



Wisconsin Early Childhood Collaborating Partners

Working To Transform Early Childhood Services
<http://www.collaboratingpartners.com>

Building an Early Childhood Screening and Assessment System: Initiatives contributing to the development of a screening system

A. Screening Work Group of WECCP

Developing clear guidelines and supportive resources for Wisconsin providers regarding the nature, functions, and uses of early childhood screenings including the following:

1. Screening Periodicity Schedule (similar to Immunization Schedule) for parents to keep documentation of screening dates.
2. Inventory of current screening programs and providers and a tool for communities to identify the roles within their system.
3. Inventory of current supportive materials for providers conducting screening including screening tool information, as well as guiding principles and competencies for providers conducting screenings.
4. Recommendations on policy changes and data collection strategies which will strengthen screening practices across all providers.

B. Professional Development Initiative of WECCP

By identifying areas of common interest, the Health Systems Workgroup of the WECCP Professional Development Initiative hopes to work toward their mission that states: All early care, education and health care related professionals working with young children have the attitude, knowledge and skills to promote optimal early childhood growth and development. The first area of common interest identified was the topic of *early identification, referral and intervention*.

Some of the activities related to the committee's mission include:

Identifying core competencies for providers conducting screening; Identifying unmet training needs regarding screening; Preparing written materials to be distributed via the methods of dissemination used by the various programs/agencies/assoc (e.g., newsletters, list serves, teleconferences, calendars); Submitting proposals for sessions addressing screening at statewide and regional discipline specific conferences and meetings; Developing a glossary of terms used & understood across disciplines/programs; and developing resource pages on the WECCP website of screening related information.

C. University of Wisconsin - Extension: Training on Tools

The University of Wisconsin – Extension provides training to appropriately utilize and score the Ages and Stages Questionnaire Developmental and the Ages and Stages Questionnaire: Social Emotional screening tools. This training was developed in Wisconsin in cooperation with authors from the University of Oregon, and the tool is distributed by Brookes Publishing Company. Due to overwhelming demand, UW-Extension has planned 5 training sessions for 2007; one in each of the Division of Public Health Regions as follows: January 16 in Oshkosh, February 13 in Madison, June 12 in West Allis, October 23 in Tomahawk, and December 6 in Eau Claire. More information and a registration brochure can be found at the following website: www.uwex.edu/ces/flp/homevisit/training/index.cfm. For more information, contact Elaine Barrett of UW-Extension at 1 (888) 391-4255, or e-mail her at elaine.barrett@uwex.edu.

D. The Child Abuse and Treatment Act (CAPTA)

The Child Abuse and Treatment Act requires child protective services agencies to refer all infants and toddlers (birth to three) with substantiated cases of abuse and neglect to early intervention for screening. In response to CAPTA, IDEA 2004 requires early intervention programs to screen all infants and toddlers, under age three, who are referred to Birth to 3 Programs by child protective services with a substantiated case of abuse or neglect.

E. Screening Survey to Primary Care Pediatricians

A recent survey by the national American Academy of Pediatrics indicates that the majority of pediatricians, about 70%, do not use validated screening tools when assessing a child's development (Sand, 2005). Although the extent of usage of screening tools has been obtained on a national level, this information does not exist for Wisconsin primary care providers. The purpose of this Wisconsin survey is to identify what methods primary care providers in Wisconsin are using to assess child development.

A developmental screening survey has been developed by DHFS and WI-AAP for pediatric providers in Wisconsin to assess their baseline practices of developmental screening during well child visits in the office setting. The data from this survey will be compared with national data from a similar survey that was conducted by AAP on a national level. The goal of this survey is to establish an understanding of how pediatric providers are assessing routine developmental screening in an effort to promote best practices and follow AAP guidelines on developmental screening that came out in a policy statement in July 2006.

F. WI CYSHCN Program - Medical Home Initiative

The Wisconsin Children with Special Health Care needs (CYSHCN) Program is conducting an initiative focusing on supporting primary care physicians to implement a Medical Home model of service delivery. Although broad, the concepts of medical home include and emphasize the importance of developmental screening following the recommendations of the American Academy of Pediatrics. Specific resources include:

Building a Medical Home Partnership: A Wisconsin Toolkit is a new Web-based resource (www.wimedicalhometoolkit.aap.org) for Wisconsin health care providers. The *Toolkit* shares the insights of a committed group of families, physicians and care coordinators who have been involved in a continuous quality improvement process to create family-centered care for children and youth with special health care needs. The *Toolkit* is a roadmap to the tested tools and practice strategies recommended by Medical Home Teams both nationally and here in Wisconsin and includes information on screening.

Regional CYSHCN Centers facilitate medical home spread through the promotion of quality improvement tool(s) and outreach with primary practice sites. Centers disseminate the Medical Home Toolkit and assist primary care practices to implement components of the toolkit to facilitate the use of quality improvement tools such as: knowledge of community resources; training and implementation of validated developmental screening tools (e.g., Ages and Stages); use of care plans and emergency care plans; and identification of CYSHCN within their practice including screening processes.

G. WI CYSHCN Program - Medical Home Quality Improvement Grants

The Wisconsin Children and Youth with Special Health Care Needs (CYSHCN) Program in partnership with the Southern Regional CYSHCN Center at the University of Wisconsin - Waisman Center made available \$15,000 one-time money to support implementation of Medical Home related quality improvement processes at the primary care practice level. The Medical Home grants are designed to support practices in initiating one or more quality improvement processes that will support Medical Home Partnerships.

Group Health Cooperative, a non-for-profit staff model HMO that provides comprehensive primary care services for families in Dane County and surrounding areas, is a recipient of the Medical Home Quality Improvement Grant. They plan to pilot the use of validated developmental screening tools within the regular well child visits in their pediatric practice to better identify Children and Youth with Special Health Care Needs (CYSHCN). They will be using a multidisciplinary team to create a sustainable work flow process of administering the screen and incorporating the results into electronic medical record with two practice sites: Dr. Craig's practice (Capitol Clinic) and Dr. Mathur's practice (Sauk Trails Clinic).

H. Wisconsin On-Line Referral System

The Wisconsin On-Line Referral System is a simple web-based tool intended to offer health care and other providers with a quick and secure method of making secure electronic referrals to programs that serve children with special needs and developmental delays in Wisconsin including the Birth to 3 programs, local public health departments, and Regional Children and Youth with Special Health Care Needs (CYSHCN) Centers. It is strongly recommended that any referral consideration is discussed with the child's family before it is made. For more information on the Birth to 3 Program, Child with Special Health Care Needs Centers, or Local Public Health Departments, please call 1-800-FIRSTSTEP 24 hours a day, 7 days a week or visit <http://www.mch-hotlines.org/> .

I. ABCD Screening Academy

The National Academy for State Health Policy (NASHP) recently issued a Request for Application (RFA) to identify and select states that want to join the Assuring Better Child Health and Development (ABCD) Screening Academy, a 15-month initiative that is a project of The Commonwealth Fund's ABCD Initiative. The goal of the ABCD Screening Academy is to encourage states to adopt policies that promote developmental screening, spread screening to pediatric practices, and measure and report progress to statewide leadership committees, which will provide guidance on sustainability and policy development. Wisconsin Medicaid is submitting an application with the hope of implementing the policies and improving the practices that will move the use of standardized screening tools as part of well child care from a 'best practice' to a 'standard of practice.'

J. National Medical Home Autism Initiative

The National Medical Home Autism Initiative, founded as a cooperative agreement by the federal Maternal Child Health Bureau, is a national technical assistance, resource and advocacy project designed to promote methods that will improve the capacity of the medical home and early intervention community to identify, appropriately serve and integrate children with autism into their communities. The National Medical Home Autism Initiative, housed at the Waisman Center, University Center for Excellence in Developmental Disabilities, University of Wisconsin - Madison, is working with 10 partner physician sites to implement developmental screening. Of the 10 practice physician sites, 8 are located in Wisconsin. These partner sites are being provided technical assistance and training opportunities in collaboration with the Regional CYSHCN Centers and the Wisconsin CYSHCN Program's Medical Home Initiative. Additionally, training for physicians on how to conduct and incorporate developmental screening within their practice settings has been developed as part of this initiative. More information can be found at <http://www.waisman.wisc.edu/nmhai/INDEX.HTML>

K. Local Community Initiatives

Medical Home for Foster Care Initiative:

The Department of Health and Family Services began implementation of a pilot program in November 2006 to provide coordinated health, dental and mental health care to children who are in the child welfare system in Milwaukee County through a select number of certified medical home provider clinics. Included in the contractual agreement with the participating medical home practice sites, is a requirement to perform developmental surveillance as a component of every well-child preventive care (EPSDT/HealthCheck) visit. As an adjunct, developmental screening using a standard, valid screening tool will be administered regularly at the 9-, 18-, and 30-month visits at a minimum. Measurement tools are not specified because they are expected to vary based on the child's age, developmental stage and previous history. Developmental screening will include a review of the following domains: gross motor skills, fine motor skills, cognition, expressive and receptive language, activities of daily living skills and social interactions. Each medical home provider clinic must also designate a care coordinator who would arrange for any indicated developmental assessments and/or follow-up services.

Franklin Health Department - Ages and Stages initiative

Parents frequently contact the Franklin Health Department with questions and concerns about childhood growth and development. In 2006 the Franklin Health Department utilized the Ages and Stages Questionnaires as a population-based intervention to assist families in evaluating their children's development. Initially the 4, 6, and 12 month questionnaires were mailed to the targeted age groups. The intervention began in March 2006 and has been well-received by participants over the past six months. For the period of March through September 2006, 532 Ages and Stages Questionnaires were sent to families with children 4 months through 12 months of age. The Franklin Health Department will continue to expand upon the 2006 Ages and Stages initiative. In particular the 18 and 24 month Ages and Stages Questionnaires will be mailed to participating families. In total, Ages and Stages Questionnaires will be mailed at 4, 6, 12, 18, and 24 months. Upon receipt, the questionnaire will be scored by a public health nurse and results will be presented to the parents. Parents will be encouraged to present the survey and results to their pediatrician during routine office visits. The public health nurse may also refer children to the pediatrician or community programs, for example Birth-to-Three program, as needed. The public health nurse will provide additional developmental information or Ages and Stages Questionnaires to ascertain developmental delays and assist the parents, if necessary, to coordinate services through the pediatrician.

Local Health Departments- Social-Emotional Screening

In 2007, 21 Local Health Departments throughout the State have chosen to use Maternal and Child Health funding to provide a social-emotional screening to children ages 6 months to 5 years using the Ages and Stages Social-Emotional (ASQ-SE) Screening Tool.

Ministry Health Care Developmental Screening Initiative

Dr. Amy Slette from Rhinelander has championed and inspired Ministry Health Care System to implement Developmental Screening for all children within their health care system. On February 2nd, a training was held with ten physicians from the Ministry Health Care System to begin developing a process to implement screening.

Greater Milwaukee Foundation

The Occupational Therapy Department at UW-Milwaukee took leadership in applying to the Greater Milwaukee Foundation for funding to develop a survey tool and gather data from Milwaukee physicians on their use of developmental screening tools to provide baseline information and identify action steps to increase the number of physicians.

