



## Screening Work Group

Agenda - May 11, 2016

### Welcome:

### News from the group:

- 0-3- EI and CFC
- 3-5- Head Start and Williamson County Screenings
- Centers and Research Partners
- Other

### Old Business

- Collaboration Factor Report based on members completing the survey.
- Other

### New Business:

- Expansion news update: Illinois Children's Healthcare Foundation Grant, pursuing collaboration with SIU Medical School related to screening.
- Medical Community survey results
- Group Reflection- the work continues and changes: expand group, new goals, report from last meeting

### To Do:

### Next Meeting:



# SOUTHERN ILLINOIS COALITION FOR CHILDREN & FAMILIES

## Screening Collaborative - ASQ Data: March 31, 2016

### Overview:

Total number of Early Learning programs currently using system	15
(There are a total of 26 programs set up in the system, only 15 are active)	
Total number of children in the system -4/13/2016	2055
Total number of children in system screened using ASQ – 4/13/2016	1184
Total number of children in system screened using Dial- (Pre-K)	580
Total number of children in system screened using Brigance-	197
Total number of children in system, no training data entered	94

### Data for ASQ Screens

# children whose scores were below cutoff in 1 area – 58

# children whose scores were below cutoff in 2 areas-10

# children whose scores were below cutoff in 3 areas or more – 15

Great areas of concerns in order:

- 1) Communication
- 2) Personal –Social
- Gross Motor
- 3) Fine Motor
- Problem Solving

## Screening Work Group Reflection:

### Going well

- Contact with Centers for 3-5 services and consultation with Sara; schools and Centers responding well
- Marilyn as contact person for expansion into other counties
- ASQ Technical support and data entry
- Parents'/ teachers' response to process
- Parent Conferences are helpful to discuss difficult issues
- ASQ Summary Reports
- ASQ results seem valid
- Group's focus on Tasks and Goals

### Needs Work

- Data Collection forms for CFC- no way to determine accuracy or gather data
- Clarification regarding the role of EI
- Would like to have a 0-3 RTI specialist to do what Sara is doing with 3-5- need \$
- Referral process and ability to track results
- Training: initial, ongoing and follow-up

### How are we going to move forward?

- How can we expand and change the group to include all 15 counties? Should include members from EI, Sp.Ed., CCR&R, Coalition, CFC, Head Start and EHS, PreK, Health Provider, Health Dept, Mental Health. Need a mix of current and new members while keeping the group small enough to get work done.
- Who is going to conduct screening and provide support as we expand?
- Who else can help with support for Centers? Other Specialists with CCR&R?
- How can we improve collection of data?
- What will be the group's new role; Work Group job description?
- What will be the priority for tasks?
- Is there a way to have a 'standard practice' for screening?
- How can we do outreach and plan for services to families who live in areas without services?
- Review/ update MOUs, forms, etc.?
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# SOUTHERN ILLINOIS COALITION FOR CHILDREN & FAMILIES

## Illinois Children's Healthcare Foundation Grant

Update - May 1, 2016

In November, the Coalition was notified it received its full request for funding of \$99,099 to expand its Developmental Screening project as outlined in the grant. Funds are being used to purchase screening materials and pay for consultation support including a consultant to work with the medical community.

### Impact

Twelve hundred and fifty (1250) additional children from throughout southern Illinois will be screened for developmental delays during 2016, bringing the total number of children screened in one year to just under 5000. Of these, a minimum of 840 will be enrolled in child care settings. Data will be entered into the online system for at least 75% (3750) of all children screened by year's end.

### Goals, Measurements and Activities

The primary goal of the project is to increase the number of children in southern Illinois who are screened for developmental delays by 1250 children from January 2016 through December 2016. At least 75% of indicated referrals will be made in a timely manner and quality of referrals will be high so that 75% or more of the referrals results in a child receiving services.

- **Progress to Date: An additional 773 children have been screened since January 1, 2016**

End of project evaluation for the primary goal will be based on quantitative data collected in the ASQ online management system. Baseline data will be recorded at the beginning of the project. Regular data checks will be performed to insure the project stays on track to meet project goals.

**Metric 1.1:** 5000 children in southern Illinois will have a documented developmental screening using a validated tool evidenced by data entered into online system. 75% (3750) of data in online system by December 31, 2016.

- **Progress to Date: A total of 2077 children are now included in the ASQ Online system as of May 9, 2016**

**Metric 1.2:** 75% of indicated referrals are made in a timely manner.

**Metric 1.3** 75% of all referrals result in a child receiving desired interventions and/or services.

- **We will be implementing a new survey monkey monthly check in regarding # referrals made. We will need to work with EI and Special Education districts to gather data on number of children receiving services.**

In addition to the overall goal, a number of objectives and strategies have also been identified that will help lead to goal attainment.

Increase public access to screening by increasing the capacity for screening by early learning and health professionals. Strategies used to achieve this objective include:

- a. Increasing the capacity of early learning and health providers to screen children by providing screening tools as recommended through the American Academy Of Pediatrics (AAP)

**A letter was sent to all child care, Pre-K and Head Start programs about the expansion, offering to purchase screening tools / provide support for developmental screening. A total of 12 new programs requested ASQ-3 kits and online access. Of these, 10 were child care programs and 2 were PreK programs. An additional 11 programs requested purchase of ASQ-SE to complement their current screening process.**

- b. Improve the consistency and validity of screening by providing training and technical assistance on validated

**Development of strategies to achieve this goal will be assigned to the Screening Collaborative.**

- c. Increase the number of medical providers integrate screening/surveillance into primary care

**100% of the medical providers are already administering screening/developmental surveillance.**

End of project evaluation will measure the increase the number of providers administering screening on a regular basis. Data used for evaluation will include information from the online management system and information collected by the consultant

**Metric 2.1:** 75% of all licensed child care centers in southern Illinois administer developmental screening on a regular basis.-

**Baseline data-** Twenty- two (22) child care centers are enrolled in the online system. This represents just over 40% of the child care centers in the region. However, eight of the centers are not currently administering screening. In Jackson County Archway has been doing a large number of the screenings. By shifting the responsibility of first level of screening to child care staff and parents, this will allow a more targeted approach with EI staff who can come in and work with children who are being monitored or possibly identified as needing referrals.

**Metric 2.2** 100% of PreK and Head Start providers administer developmental screening on a regular basis –

**As per their program standards, all PreKs and Head Start providers are currently administering screening**

**Metric 2.4:** Number of medical professionals who administer developmental screening using validated screening tools increases through their practice increases

Assessment has been completed. It appears that 100% of the medical providers in the region administer some type of developmental screening/ surveillance. The tool used is not consistent among medical providers and the decision on which type of tool to use was based on a number of different factors. (billing, past experience and integration with medical records system) Percentage has not been identified as a complete assessment has not yet been completed.

Once the assessment is finished Coalition members will be able to develop reasonable and attainable measurements for this strategy.

Last, but not least the Coalition proposes continuing it work to create a region-wide universal developmental screening system that will routinely and regularly screen children from birth through five and connect them to early intervention or special education or other supports needed. Strategies used to achieve this objective include

- a. Completing a comprehensive assessment of current developmental screening and surveillance practices in the southern fifteen counties in Illinois

**The assessment is complete and raw data attached.**

- b. Identify program gaps- *In Progress*.

c. Developing new partnerships with the medical community to better coordinate and improve referrals for services, treatments, and/or interventions – **In progress, will be working with a Health Department and medical practice starting in July to pilot using the online system**

d. Increasing coordination and collaboration between primary care physicians and early learning professionals by expanding membership in its currently operating Screening Collaborative to include representatives from the medical community along with representatives from agencies and early learning programs from all fifteen southern Illinois

**Consultant has identified a few individuals that would be a good addition to the Coalition.**

e. Create an education structure to provide support for those that will conduct screenings- ***New Coalition Task***

f. Coordinate efforts for moving screening forward as a standard practice- ***New Coalition Task***

g. Identify local resources and develop a plan for those families who live in areas without adequate services. ***New Coalition Task***

## Assessment of Developmental Screening in the Medical Community Health Departments

Department	Tool Used	Administered By	Comments
Bi County	ASQ	WIC Nurses	Lots of stress/ didn't have time to meet with consultant
Egyptian	ASQ-3 and ASQ SE	WIC Nurses	ASQ- done at each well visit. The Socialization component is done at ages 1years and 2years. Refer on to WI and WOVSED. They do not do the M-CHAT. There are clinics with psychologist/therapists in Enfield and North City that they refer to as well as Anna for psychiatry services. As with all clinics the providers can make referrals but it is ultimately up to the parent/caregiver to follow through and due to distance/work schedules/age of care giver this can be challenging
Jackson County	Uses both the Denver Development Tool and the Ages and Stages Tool, using the Social Emotional Component of Ages and Stages- Use Denver because it is billable	WIC Nurses	Jackson County Health Department. The Denver Development is a billable service. The Denver Development is done at Initial (newborn-2months), 6, 12, and 18 months. Ages and Stages is done at 4-9months, family fills out and is scored at that time There is a statewide program called Cornerstone that all providers of WIC must participate in for funding. There is a potential for a lack of services in the 3-5 yr old population. It is assumed that these children are in Head Start or Pre-K where they will continue to get screenings but if a child is not in one of these programs and has not been identified in need of services prior to kindergarten he/she could miss on valuable time to address areas of concern. The potential for a regional data base to share screenings/information was met with enthusiasm as it could eliminate the repetition of services amongst childcare providers, allow the medical community/educators and parents to have a tool to communicate and share development screenings and results amongst these groups. Information gathered from Jennifer Nance 618-684-3143, Ext 165
Perry County	ASQ-3 They do not do ASQ_SE	The questions are asked by the nurse doing the intake and put	All screenings are done at well child visits. They have been introduced to the M-CHAT but do not perform this test. Referrals are made to Archway in Carbondale, and Tri County Special Education. Speech Therapy services are utilized within the school that the child will be

SIUC Family Practice	ASQ		<p>Doctors put information within the EMR upon examining the patient. Templates are incorporated within their EMR which identify development needs. If need for services are identified at the visit referrals are made at this visit. Parents are advised of results and what may be an area of concern or further monitoring. M-CHAT is being done at well child visits. The clinic has access to Chart Max which is the hospital program and can access labs and test results but not medical records. They do not have access to CMA records. Within the next year to two years Practice Partner should be incorporated to allow more access to EMR for providers. Would be a great tool to be able to have parents access their child's records and update information and to allow them to utilize a tablet like device in waiting room and have questions already answered and scored by the time patient was in room with physician.</p> <p>Information gathered by Coral Cerrato, RN</p>
CLL Pediatric Group	<p>Currently using Ages and Stages for well child visits and Denver Development is incorporated within the screening</p>	<p>Parents are handed the A&amp;S questionnaire and the information is entered by the nurses and then scored.</p>	<p>Well child visits, MCHAT done at 18 months</p> <p>. Early Intervention is utilized for children identified with needs. Early Head Start is also utilized and referral is made to Mary Beth Long. They do utilize Electronic Medical Records. It was identified that there are children that are brought in as newborns to practice and not brought back until approximately age 2, which could result in needed services being delayed. Providers within this practice are Dr. Reddy, Dr. Kotrakona, Dr. H. Al-Sharif, Kathy Herren PAC, Sarah Ford CNP and Annie Imboden CNP, they service Massac Memorial Clinic.</p> <p>Information gathered by Haley Moore, RN</p>
PAUL PLOGEMAN, MD	<p>ASQ and Denver Developmental, Also does MCHAT at 18 mos</p>	<p>Physician does screening and scoring</p>	<p>. If a need is discovered Early Intervention is utilized for referrals. Once a referral is generated the nurses follow up with them.</p>



## Screening Collaborative

Collaboration Factor scoring for your group (8 completed forms)

Average scores for each of the 20 factors:

Factor	Factor Average
History of collaboration or cooperation in the community	3.8
Collaborative group seen as a legitimate leader in the community	4.1
Favorable political and social climate	4.3
Mutual respect, understanding, and trust	3.9
Appropriate cross section of members	3.5
Members see collaboration as in their self-interest	4.4
Ability to compromise	4.0
Members share a stake in both process and outcome	4.0
Multiple layers of decision-making	3.8
Flexibility	3.9
Development of clear roles and policy guidelines	4.0
Adaptability	3.9
Appropriate pace of development	4.3
Open and frequent communication	4.0
Established informal relationships and communications links	3.9
Concrete, attainable goals and objectives	4.4
Shared vision	3.9