

TO: The Florida Children and Youth Cabinet  
FROM: Ted Granger, Chairman, Children's Summit Workgroup  
RE: Child Screening Report  
DATE: Sept. 23, 2008

This memo provides a progress update on the Child Screening Report being prepared by The Policy Group on behalf of the Children's Summit Workgroup for the Florida Cabinet for Children and Youth. The Cabinet asked the Workgroup in May to undertake the report.

Work to date has centered on gathering information about screenings used statewide, including how each respondent defines screening, the purpose of screening, who administers screenings, under what circumstances screenings are administered, frequency, family involvement, use of screening results, to whom referrals are made, how/if screening results are shared, and barriers to implementing developmental screenings. Similar information was gathered regarding assessments. There were 175 responses either electronically, telephonically or via hard copy.

Additional research on best practice in developmental screenings, including frequency and type of screenings, has been conducted.

Currently, screening information and research is being assimilated for initial use by a panel of developmental screening experts. Originally, the screening concept paper called for a panel of 3 to 4 experts. The panel size will now be close to 10, comprising representatives from Healthy Start, Healthy Families, Early Steps, developmental behavioral pediatrics, educators, and early childhood professionals. The panel was selected based upon recommendations from some state agencies, the Workgroup and Policy Group. Providing an additional linkage to ongoing state work, one panelist serves on the Governor's Task Force on Autism Spectrum Disorders. Initially, the panel will meet face-to-face, with subsequent meetings via online collaboration and/or telephone conferencing.

During October and November, the panel will review available research and statewide screening information, focus on a definition of quality developmental screening and assessment; identify facilitators and barriers to sharing screening information across services; recommend way(s) to make high quality, comprehensive screening information accessible to many, if not all, services; recommend a comprehensive screening tool or tools that can be used across disciplines, include the family in the process, be available in the public domain, and compatible with electronic medical and service records; recommend screening frequency (developmental surveillance) for children 0-18; and recommend further steps for coordinated, ongoing screenings and assessments for children 0-18.

A progress report will be provided to the Cabinet at the Nov. 18 meeting. Report writing will occur in November and December, with an expected presentation to the Cabinet at its January 2009 meeting.