

Kansas Initiative on Developmental Ongoing Screening (KIDOS)

“Screen Early, Start Strong”

Early Childhood Comprehensive Systems: Building Health Through Integration

- U.S. Dept. of Health & Human Services
Health Resources and Services Administration (HRSA)
Maternal and Child Health Bureau (MCHB)
Division of Home Visiting and Early Childhood Systems
- 3 years - \$140,000 per year
- August 1, 2013 – July 31, 2016

<p>Program Management</p> <p>Kansas Department of Health & Environment</p> <p>Bureau of Family Health, Maternal & Child Health</p> 	<p>Project Coordination & Evaluation</p> <p>University of Kansas</p> <p>Center for Public Partnerships & Research</p> 
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ECCS: Building Health Through Integration Purpose

- Improve healthy physical, social, and emotional development during infancy & early childhood (birth to 3)
- Eliminate disparities
- Increase access to needed early childhood services by engaging in systems development, integration activities and utilizing a collective impact approach to strengthen communities for families and young children
- Improve the quality and availability of early childhood services at both the state and local levels

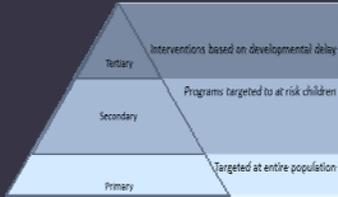
ECCS: Building Health Through Integration Strategies

- 1) Mitigation of toxic stress and trauma in infancy and early childhood across two or more early childhood systems
- 2) Coordination of the expansion of developmental screening activities in early care and education settings statewide by connecting pediatric and other child health leaders with child care health consultants to link training and referrals among medical homes, early intervention services, child care programs and families
- 3) Improvement of state infant/toddler child care quality initiatives

KIDOS Goal

Expand upon existing efforts and infrastructure so that Kansas can effectively coordinate, improve, and track developmental screenings and referrals for infant and toddlers across Kansas: early childhood support systems: home visiting and early education settings, pediatricians and medical homes, intervention services, and child care programs and families.

Public Health Model: Developmental Screenings



- o Comprehensive response to developmental health.
- o Multi-tiered system of support

Kansas Needs Assessment Strengths & Opportunities

- o KECCS and Early Childhood Advisory Council (ECAC) historical work
- o Developmental screenings in home visiting programs and other systems
- o ASQ as a common screening tool
- o Models for service and referral coordination
- o Data collection at the community and state level
- o Build collaborative relationships between all early childhood providers
- o Ensure all children are screened

Kansas Needs Assessment Issues & Challenges

- o Some children are never screened
- o Lack of coordinated community response in referrals
- o Fragmented communication and data collection
- o Lack of unified screening instruments across organizations
- o Gaps between training and intervention
- o Capacity for statewide screening (staffing, time, & community intervention)
- o Physician involvement

KIDOS Objectives 1) Collaboration & Planning

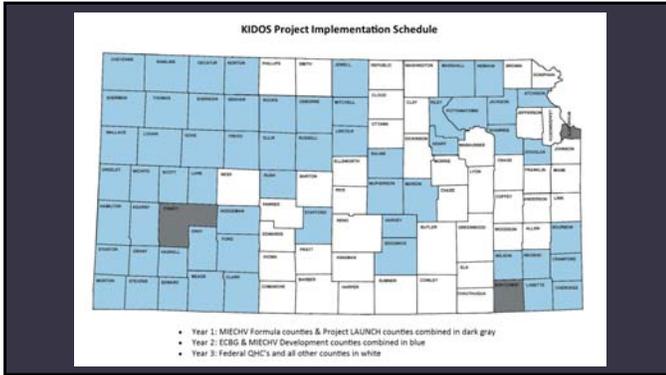
- o State Work Group of key leaders, led by pediatrician
- o Develop, implement, monitor plan
- o Assist development of community implementation teams

KIDOS Objectives 2) Training & Outreach

- o Build upon existing professional development and training efforts to increase opportunities to expand statewide screenings
- o Statewide ASQ-3 & ASQ-SE Training of Trainers
- o Trainers train community service providers
- o Community teams promote parent engagement of developmental screening

KIDOS Objectives 3) Implementation

- o Develop a replicable comprehensive community system plan for a community developmental screening system
- o Local communities implement a comprehensive community developmental screening system
 - Yr 1: Finney, Montgomery, and Wyandotte counties (MIECHV & Project LAUCH)
 - Yr 2: Early Childhood Block Grants
 - Yr 3: Other areas



KIDOS Objectives

4) Performance Management, Continuous Quality Improvement, and Evaluation

- Review existing data systems and agencies that capture developmental screenings and referrals
- Discuss solutions for additional providers that do not have access or infrastructure to capture screenings and referrals
- Develop an integrated data module across systems to bring screening and referral data together

Data & Evaluation

- Benchmark Indicators
- Implementation and outcome evaluation questions:
 - Are activities implemented as intended?
 - Progress toward outcomes?
 - Are ASQ screening and community referral protocol trainings effective?
 - Effectively increasing collaboration and referral coordination for the developmental screenings at the state and community level?

Collective Impact

Collective Impact

Occurs when organizations from different sectors agree to solve a specific social problem using a common agenda, aligning their efforts, and using common measures of success.

Collective Impact Overview | ISG.ORG

There Are Several Types of Problems

Simple	Complicated	Complex
<p><i>Baking a Cake</i></p>	<p><i>Sending a Rocket to the Moon</i></p>	<p><i>Raising a Child</i></p>

Social sector treats problems as simple or complicated

Source: Adapted from "Getting to Maybe"

Collective Impact Overview FIG.086

Imagine a Different Approach – Multiple Players Working Together to Solve Complex Issues

- All working toward the **same goal and measuring the same things**
- Cross-sector alignment with government, nonprofit, philanthropic and corporate sectors as partners**
- Organizations actively coordinating** their action and sharing lessons learned

Isolated Impact Collective Impact

Collective Impact Overview FIG.086

Achieving Large-Scale Change through Collective Impact Involves Five Key Elements

- Common Agenda**
 - Common understanding of the problem
 - Shared vision for change
- Shared Measurement**
 - Collecting data and measuring results
 - Focus on performance management
 - Shared accountability
- Mutually Reinforcing Activities**
 - Differentiated approaches
 - Willingness to adapt individual activities
 - Coordination through joint plan of action
- Continuous Communication**
 - Consistent and open communication
 - Focus on building trust
- Backbone Support**
 - Separate organization(s) with staff
 - Resources and skills to **convene** and **coordinate** participating organizations

Collective Impact Mindset Shift FIG.086

Working in Collective Impact Requires a Mindset Shift

- Adaptive vs. Technical Problem Solving**
 - Allowing answers to come from within
 - Supporting common agenda building, information sharing and coordination/alignment
- No Silver Bullets.... But we do have Silver Buckshot**
 - Many small changes implemented in alignment can add up to large scale progress
- Credibility vs. Credit**
 - Creating new incentives to work collaboratively vs. competitively

Developmental Screenings and Referrals

Importance of Early Identification

As many as 1 in 4 children in the United States, ages 0-5, are at moderate or high risk for developmental, behavioral, or social delays.

(Data Resource Center, a project of the Child and Adolescent Health Measurement Initiative at Oregon Health & Sciences University and is sponsored by the Maternal and Child Health Bureau, Health Resources and Services Administration, 2011/2012.)

Importance of Early Identification

70% of children with developmental disabilities and mental health concerns are not identified until school entry.

King and Glascoe, 2003; Halfon et al., 2004; Silverstein et al., In press

Screening Matters

Implementation of the Ages and Stages Questionnaire (compared to "pediatrician developmental impression" alone) led to a 5-fold increase in early intervention referrals at 12 months and a 2-fold increase at 24 months.

(Hix, Marks et al., Pediatrics 2007)

Detection Rates

Category	Without Tools	With Tools
Mental Health	20%	85%
Developmental	30%	75%

20% of mental health problems identified without tools. (Lavinio et al., *Peckab*, 1993, 91:649-655)
 30% of developmental disabilities identified without tools. (Pothoy et al., *JPEDS*, 1994, 111:651-655)
 80-90% with mental health problems identified with tools. (Sturmer, *JGDP*, 1991, 12:51-64)
 75-80% with developmental disabilities correctly identified with tools. (Squires et al., *JGDP*, 1996, 17:420-427)

2006 American Academy of Pediatrics (AAP) Policy Statement

Standardized developmental screening tools should be routinely administered in the health care setting to all children at 9, 18 and 24/30 months of age and whenever there is parental or provider concern.

<http://pediatrics.aappublications.org/content/123.10.1745.tml>

Room for Improvement

Nationally 37% of children aged 10 months to 5 years received screening during the prior 12 months using a standardized screening tool.

(2011 National Survey of Children's Health)

Developmental screening isn't:

- A diagnostic tool
- To be completed only with "at-risk" children and families

Developmental screening is:

- An opportunity to:
 - Raise awareness about early child development
 - Celebrate milestones with all families
 - Give parents confidence to advocate for their child

Definitions

- *Developmental Screening*
 - The use of brief standardized tools to identify a child at risk of a developmental delay or disorder
 - Assure that any potential developmental concerns are referred to Early Intervention systems and other systems, as appropriate.
- *Assessment*
 - More formal process to determine absence/presence of a developmental delay or disorder affecting a child
 - Determine how a child is progressing across domains for purposes of planning individualized interventions

Standardized Screening Tools: Key Components

(Melsbok & Alkris Burnett, 2006)

- Is the tool reliable and valid?
- Who can administer the tool?
- Is the tool normed on a population similar to the children being screened?
- Is the tool culturally and linguistically appropriate?
- How long will the screening take?
- Does the tool cover the age range needed?
- How are parents involved in the administration of the tool?
- How difficult is the tool to administer and score?

Lists of Tools

- American Academy of Pediatrics (Pediatrics, July 2006)
- CDC Learn the Signs, Act Early <http://www.cdc.gov/ncbddd/actearly/hcp/>
- Complete collection of research-based screening tools for children can be downloaded at Birth to 5: Watch Me Thrive! (<http://www.acf.hhs.gov/programs/eecd/watch-me-thrive>)

Ages & Stages Questionnaires (ASQ)

- ASQ-3 and ASQ-SE (Social Emotional)
- Excellent validity, test-retest reliability, and inter-rater reliability
- English, Spanish
- Paper and online options
- Brookes Publishing
- <http://agesandstages.com/>



ASQ-3

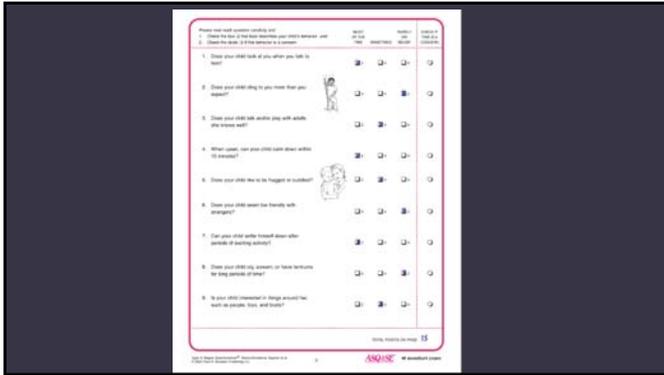
- To screen for developmental delays and progress.
- Covers ages 2 months to 66 months
- Series of 21 questionnaires for age intervals
- Each questionnaire contains 30 developmental items covering domains:
 - Communication
 - Gross motor
 - Fine motor
 - Problem-solving
 - Personal/social development



The image shows a sample ASQ-SE questionnaire form. It is divided into two columns: 'EVERY DAY' and 'SOMETIMES NOT YET?'. Each column contains a list of 8 questions with checkboxes for 'Yes' and 'No'. The questions are: 1. Does your child follow a simple ball game? 2. Does your child take a simple turn? 3. Does your child take a simple object from you? 4. Does your child take a simple object from you? 5. Does your child take a simple object from you? 6. Does your child take a simple object from you? 7. Does your child take a simple object from you? 8. Does your child take a simple object from you? The form also includes a 'FINE MOTOR SKILLS' section with a drawing of a hand and a 'PERSONAL BEHAVIORS' section with a drawing of a child.

ASQ-SE

- Assesses social and emotional competence
- Covers ages 3 to 66 months
- Series of 8 questionnaires
- Areas screened include:
 - Self-regulation
 - Compliance
 - Communication
 - Adaptive behaviors
 - Autonomy
 - Affect
 - Interaction with people.



Completion & Scoring

- Parents/caregivers complete the questionnaires and try activities with the child
- Check the box that best describes what the child can do (yes, sometimes, or not yet)
- About 10-20 min. to complete each questionnaire
- Scoring takes 2-3 minutes
- Discussion and learning activities with parents

ASQ Enterprise - online

- Web-based data management system for early childhood screenings at multiple sites
- ASQ Enterprise provides programs:
 - Automated scoring – eliminating scoring errors and reducing time spent calculating results
 - Automated questionnaire selection – ensures appropriate screenings are performed
 - Quick generation of individual and overall program reports
 - Efficient tracking of children and screening schedules

Plans for Community Implementation

Community Implementation

- Implementation plan
- Tool-kit of resources
- Training and technical assistance

Implementation Plan

- Generate Ideas & Dialogue
 - Convene
 - Orient
- Organize for Impact
 - Plan
- Initiate Action
 - Assess
- Sustain Action and Impact
 - Act
 - Review

Tool-kit Resource Examples

- Work Group recommendations on:
 - Convening a cross-sector Community Implementation Team
 - Engaging pediatric health care providers in the work
- Readiness assessment templates
- Materials to promote common understanding of child development, screening instruments, and early intervention services
- Sample work flows and algorithms for use in health care settings
- Sample referral and consent forms

Training and Technical Assistance

- Increased access to ASQ training
- Exploring approaches to provide training on related topics

Implications for Health Departments

Resources

- Birth to 5: Watch Me Thrive!
<http://www.acf.hhs.gov/programs/ecd/watch-me-thrive>
- Kansas Early Childhood Comprehensive Systems www.keccs.org
- Learn the Signs; Act Early <http://www.cdc.gov/ncbddd/actearly/>

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