmful.**

## Encourage Bilingual Language Development

Advising parents to switch to a non-native language in the home can:

- Negatively impact family relationships as language is strongly connected with family culture
- Cause communication breakdowns
- Lead to parental stress
- Lead to parents providing a less rich language model to their child

## Resources on Bilingualism

- American Speech-Language-Hearing Association website: [www.asha.org](http://www.asha.org)
  - The Advantages of Being Bilingual
  - Teaching Your Child Two Languages
  - Becoming Bilingual/El Nino Bilingue
- Paradis, J., Genesee, F. & Crago, M. B. (2010). *Dual Language Development and Disorders: A Handbook on Bilingualism and Second Language Learning*, 2nd Edition.
- Head Start materials on The Importance of Home Language series: <https://eclkc.ohs.acf.hhs.gov/culture-language/article/importance-home-language-series>
- Bilingualism: Frequently Asked Questions: [www.literacytrust.org.uk](http://www.literacytrust.org.uk)
- Center for Applied Linguistics
- Wharton, Robert H., Levine, Karen, Miller, E., Breslau, Joshua, & Greenspan, Stanley (2000). Children with special needs in bilingual families: A developmental approach to language recommendations. *ICDL Clinical Practice Guidelines*. The Unicorn Children's Foundation: ICDL Press, 141-151.

