A SYSTEMS APPROACH TO DEVELOPMENTAL SCREENING

While all of the steps in each phase below are essential to building a system for developmental screening, the sequencing of these steps is often "messy", not unlike a construction site where a variety of efforts are going on at one time. Holding the end product in mind as the pieces are in development will keep the work moving forward.

PHASE I: Planning

1. Agree on a shared mission (READ: *"Collective Impact" by John Kania & Mark Kramer, Stanford Social Innovation Review at; http://www.dhs.wisconsin.gov/health/mch/PDF/CollectiveImpact.pdf)*. Mission example, *"Parents and community child-serving agencies will participate in the development of a local system to ensure that children meet their optimal developmental milestones and that no child enters kindergarten with an undetected delay."*
2. Determine the target population/s (zip codes, age groups, school districts, and county). A community may have to take incremental steps toward universal screening.
3. Plan for meaningful parent inclusion (Individuals with Disabilities Education Act IDEA 2004).
4. Gather partners to provide input from the "perspective of no-wrong door". Partners will include medical home providers, child care, family support programs, home-visiting and early childhood agencies including schools and early intervention providers. Determine resources and roles to avoid duplication.
5. Determine community marketing strategies. This will involve framing a message for different audiences. For example, libraries, grocery stores, Laundromats and public parks are natural gathering places for families with young children. The business community may also have an interest.
6. Determine questionnaire distribution strategies and frequency. The American Academy of Pediatrics recommendation is to screen at 9, 18, 24 and 30 months at a minimum. Additional screening intervals are available. Together, partners develop a master "watch me grow" screening schedule to ensure that all children in the community have access to this service.
7. Determine a data home.
8. Prepare for a possible increase in referrals.
9. Set target goals and a timeline for items 1-8.
10. Agree on SMART measurable indicators to evaluate progress toward the shared mission. (Specific, Measurable, Achievable, Realistic, Timed)

PHASE II: Management Operations

11. Distribute marketing materials. Examples: "watch me grow" book mark or refrigerator magnets, posters for all partners in #4 and #5, radio messaging.)
12. Assign age intervals to appropriate partners/settings.
13. Purchase and distribute materials for the selected tool to partners as appropriate.

14. Identify and prepare supportive “learning materials”. Materials lists for specific tools can be found in user’s guides. Many tools offer supplemental support for follow-up activities.
15. Develop forms, letters, and a referral guide for partners. User’s guides for each tool usually include samples of these.
16. Develop MOU’s between partners, especially for making referrals to early intervention providers.
17. Access training for the selected tool.

PHASE III: Administration, Follow Up and Referral Process

18. Establish best practice standards for use of the selected tool. Take into consideration the capacity and limitations of each partner, keeping the overall mission in mind.
19. Deliver the correct questionnaire interval to the parent or parent/provider pair.
20. The completed questionnaire should be reviewed by a person trained in strategies to score, interpret results, and communicate results to parents in a strengths-based way. This person is also knowledgeable about follow-up and referral options.
21. Parents participate in the decision-making process including: ways to encourage the typically developing child, options for strengthening development in the monitoring zone, considerations for referral for formal assessment.
22. Formal assessment by early intervention providers often follows screening, although assessment may occur without screening. Assessment is a *process* in which all factors that impact a child’s growth are considered in order to answer the question “what inputs are needed to support this child’s optimal development”. Results of assessment can be used to determine eligibility for services. Assessment results can inform specific interventions and can serve as a tool for monitoring progress during and following interventions, treatments or instruction. Parents are an essential part of the process.
23. In all cases, be sure to include family practice clinics and pediatricians when sharing results.

PHASE IV: Evaluation of the Developmental Screening System

24. Action plans for each of the previous steps are monitored for progress and progress is communicated to partners and the community at large.
25. Evaluators communicate clear target indicators for number and percent of children screened at each selected age interval, number and percent of children who were identified with a delay, number and percent of those children who received additional services as a result of screening, baseline number and percent of children who enter kindergarten with an undetected delay compared to number and percent of children in year 5 who enter kindergarten with an undetected delay.
26. Evaluators communicate by partner agency the number of developmental screenings conducted and the quality of the referral process.
27. Partners review the mission and action step progress and refine the process as needed.
28. Evaluators gather data from parents on perceived benefits of a system of developmental screening.