

Abstract

Coordinating and Sharing Child Screening Information

Florida Children and Youth Cabinet Goal 2: Ensure that all children live in permanent, safe and nurturing environments.

Florida Children and Youth Cabinet Goal 2a: Establish mechanisms and strategies to support families in providing for optimal growth and development of their children and youth.

Starting recommendation:

- Coordinate across agencies to share child screening information, starting with young children.

The Issue:

- Currently, there are a variety of screenings in use by various state and local agencies and medical professionals.
- Not all children receive a screening.
- Screening information is not shared between programs, services and providers, resulting in duplication of screenings, unknown or lost information as a child/family accesses more than one service, and/or delay in receiving further assessment and needed interventions.

Proposed solution:

Using a panel of professionals trained in screening practices and representing programs/services throughout the state:

1. Build on the work that some agencies have already begun or completed
 - a. Ask agency representatives to collect information on all screenings currently in use in Florida
 - b. Review current practices and provide input to the panel
2. Identify facilitators and barriers to sharing screening information across services
3. Recommend way(s) to make high quality, comprehensive screening information accessible to many, if not all, services
4. Recommend a comprehensive screening tool or tools that:
 - a. Can be used across disciplines
 - b. Includes the family in the process
 - c. Is available in the public domain
 - d. Is compatible with electronic medical and service records
5. Recommend screening frequency for children 0-18
6. Recommend further steps for coordinated, ongoing screenings and assessments for children 0-18

Recommendation

Coordinating and Sharing Child Screening Information

Florida Children and Youth Cabinet Goal 2: Ensure that all children live in permanent, safe and nurturing environments.

Florida Children and Youth Cabinet Goal 2a: Establish mechanisms and strategies to support families in providing for optimal growth and development of their children and youth.

Long-term recommendation: Foster integrated prevention and early intervention services, promote communication between families and service providers, develop funding flexibility, and facilitate data sharing so that Florida's families and children can enter the service provision sector through any number of doors, and any door results in an appropriate screening and thorough assessment of family needs, and assistance to access whatever services are needed (The Policy Group for Florida's Families and Children Inc., 2003).

Starting recommendation: Coordinate across agencies to share child screening information, starting with young children

Definition of terms:

Screening is a brief assessment designed to identify children who should receive more intensive assessment or diagnosis (American Academy of Pediatrics, Committee on Children with Disabilities, 2001).

Assessment is gathering information to make decisions. In addition to screening, there are four other distinct functions of assessment: diagnosis and determination of eligibility for special services; program planning and service delivery; monitoring of child progress; and accountability (McLean, 2004).

Background: Child and family development research provides a rich understanding of the key transition points in the development and adaptation of children and their parents. Early identification of a missed or delayed developmental stage can be a strong indicator of the need for treatment of, or intervention for, a disability or delay (American Academy of Pediatrics, Committee on Children with Disabilities, 2001). In the United States, 17% of children have a developmental or behavioral disability such as autism, mental retardation, and Attention-Deficit/Hyperactivity Disorder. In addition, many children have delays in language, motor skills, cognitive skills or social skills, which also impact school readiness. However, less than half of these children are identified as having a problem before starting school, by which time significant delays or damage may have already occurred and opportunities for intervention missed (Department of Health and Human Services). Also, risk factors such as family poverty, parents' mental illness, and child neglect and abuse increase the likelihood of developmental delays (Sices, 2007).

Screening indicates the need for more intensive assessment and possibly treatment or intervention; therefore, all infants and children should be screened early, using screening instruments that are adequately sensitive and specific to detect delays, are valid and reliable, and that are standardized on diverse populations. Screenings should be administered by those skilled

in the administration and interpretation of reliable and valid screening techniques appropriate for the population. Screenings must involve the family, and results must be given to the family in culturally sensitive, family-centered ways (American Academy of Pediatrics, Committee on Children with Disabilities, 2001). Screenings must be high quality, continuous throughout childhood, and comprehensive across all dimensions of a child's growth and development.

The Issue: Currently, there is a variety of screenings in use by various state and local agencies and medical professionals. Not all children receive a screening. Often, screening information is not shared between programs, services and providers, resulting in duplication of screenings, unknown or lost information as a child/family accesses more than one service, and/or delay in receiving further assessment and needed interventions. Using one common screening, where possible, is a first step in developing ways to share data and information across programs and services.

Proposed solution: Using a panel of 3 to 4 professionals trained in screening practices and representing programs/services throughout the state:

7. Build on the work that some agencies have already begun or completed regarding screening and assessment, by asking agency representatives to collect information on all screenings currently in use in Florida, review current practices and provide input to the panel
8. Identify facilitators and barriers to sharing screening information across services
9. Recommend way(s) to make high quality, comprehensive screening information accessible to many, if not all, services
10. Recommend a comprehensive screening tool or tools that can be used across disciplines, include the family in the process, available in the public domain, and compatible with electronic medical and service records
11. Recommend screening frequency for children 0-18
12. Recommend further steps for coordinated, ongoing screenings and assessments for children 0-18



References:

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