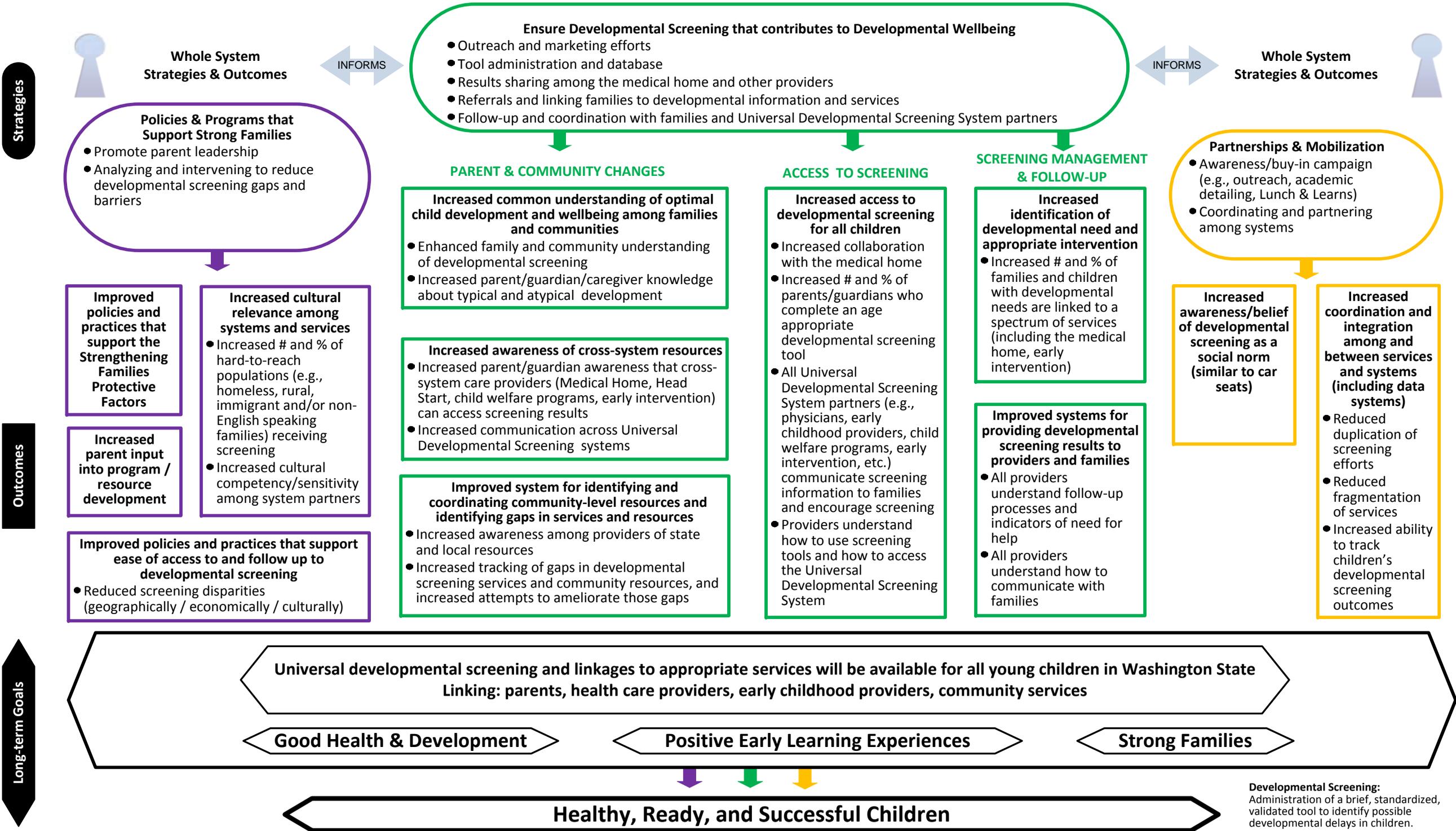


Universal Developmental Screening in Washington State Outcome Map



Universal Developmental Screening Outcome Map Overview & Guiding Assumptions

*A companion document to:
Universal Developmental Screening Outcome Map*

BACKGROUND AND GUIDING FRAMEWORKS

❖ Guiding Principles:

- Realization of universal developmental screening requires collaboration and coordination among all system partners (all of us).
- All children benefit from universal developmental screening. In addition to identifying children with developmental needs, the system provides teaching moments for families with typically developing children by increasing parental awareness of developmental expectations and developmental milestone achievements.¹
- All children deserve to receive optimal healthcare through a medical home.

❖ Universal Developmental Screening Strategic Framework for the State of Washington

This outcome map is grounded in “A Strategic Framework for Universal Developmental Screening for Washington State,” prepared for the Washington State Department of Health, Office of Maternal and Child Health by Katherine TeKolste, MD, Developmental Pediatrician at the University of Washington. The Strategic Framework’s five system components are lifted up in the outcome map as key strategies.

As noted in the Strategic Framework, developmental screening is a key strategy to support each child’s development, help decrease the kindergarten preparation gap, and assure optimal childhood outcomes. Research has clearly demonstrated that standardized developmental screening tools are needed to identify children with potential delays, and start the process for further assessment when indicated. Whether a child is developing typically for age or demonstrating difficulties, screenings and assessments also give parents, families, caregivers and others who work with children a better understanding of a child’s strengths and needs.

¹ TeKolste, Katherine. (2010). *A Strategic Framework for Universal Developmental Screening for the State of Washington*. Prepared for the Washington State Department of Health, Office of Maternal and Child Health.

❖ Department of Early Learning (DEL) System-Level Infant & Toddler Systems and Services Outcome Map

The Universal Developmental Screening Outcome Map aligns with the System-Level Infant & Toddler Systems and Services Outcome Map developed by Washington State’s Department of Early Learning (DEL). In the Infant & Toddler Outcome Map, Developmental Wellbeing is lifted up as one of six powerful strategies. Ensuring developmental screening is a key sub-strategy within the Developmental Wellbeing strategy.² System-level outcomes from the Infant & Toddler Outcome Map informed DOH’s Universal Developmental Screening Outcome Map.

DOH’s Universal Developmental Screening Outcome Map features two key strategies consistent with the DEL System-Level Infant & Toddler Outcome Map. These key strategies signify that having policies & programs that support strong families and partnerships & mobilization are key strategies in realizing Healthy, Ready, and Successful Children.

❖ Medical Home

The Universal Developmental Screening system will work in collaboration with the Medical Home, assuring that screenings done outside of the Medical Home are referred back to the Medical Home. Any child without a Medical Home will be assisted in identifying one. The screening system is grounded in Medical Home principles, including: 1) Culturally appropriate, family-centered care – the screening system will work to identify and link all families with young children in collaboration with parents and groups that work with special populations, such as non-English speakers; 2) Coordinated care – the care is coordinated across the screening system and the healthcare providers and community providers involved with the family; and 3) Comprehensive, community-based care – the screening system, in collaboration with the child’s Medical Home, will work to identify and link to services available locally to assist and support the child and family.

PURPOSE AND INTENDED USES OF THE OUTCOME MAP

- ❖ The Universal Developmental Screening Outcome Map provides a high-level (30,000-foot) view of what needs to happen to achieve the goal of universal developmental screening in Washington State. As such, it is intended that all system partners can visualize in this map their

² Ensuring Developmental Screening is also one of 36 strategies in Washington State’s Early Learning Plan. Ensuring Developmental Screening (“Strategy 6”) contributes to DEL’s goal of Ready and Successful Children. The Plan is available at <http://www.del.wa.gov/partnerships/elac/elp.aspx>.

Developmental Screening is also called out in Washington State’s Birth to 3 Plan, submitted to the legislature December 2010. Ensuring Developmental Screening is a component in the first of seven policy recommendations: Health and Developmental Wellbeing. Full text of the Birth to 3 Plan is available at <http://www.del.wa.gov/publications/research/docs/Birthto3Plan.pdf>.

organization's role and areas where their current or future work connect to the Universal Developmental Screening System.

- ❖ Another purpose of this map is to identify the key outcomes to which DOH and its partners can hold themselves accountable based on its universal developmental screening strategies. This outcome map may also serve as a guide for evaluation efforts. While all outcomes on the map may not be evaluated, the map should inform the evaluation questions.
- ❖ To further this effort, logic models and/or work plans may be created for each strategy to describe in more specificity the activities, outcomes, outputs, and other details of those efforts.

ASSUMPTIONS OF THE UNIVERSAL DEVELOPMENTAL SCREENING OUTCOME MAP

Universal Developmental Screening Definition

The Universal Developmental Screening (UDS) system ensures that all children have opportunity and access to developmental screening consistent with nationally accepted pediatric guidelines. Screening will be voluntary, respecting parental/guardian choice. UDS system elements include (but are not limited to):

- The system meets people where they are;
- The system is continuous;
- Screening systems must coordinate with other systems;
- The system will reach all populations and be culturally relevant;
- Screening will be of equal quality across geographic, economic, and cultural strata.

Assumptions, Aspirations, and Future Decisions

Achieving universal developmental screening is ambitious, but achievable. Planning and implementation will launch in 2011 and will continue to be phased-in over a period of several years. The initial UDS system will be based on what is practical and feasible in the current landscape. The UDS system will build off of existing efforts, acknowledging that it is more efficient to build capacity of existing programs that support a UDS system than to start from scratch. The system will capitalize on strategic opportunities (e.g. ARRA funding) as they arise. Implementation decisions will be made as the system rolls out, making every attempt to adhere to the long term vision of ensuring developmental screening and linkages to appropriate health services for all young children in Washington State.

Initial Implementation Assumptions

DOH expects to be in early stages of system planning and implementation by summer 2011. Key initial elements will likely include:

1. An initial focus on birth to 3 years
2. Many "providers" will be involved in the UDS system, including medical and other health providers, childcare and other early childhood providers, etc.

3. There will be no wrong door for developmental screening information. Families will have access and links to screening information and tools through a variety of providers (e.g. primary care offices, medical home, early childhood providers, home visitors)
4. Families will be able to access screening tools through a variety of methods (examples might include: online, provider office, library computer, public kiosks, phone, cell phone, etc)
5. Screening tools will be standardized and available electronically through a variety of methods, including via technology that may not yet be available
6. Screening tools will be age-appropriate and fit the needs of a variety of programs
7. Monitoring and Evaluation will track process changes, system changes, and outcomes changes. The M&E plan will address barriers to system access and follow-up care (e.g. cultural barriers, referral barriers, provider barriers)

Aspirations

Achieving universal developmental screening is ambitious, but achievable. Planning and implementation will launch in 2011 and will continue to be phased-in over a period of several years. At full implementation, the UDS system aspires to:

1. Make available developmental screening to all children birth to 8 years;
2. Make available a broader width of screening services (e.g. maternal depression, autism);
3. Be adaptable to future health reforms and technological advances.
4. Ensure the availability of resources and infrastructure in all communities to support the healthy development of children for whom a developmental delay has been identified.

Future Decisions

Many implementation decisions will be made as the system rolls out. Workgroups, primarily made up of partner-organization staff, will be tasked with addressing questions, including but not limited to, the following:

1. What screening tool will be used? Will there be a menu of tools?
2. Will we expand to include maternal depression, autism, and/or other screenings?



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