

DEVELOPMENTAL SCREENING AND REFERRALS

FUNDED BY FIRST 5 SONOMA COUNTY

REDWOOD COMMUNITY HEALTH COALITION



Sonoma County health centers are the health homes for the population of children in Sonoma County with the highest risk of developmental delay¹. The goal of this partnership between First 5 Sonoma County and Redwood Community Health Coalition (RCHC) is to ensure children served by our local health centers develop to their full potential.

BACKGROUND

Over the three-year project, Redwood Community Health Coalition has been working in collaboration with local community health centers, First 5 Sonoma County, Public Health, local early intervention services and school districts to develop and implement a sustainable system for developmental screening and referral for children 0-5 years of age served by health centers in Sonoma County. The First 5 funding supports the work of this collaboration and pilot projects of three health center to develop innovative models for improving developmental screenings and referrals.

ACTIVITIES

July 2015 - April 2017

Convene Advisory Group of community stakeholders and experts

November 2015 - April 2017

- Establish three health center pilot projects to improve developmental screenings and referrals for children ages 0-5
- Train staff at participating health centers on a standardized evidence based developmental screening tool *Ages & Stages Questionnaire 3 (ASQ-3)*
- Establish and pilot a standardized referral process for children ages 0-5; children under age 3 referred to Early Learning Institute (ELI) and children ages 3 through 5 referred to school district using standardized referral form and consent form
- Develop system to track referrals made by health centers and ensure adequate follow-up

April 2017 - June 2017

- Present pilot project outcomes to RCHC community
- Spread standardized use of evidence-based developmental screening tool ASQ-3 to all RCHC health centers

¹ Shonkoff, J. & Phillips, D, Eds., (2000). From neurons to neighborhoods: The science of early childhood development. Board on Children, Youth and Families, Commission on Behavioral and Social Sciences and Education. Washington DC: National Academy Press

IDENTIFIED CHALLENGES

- ACA expansion increased the number of children served by the health centers, which increased the number of well child visits
- Visits required through the Child Health Disability Program (CHDP) did not align well with developmental and autism screenings recommended by national experts
- Communication between health centers and community developmental services were poorly established
- The existing referral process was complex and confusing for families and providers to navigate
- Referrals sent from health centers to schools were unsuccessful because referrals were not from the parent/guardian
- Health centers have a variety of methods and tools for assessing child development and no systematic method for ensuring that children at-risk receive follow-up services
- Reports from outside agencies and schools were not getting into the child's medical record

EFFECTIVE STRATEGIES TO ADDRESS CHALLENGES

- Use of an evidence-based tool for developmental surveillance and screening
- Health center staff receive training on the importance of incorporating developmental screening and early intervention into routine well-child visits
- Referral processes are mapped to assist health center staff and families in navigating the systems for developmental referrals
- Local School Districts and Special Education Local Area Plans partner to develop a standard referral form (including consent form) for children ages 3+ for developmental assessments
- Establish health center workflows to support the new referral process including reference sheets
- Special Education Directors are oriented and trained on the new process
- Health center referral coordinators receive training on the referral process and can assist health center teams and families navigate the systems for developmental assessments
- Regular communication between the schools, local service providers and health centers are essential to identify barriers to early identification of developmental delays and linkage to assessments/evaluations/treatment
- Develop a list of supporting services in community to be able to offer support during school breaks or when a family is asking for more support

SUCCESS STORY

"MH is a now-3 year old male who came to our health center several months ago for a well child exam, his first encounter with us. His mother expressed no concerns about his development, except that he was "shy with people he doesn't know." Because he was between 25 and 30 months of age we did a routine developmental screening. His mother easily completed the tablet-based ASQ-3 and was surprised by the results: MH had global developmental delays affecting three domains: communication, fine motor and personal-social. The MCHAT-R autism screen was normal. The child was referred to ELI through our referrals coordinator and is now completing his evaluation there.

This is a "screening success story," as the parent was unaware that her child was delayed, and had no developmental concerns about her "shy" child. In addition, my assessment without the ASQ-3 would have been limited, as the child would not engage with me. Without the routine screening MH might have slipped through to school entry without getting the help that he needed."

Updated 11/28/2016