StateTA Resources elcta

Developmental Screening Activities in Early Learning Challenge States

This resource was prepared in response to a request for examples of developmental screening activities in Early Learning Challenge (ELC) States. This information will be helpful to States as they consider how to identify and address health, behavioral, and developmental needs of children with high needs.

To address this request, ELC TA reviewed the *2015 Progress Update Report* for the 20 Phase 1, 2 and 3 ELC States and the *2016 Annual Performance Report* (APR) data from the Phase 2 and Phase 3 ELC States and the *2016 Final Performance Report* (FPR) data from the Phase 1 ELC States. These reports were submitted to the Departments of Education and Health and Human Services for review in the spring of 2017.

Table 1 gives specific State examples that are taken directly from the individual *2016 APRs* and *2016* FPRs. Information in Table 2 is from the 2015 APRs. Approved Individual APR reports will be available soon at https://elc.grads360.org/#program/annual-performance-reports.

Importance of Developmental Screening in the Early Learning Challenge

The Early Learning Challenge grant application included language that encouraged States to promote positive health policies and practices for the young children with high needs. Specifically, the grant program encouraged States to leverage the resources in their States to track and report on children with high needs who 1) received developmental, behavioral, and sensory screenings, 2) were referred for, and received, follow- up services based on those screening results; and 3) participated in scheduled well-child care visits.

Of the 20 ELC States, eight States (**California, Delaware, Maryland, Michigan, New Jersey, North Carolina, Oregon**, and **Vermont**) chose to address developmental screening as part of their overall State plan and reported on performance measure (C)(3)(d): *Leveraging Existing Resources (other than RTT-ELC funds) to Increase the Number of Children with High Needs who are Screened Using Developmental and Behavioral Screening Measures*. Eight additional ELC States (**Georgia, Illinois, Kentucky, Massachusetts, Minnesota, Ohio, Rhode Island,** and **Wisconsin)** included information in their annual and final reports on their efforts to support developmental screening even though they did not specifically address performance measure (C)(3)(d) in their grant applications.

This document does not include all development screening activities in the ELC States. Some States may have initiatives that they completed in previous years, and some States may not have planned to begin their initiatives until 2017 after the 2016 APRs were submitted. In addition, States may have

other developmental screening activities that they did not include in their APRs and FPRs because those initiatives were addressed in their ELC grant project plans.

Types of Developmental Screening Activities

The following summary includes information about States' developmental screening activities in the following areas: professional development and staffing, legislation and licensing regulations, collaboration, data linkages electronic access to screenings and screening data, screening tools, referrals, marketing, and QRIS components.

Professional Development and Staffing:

States have provided professional development to administer developmental screenings to a variety of professionals:

- Seven States (**California, Georgia, Illinois, Massachusetts, Oregon, Vermont,** and **Wisconsin)** trained early care and education professionals to perform developmental screenings.
- **Maryland, Rhode Island,** and **Vermont** trained primary health care providers.
- **Massachusetts** and **Minnesota** trained staff in community organizations. **Massachusetts** included staff in homeless shelters in these trainings.
- **Georgia, Oregon,** and **Wisconsin** conducted "Train the Trainer" initiatives. **Wisconsin** worked directly with Tribal Communities.
- **California** supported Communities of Practices that addressed issues related to developmental screenings. California also created a developmental Screening Network and developed a Screening Guide for early care and education providers.
- **Oregon** translated their screening curriculum into Spanish to broaden its usability.
- **Rhode Island** and **Wisconsin** trained Dual Language Speakers to administer the screening tool.
- The **Rhode Island Department of Health** added an additional staff position to respond to increased referrals resulting from increased screening**.**

Legislation and Licensing Changes

State legislation influenced the use of screening.

- **Illinois** was waiting for the Governor's signature on legislation that required social-emotional screening as part of a school health examination.
- In **Vermont**, legislation gave the Health Department authority to collect screening data.
- In **Michigan,** in response to the water contamination in Flint, Michigan, emergency State funding included funding for developmental screening.

In **Maryland,** regulation effective in 2017 will require child care providers to administer development screenings.

Collaboration

States saw collaboration as an important strategy for increasing the number of children who received developmental screenings and referrals and for sharing data across systems.

- The **California** Statewide Screening Collaborative (CSSC) focused on cross-agency and systems work.
- **Illinois** developed a template for a Memorandum of Understanding (MOU) for screening in response to a requirement that programs in the Gold Circle of the State's Quality Rating and Improvement System have a MOU between the program and the local Early Intervention provider and/or the Local Education Agency.
- Cross sector Screening Collaboratives in an **Illinois** Innovation Zone and in selected **North Carolina** counties led to an increase in the number of developmental screenings of children.
- **Wisconsin** finalized a State Blueprint for an aligned system for screening and assessment.

Data Linkages

States worked to include data from screenings and referrals into their existing data systems.

- In **Delaware** and **Rhode Island**, data-sharing agreements were in place, and screening data were being entered into the State's integrated data system.
- **Georgia** made progress in linking screening and referral data to the State's early childhood integrated data system.
- **Illinois** and **Vermont** were piloting entering data into a shared database in selected communities or primary practice sites.
- **Maryland, New Jersey,** and **Oregon** were exploring how to link screening data to the existing registry/data system.

Electronic Access to Screening

States have explored how to make electronic screening results available to parents and professionals and how to transfer the resulting data to an integrated database.

- **Minnesota** and **Rhode Island** actively piloted the use of electronic screening instruments.
- **Oregon** was exploring the possibility of an electronic transfer of *ASQ-3* results to a health information exchange.

Tools for Screenings

There are several developmental screening tools commonly used by the States:

- The *Ages and Stages Questionnaires* (*ASQ*) are the tools most frequently referenced in the grantee reports.
    - Six States (**California, Illinois, Massachusetts, Minnesota, North Carolina,** and **Wisconsin)** used the *ASQ* tool.

  - Seven States (**California, Delaware, Georgia, Massachusetts, Rhode Island, Vermont,** and **Wisconsin**) used the *ASQ-SE* (Social-Emotional)
  - Four States (**Oregon, Rhode Island, Vermont,** and **Wisconsin**) used the *ASQ-3*.
  - **Delaware** reported using the *ASQ 3 SE.*
- *Best Beginnings Developmental Screen (BBDS)* and *Best Beginnings Family Questionnaire (BBFQ)* were used in **Maryland**.
- *Modified Checklist for Autism in Toddlers (M-CHAT)* was used in **North Carolina, Rhode Island,** and **Vermont.**
- *Parent Evaluation of Development Status (PEDS)* was used in **Delaware, North Carolina,** and **Rhode Island.**
- *Parent's Observations of Social Interactions (POSI)* was used in **Rhode Island**.
- *Survey of Wellbeing of Young Children (SWYC)* was used in **Rhode Island. Georgia** was making plans to use it.
- **Maryland** conducted research on the validity and feasibility of the screening tools, *Best Beginnings Developmental Screen (BBDS)* and the parent-completed *Best Beginnings Family Questionnaire (BBFQ),* for administration by early care and education staff.
- **Minnesota** and **New Jersey** required the use of a State-approved standardized tool.

Referrals

- **Oregon** conducted a pilot project in Yamhill County to map out resources and develop tools for facilitating streamlined referral and follow-up to developmental screening.

Marketing the Importance of Developmental Screenings

Georgia, Illinois, Oregon, and **Rhode Island** targeted various audiences to promote developmental monitoring and screening by using tools such as posters, magnets, brochures, and activities on websites.

QRIS Requirements

Seven States (**Delaware, Georgia, Illinois, Kentucky, Maryland, New Jersey,** and **Ohio)** described how screening has been incorporated as a component of their State Quality Rating and Improvement System (QRIS).

Appendices

Table 1 gives specific examples from individual State 2016 *APRs and FPRs* about developmental screening activities. These examples are intended to provide information about which States to contact to find out more information, rather than to serve as detailed examples about developmental screening. Text in italics is taken verbatim from the APRs. Approved individual APR reports will be available soon at https://elc.grads360.org/#program/annual-performance-reports.

Table 2 provides the most recent available summarized APR State data on the developmental screening performance measure *(C)(3)(d)): Leveraging Existing Resources (other than RTT-ELC funds)*

to Increase the Number of Children with High Needs who are Screened Using Developmental and Behavioral Screening Measures. This table represents the data from the eight States (**California, Delaware, Maryland, Michigan, New Jersey, North Carolina, Oregon,** and **Vermont**) that selected health promotion as a focus area as reported in their 2015 APRs and summarized in the *Race to the Top – Early Learning Challenge 2015 Progress Update*.

Table 1: Developmental Screening Activities in Early Learning Challenge States

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Developmental Screening Activities in Early Learning Challenge States Source: Individual State *2016 RTT-ELC Annual Performance Reports* and *2016 Final Performance Reports*		
State	**Activity**	**APR and FPR Language Describing Activity**
California	Developmental Screening Network	*Another* [example] *is the extension of the RTT-ELC ASQ contract into a Developmental Screening Network with on-going training on screening tools and CoP* [Community of Practice] *support …*
	Community of Practice	*An ASQ* [Ages and Stages Questionnaire] *contract supported community of practice sessions that were offered to Regional Consortia, Mentee Counties, and Partner Agencies. Topics included the Ages and Stages Questionnaire: Social-Emotional (ASQ:SE), promoting communication with families, referral pathways and protocols, and sustainability and capacity building through collaboration*
	Screening Guide and training	*The California Statewide Screening Collaborative (CSSC) work included wrapping up the customization and dissemination of the Developmental and Behavioral Screening Guide for Early Care and Education Providers. This guide was adapted from federal materials and included resources specific to California. The CSSC also focused on cross-agency and systems work.*
Delaware	Health care providers conduct screenings Tool: *PEDS*	*Through the life of the grant, health providers were engaged in developmental screenings for young children and using best practice by using a standardized tool (the Parent Evaluation of Development Status (PEDS)).*
	Screening data in database/ portal	*In Year Five, more than 20,190 screens were completed and entered into the Division of Public Health's PEDS portal.*
	QRIS Component	*In January 2015, Delaware Stars required all programs verifying or re-verifying at the 4 and 5 Stars level to use a developmental screening tool for each infant, toddler, and preschooler enrolled in the program annually. Training, technical assistance, and tools to meet this requirement are available statewide.*
	Early Care and Education staff conduct screenings Tool: *ASQ 3 SE*	*Broadened the base of providers offering developmental screening to include trained staff at early learning programs. The grant funds provided programs in Delaware Stars the opportunity to conduct developmental screenings using a standardized tool, the Ages and Stages Questionnaire 3 SE. In Year Five, more than 4413 young child development screenings were conducted utilizing the Ages and Stages Questionnaire.*

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State	**Activity**	**APR and FPR Language Describing Activity**
Georgia	Tool: Will pilot *SWYC*	*In Georgia's Race to the Top – Early Learning Challenge grant application, the state proposed a pilot administering the Survey of Wellbeing of Young Children (SWYC), a new, freely-available, comprehensive screening instrument for children under 5 years of age. The SWYC was written to be simple to answer, to require 15 minutes or less to complete, and straightforward to score and interpret. However, delays in SWYC validation and development of supporting SWYC training materials from the instrument's authors has led delays in implementing the instrument. However, in Year Three, the SWYC training manual was released and the state developed a plan for conducting screening with the SWYC in Early Head Start/Child Care Partnership sites. In Year Four, the state will continue to review the SWYC manual and develop and train DECAL staff. In June 2017, the state plans to deliver training to Early Head Start/Child Care Partnership site staff.*
	Early childhood integrated data system	*In 2016, the state made significant progress in enhancing CACDS, Georgia's early childhood integrated data system, and completed the buildout of foundational elements. Work was accomplished through partnerships with the Department of Public Health, Department of Human Services, the Department of Education, the Governor's Office of Student Achievement, and Head Start and Early Head Start grantees. CACDS now incorporates U.S. Postal Service data and has made substantial progress in linking screening and referral data, foster care, and home visitation data.*
	Professional development for Early Care and Education staff	*In Year Three, Georgia expanded the professional development opportunities available to early childhood educators on assessment, focusing on the Center for Disease Control and Prevention's free professional development module "Watch Me! Celebrating Milestones and Sharing Concerns." DECAL made progress on developing a five-session training series designed to reinforce and expand on the concepts in the "Watch Me!" modules, as well as a companion webinar, "Acting Early in Georgia," which will provide specific information on obtaining developmental screening for children in Georgia.*
	Marketing	*The state also identified, customized and printed materials promoting developmental monitoring and screening such as posters, magnets, and brochures and developed a plan for distribution of these materials and training opportunities with state and local community partners.*
	Train the trainer Tool: *ASQ-SE*	*All GSG* [Great Start Georgia] *staff* [technical assistance providers] *received training on new screening and assessment tools adopted by October 1 2016: (1) Ages & Stages Questionnaire®: Social Emotional, Second Edition and (2) intimate partner violence tools that replaced the*

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		current Domestic Violence Assessment tool: (a) Relationship Assessment Tool (RAT) and (b) Hurt, Insult, Threaten and Scream (HITS).
	QRIS component	*Georgia's TQRIS tiers are assigned based on a point system. Screening measures and formative assessments are required for points at all tiers.*
Illinois	Legislation for social emotional screening part of school health exam	*The General Assembly passed a bill to add social-emotional screenings to the school health examination. This bill is awaiting the Governor's signature.*
	QRIS component	*Among the higher expectations embedded in ExceleRate Illinois* [Illinois Quality Rating and Improvement System] *are screening, evaluation and service referral protocols for all children from birth through kindergarten entry. All providers at the Silver and Gold Circles of Quality are required to develop and implement policies and procedures, which ensure that all children served receive developmental screening at least annually.*
	MOU template	*Additional training and other protocols must be implemented for the Gold Circle, among them the requirement of a formal written Memorandum of Understanding (MOU) between the program and the local Early Intervention provider and/or the Local Education Agency … the Special Education Sub-Committee of the Illinois Early Learning Council created resources to assist providers in meeting these expectations and successfully implementing the protocols with competence. In consultation with ISBE* [Illinois State Board of Education] *and IDHS* [Illinois Department of Human Services]*, they developed a standard Memorandum of Understanding (MOU) template for statewide use. The template includes step-by-step instructions, along with a robust inventory of screening and training resources. During 2015-2016, its use was piloted with providers in three Innovation Zones whose strategic priorities focus on universal screening and access to enhanced services. Learnings from these initiatives have been disseminated to programs throughout the state. Permanent trainings resources and webinars are in development during the No-Cost Extension, and will be accessible to all providers through INCCRRA and the ExceleRate website.*
	Early Care and Education staff conduct screening Professional Development for	*The Greater East St. Louis (GESTL) requested and was granted adjustments in some requirements in order to achieve larger and more important goals for children in the community. As an example, their Bronze training cohort parlayed the required developmental screening session into an extended day, during which all their providers were fully trained on the Ages & Stages (ASQ) screening tool. They can now*

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	Early Care and Education Staff Tool: *ASQ*	*implement their own developmental screenings in their centers, rather than refer children out for screenings.*
	Marketing	*In Greater East St. Louis (GESTL), a marketing firm led community stakeholders through a message mapping process. The community now has various approaches and messages that can be used to communicate to primary and secondary audiences: parents, agencies and media. GESTL's systems change strategy supports its partners using clear, concise, and consistent messaging about their efforts: 1) importance of the early years, 2) early identification-developmental screenings, 3) benefits of high quality early learning experiences and the correlation to kindergarten readiness.*
	Cross sector Screening Collaborative Shared database-	*In Williamson County, coordinating a county-wide outreach, screening, and enrollment effort, with oversight from a cross-sector member Screening Collaborative, has led to a marked increase in the number and quality of consistent developmental screenings of children. As of today, 3,293 children have been screened (approximately 70% of the county's children from birth to age five), with information entered into a shared database. Because of its success, additional grant funds were awarded by a private foundation to build stronger relationships between the early childhood and health care sectors, expanding the work across the other counties in the southern Illinois region.*
Kentucky	QRIS component	*While there are required domains for STARS* [Kentucky's Quality Rating and Improvement System] *levels 3-5, programs can choose from a menu of standards to fulfill the requirements. The All STARS Standards are divided into four domains … Classroom and Instructional Quality (max 20 points) includes use of developmental screenings, curriculum, and assessments.*
	Professional development for Early Care and Education Staff	*In 2016, CECCs* [Community Early Childhood Councils] *continued to provide local professional development opportunities to all early learning and development program types based upon needs assessments. Examples included trainings on developmental screenings, the five domains of school readiness and the KYSF Framework in conjunction with providing needed materials to host a family engagement activity.*
Marylan	QRIS component	*The Child Care Resource Centers (CCRCs) provided child care training and the overview for the new Developmental Screenings to meet the Developmentally Appropriate Learning and Practice in the Maryland EXCELS* [Maryland's Quality Rating and Improvement System] *Program Standards.*

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State	**Activity**	**APR and FPR Language Describing Activity**
	Tools: *BBDS* and *BBFQ* Early Care and Education staff conduct screening	*Best Beginnings* *The first objective of this project was to field-test Best Beginnings for screening the development of infants and toddlers in child care centers with child care teachers implementing the tools. The Best Beginnings system is comprised of a professionally administered Best Beginnings Developmental Screen (BBDS) and the parent-completed Best Beginnings Family Questionnaire (BBFQ). Fifty-four early child care providers from 30 child care centers across the state agreed to participate. Providers attended one day Best Beginnings training and successfully completed a certification test. Centers were split into two groups: validity or feasibility. The Battelle-II was used as the gold standard assessment and was administered by two graduate students. Best Beginnings passed both validity and feasibility studies and made the MSDE list of recommended developmental screening tools. Developmental screenings will enable parents and child care teachers to identify delays earlier and provide students with needed services earlier. This project is closed as it was completed in September 2015. The Best Beginnings tool was available free to providers through this link through January 15, 2016:* http://mptchildcarecourses.thinkport.org/dev-screening-tool-review-and-application-2.html
	Screening will be required by regulation Professional development for Early Care and Education staff	*Maryland will put in regulation that all child care providers must administer developmental screenings for children in their care from birth to age five beginning the fall of 2017. The free development screening tools were available to early learning providers through January 15, 2015 and the online training was free through December 2015. The free online training launched in June and through the month of December: a total of 8,674 providers enrolled, and 6,063 professional development certificates were issued.*
	Exploring integrating database	*The MSDE* [Maryland State Department of Education] *Division of Early Childhood's (MSDE/DECD's) Child Care Administrative Tracking System (CCATS) database includes all child care provider data, provider staff credentialing data, program accreditation data, and child care subsidy program data. The MSDE/DECD's Electronic Licensing Inspection System (ELIS) database provides detailed compliance data from child care provider licensing inspections. Maryland's annual KRA* [Kindergarten Readiness Assessment] *data sets provide individual performance scores for children enrolled in public kindergarten. Other MSDE data sources include the Division of Special Education and Early Intervention Services' Infants and Toddlers Program, public Pre-K site and enrollment files, and the Child and Adult Care Food Program. Non- MSDE data sources include the Maryland EXCELS quality rating improvement system for child care and public pre-K programs that is maintained for MSDE/DECD by the*

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		Johns Hopkins University's Center for Technology in Education, and the Early Childhood Mental Health (ECMH) program that is maintained for MSDE/DECD by the University of Maryland. All of these data sources, both inside and outside of MSDE, became available for use in the Early Childhood Data Warehouse during 2015. Data from the Social and Emotional Foundations of Early Learning (SEFEL) program, which is operated for MSDE/ DECD by the University of Maryland, became available early in 2015. *Many discussions have occurred to develop interfaces with Maryland Department of Health data sources pertaining to child immunizations and health screenings, however, HIPPIA regulations may preclude this data link.*
Massachusetts	Tools: *ASQ, ASQ-SE* Screening by CFCE grantees for children not in formal early learning settings Screenings in homeless shelters	*Massachusetts saw success in implementing comprehensive assessment strategies to understand children's growth and development. One strategy was the dissemination of developmental screening tools, the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire for Social Emotional (ASQ-SE), through the state's Coordinated Family and Community Engagement (CFCE) grantee**s.** These CFCE grantees were able to offer developmental screenings to families of young children who were not in formal early learning settings. Over the course of the RTT-ELC grant, over 2,100 children were screened with the ASQ.* *After receiving training, practitioners worked with families to conduct screenings on children in over 335 cities and towns across Massachusetts.* *EEC also partnered with the Department of Housing and Community Development (DHCD) to bring training on child development and the ASQ to homeless shelters.*
Michigan	Executive Order: assistance to city of Flint State budget: Emergency State funding for city of Flint includes screening	*On January 5, 2016, Governor Snyder issued a proclamation declaring a state of emergency within the city of Flint, due to significant lead contamination in the city water supply. All state agencies were charged with contributing to the coordination of response and assistance to the community of Flint. Within early childhood education and care, coordination of the additional resources that are provided for in a statewide effort are considered in the context of necessary targeted efforts. In January the state legislature identified supplemental funds to assist with services and supports to families with very young children, focusing on early intervention, as well as screening, evaluation, behavioral supports, and attention to nutrition – all aiming to mitigate the negative effects of lead.*

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State	**Activity**	**APR and FPR Language Describing Activity**
Minnesota	Piloted electronic screening Conduct screening in diverse settings Tool: *ASQ*	*Minnesota actively piloted electronic Ages & Stages screening instruments. Nine community-level pilot sites have fully implemented electronic screening access for the families they serve in settings such as family home visiting, WIC clinics, school districts, primary care clinics and Early Head Start/Head Start. Sites have shared success with the pilot, including increases in the number of children screened, increased efficiency, and families report the system is easy to use and helps them understand their child's growth and development. The state will continue to work through identified challenges in access for multiple languages and technology limitations. Lessons learned will impact the statewide implementation of the National Help Me Grow model*
	Health care providers conduct screenings in local communities Tools: Standardized	*An initiative led by the Minnesota Department of Health, the Assuring Better Child Health Development (ABCD) Family Medicine Project, improved screening, referral, and feedback processes for children ages birth to 5 with suspected developmental or social-emotional delays. Clinic teams led by medical providers worked with local schools and public health staff to set system-wide screening schedules with standardized, state-recommended tools, and to increase communication regarding hard-to-reach families. The project resulted in 19,859 well child visits with 16,832 children who completed screens and 513 children who were referred for early intervention services.* *Key accomplishments including implementing a standards referral to Help Me Grow in the Bemidji Hospital, building stakeholder teams to address barriers specific to North Minneapolis Hmong families, educating providers on referring children to Help Me Grow, and utilizing a public health nurse to follow up with families visiting in Cass Lake Indian Health Board emergency room. Deliverables include an updated ABCD Toolkit, Chart Review Report and Executive Summary.*
New Jersey	QRIS Component Tools: standardized	*Developmental Screening: NJ has several sectors that require routine developmental screening using a standardized tool. Sectors include evidence-based Home Visiting, Head Start/Early Head Start, state-funded Preschools, and now, participating Grow NJ Kids* [New Jersey's Quality Rating and Improvement System] *child care centers.*
	Exploring integrated data system	*In March 2016, a study was completed for the NJ Department of Children and Families to determine feasibility/viability/cost of using a data system (e.g. the NJ Immunization Registry or alternate mechanism) to track developmental screenings. In the final report it was highlighted that integrating developmental screening into the NJIIS* [New Jersey Immunization Information System]*, we (NJ) need to weigh the alignment of admirable goals with present realities and future promise; and suggest a timeline of activities for three to five years to reach the project vision. It was recognized that a lot of the work would entail garnering buy-in from all applicable systems, and giving ourselves the necessary time to do so.*

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State	**Activity**	**APR and FPR Language Describing Activity**
North Carolina	Health care providers conduct screenings Tools: *ASQ, PEDS, M-CHAT*	*The Assuring Better Child Health and Development (ABCD) model is a proven program approach to screening young children in primary health care settings as part of a child's well visit. ABCD works to increase developmental and autism screening and referral rates for all young children within the medical home, targeting practices serving Medicaid-eligible children. ABCD promotes the integration of developmental screening into well-child visits, using a valid and reliable interactive screening tool, such as the Ages and Stages Questionnaire (ASQ) or the Parents Evaluation of Developmental Skills (PEDS). Medical professionals are also taught to use the Modified Checklist for Autism in Toddlers (M-CHAT) and refer children as needed for follow-up to appropriate community services.*
	Cross sector Screening Collaborative	*In 2013, the North Carolina Partnership for Children worked with local partnerships to expand services and increase ABCD coverage to additional counties. Local partnerships were selected to lead the planning and implementation efforts in all other North Carolina regions. Ten regions were slotted to implement ABCD in 2014 and the remaining four regions were planning to implement in 2015.*
Ohio	Screening is a component of QRIS	*3-star* [for Ohio's Quality Rating and Improvement System] *Learning and Development: …* [requires] *All children receive a developmental screening, formal assessment and ongoing formal and informal assessments to inform instruction.*
Oregon	Professional Development for Early Care and Education staff Tool: *ASQ-3* Training of Trainers	*Throughout 2016, Oregon continued to make major progress in all areas of health promotion in the grant. Highlights include (1) delivery of workforce development trainings on implementation of developmental screening in early childhood settings, (2) development and delivery of webinars on topics relevant to developmental screening,* *The six-hour early childhood professional development training, "Implementing Developmental Screening Using the Ages and Stages Questionnaire–Third Edition (ASQ-3) Standardized," has now been available throughout the state since August 2014. This curriculum was developed in partnership with the Oregon Screening Project (OSP) team at the University of Oregon (the creators of the ASQ-3), after Oregon's Early Learning Council adopted the ASQ-3 as the preferred developmental screening tool for early childhood service providers in our state (the ASQ-3 is also the most commonly used developmental screening tool in medical settings in Oregon).* *This year we conducted a final Training of Trainers (TOT) using the curriculum, with targeted outreach to dual language speakers and a focus on culturally responsive Screening.*

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	Screen tool on website Parent accessible	*The developmental screening training curriculum, in part, promotes the use of the free online version of the ASQ-3 available in Oregon (http://www.asqoregon.com) … While it is not possible to directly correlate our training efforts with this increased use of the website, it is clear that, overall, there are increasing numbers of screens occurring through this alternative means of screening*
	Translate screening tool curriculum and related materials	*The standardized ASQ-3 curriculum was translated into Spanish in 2015 in partnership with a group of native Spanish speakers who were trained through our TOT and created a Spanish glossary of developmental screening terminology. In 2016, additional early learning glossaries in Russian, Vietnamese, and Chinese were developed in partnership between the Early Learning Division, Oregon Health Authority and native speakers working in early childhood fields.* *Additional materials were translated using the glossaries, including a QRIS-specific developmental screening FAQ and a general developmental screening information sheet for early childhood service providers. Both documents are now available in the top five spoken languages in Oregon: English, Spanish, Russian, Chinese and Vietnamese.*
	Parent website	*Oregon's parent-focused Vroom activities continue to complement our early childhood workforce efforts to promote developmental screening and follow-up.*
	Piloting mapping screenings and follow up referrals	*Increases in screening in both the early learning and health sectors continue to demand exploration of how to increase cross-sector screening coordination and sharing of data. Efforts are underway to explore means by which all screenings including those in medical settings and those completed online can be captured, tallied, shared across providers, aggregated, analyzed and tracked.* *Through leveraging State Innovation Model (SIM) grant funding, we contracted the Oregon Pediatric Improvement Partnership (OPIP) for calendar year 2016 to conduct a pilot in Yamhill County to map out resources and develop tools for facilitating streamlined referral and follow-up to developmental screening. A challenge widely recognized related to developmental screening is following through with referral recommendations for a developmental diagnostic evaluation of children who screen at risk for developmental delays. In Oregon, as in most other states, children are too frequently lost to follow-up and do not receive the diagnostic evaluation that can lead to appropriate developmental interventions to address delays early. This project engaged a wide variety of local stakeholders in conducting an environmental scan, mapping referral pathways and community resources and drawing from that knowledge to construct methodology and tools to overcome barriers and*

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State	**Activity**	**APR and FPR Language Describing Activity**
		challenges to follow through on recommended referral processes. A final report and findings from this project will be publicly available in February 2017; a similar project funded via the Oregon Department of Education through June 2017 enables OPIP to build on this work and engage in these processes across a broader geographic area of Oregon.
	Exploring integrated data system	*During 2016, we contracted with the Oregon Screening Project team to explore the potential for sharing screens conducted via asqoregon.com with primary care providers (PCPs) through connection to a health information exchange. The OSP team met with staff from the Jefferson Health Information Exchange (JHIE) throughout the summer of 2016 to explore the possibility of an electronic transfer of ASQ-3 results from OSP to JHIE. JHIE is one of the largest health information exchanges in Oregon and serves to electronically move clinical information among different health care information systems, including clinic-based electronic health records. JHIE maintains a HIPAA compliant Community Health Record to which multiple entities contribute data and from which medical providers can pull down information about services provided to their patients by other providers. JHIE is interoperable with many different electronic health record systems and thus serves as an intermediary for health information systems that cannot "talk" directly to each other.* *Meetings between the OSP team and staff at JHIE determined that it is feasible to share developmental screening results using these systems; additional resources and capacity are needed to support the further testing, technological enhancements and piloting necessary to implement such a linked system.*
Rhode Island	Health care providers conduct screenings Electronic system	*More than 14,800 children received a developmental screening through their primary care office.* *Since 2013, Rhode Island's Department of Health (DOH) supported 39 practices to implement standardized developmental screening using an electronic system. All but 10 of the practices, one of these practices disbanded, have chosen to cover the cost of the electronic system.* [This] r*epresenting a total of over 160 physicians, nurse practitioners, and physician assistants.*
	Training for health care providers	*The Primary Care Provider and Child Outreach Pilot's goal is to train and support primary care providers (PCP) to connect children to Child Outreach screenings for both regular annual screens and screenings requested in response to a primary care provider or family concern at their children's 3, 4, and 5-year well-child checks. This collaboration not only allows PCP's to remind families about the importance of annual screenings but to provide direct referrals to the school district's Child*

Developmental Screening Activities in Early Learning Challenge States Source: Individual State *2016 RTT-ELC Annual Performance Reports* and *2016 Final Performance Reports*		
State	**Activity**	**APR and FPR Language Describing Activity**
		Outreach office when a concern is noted. At the grant's end, at least 20 practices are implementing the prescription referrals in tandem with the continuous quality improvement work. In addition, each LEA has been encouraged to sustain the practices identified during the pilot and to continue collaborating with their local PCP's.
	Free screening tool: *SWYC* www.theswyc.org Pediatricians, Early Care and Education staff, parents conduct screenings	*As part of the project, RIDOH,* [Rhode Island Department of Health] *along with Healthcentric Advisors, worked with practices to improve their screening rates. Since July 2014, at least one Survey of Well-being of Young Children* [SWYC] *screening result has been reported to KIDSNET for 13,524 children. In 2015, 6,734 children were screened at least once using the SWYC. By December 31, 2016, the number of children screened using the SWYC at least once during 2016 and reported to KIDSNET was 9,672.* *The SWYC is a screening instrument designed to be freely accessible and available to families, pediatricians, and nurses, as well as professionals involved in early childhood education and care. This instrument is designed to screen cognitive, language, motor and social-emotional development as well as family risk factors. At certain ages, there is a section for autism-specific screening. The entire instrument takes about fifteen minutes to complete and is easy to score and interpret.*
	Hire State staff to respond to increased referrals	*The Department of Health added an additional FTE in year 3 to respond to referrals that are received from primary care providers in response to an increase in developmental screening result*
	Marketing campaign with developmental screening information kits	*In 2014, the Department of Education initiated a developmental screening campaign to create an environment in Rhode Island where families with children ages birth to five are aware of and understand the importance of developmental screening, know how to access it, and feel supported by their social networks and health and education providers to participate in the process. In 2015, the public awareness campaign launched. The campaign included radio advertisements, bus stop displays throughout the state, and the launch of the developmental screening and milestones family web sites.* *The state created developmental screening kits to provide information on screening tools, when they should be used and for what purposes, and who should be conducting the screenings. Over 9,000 developmental screening kits were distributed in English and Spanish, and at least 30 separate training sessions were offered to pediatricians, home visitors, Department of Children, Youth and Families staff, public librarians, and others to prepare them to share this information and to support communication of this information to families.*

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		In 2016, The Department of Education and the Department of Health revised its early development website pages to ensure sustainability and the practice of disseminating information supporting pediatricians and Child Outreach screeners in using appropriate screening tools and following recommendations and regulations regarding developmental screening became institutional practice.
	Parents complete tool on Internet	*The Department of Health encourages the use of two interactive web-based data systems where parents can complete evidence-based screening tools regarding their child's development: Child Health and Development Information Systems (CHADIS) and Patient Tools.*
	Data sharing agreements in place Tools: A*SQ-3, ASQ-SE, M-CHAT-R, POSI, SWYC*	*Data sharing agreements between the Department of Health's public health Data System KIDSNET and Total Child Health Inc. (CHADIS) and Patient Tools Inc. are in place. As of November 2016, practices serving 57.7% of all children under 3 were sending developmental screening data to KIDSNET. The number of screening tests reported to KIDSNET since collection began in July2014 nearly tripled in the ten months since the last report. As of December 31, 2016, KIDSNET had collected:* • *23,099 Survey of Well-being of Young Children (SWYC) Developmental Screens: Developmental Milestones;* • *22,929 SWYC Social/Emotional Screens: Baby Pediatric Symptom Checklist/Preschool Pediatric Symptom Checklist;* • *12,958SWYC Autism screenings: Parent's Observations of Social Interactions (POSI);* • *3,039Ages and Stages Questionnaires (ASQ-3);* • *1,715 Ages and Stages Questionnaires: Social-Emotional (ASQ: SE);* • *1,952Modified Checklists for Autism in Toddlers, Revised (M-CHAT-R™).* *In December 2016, the early childhood developmental screening data became part of a monthly data transfer between KIDSNET and the Early Care and Education Data System and can be linked to the statewide longitudinal data system.* *Data Systems Improvements to Support Data Collection for Child Outreach In addition, one of the Rhode Island Department of Education's approaches for aligning and integrating assessments and sharing assessment results was to improve the Department of Health's public health data system, KIDSNET, to incorporate Child Outreach data. Prior to RTT-ELC, data was collected and maintained separately by each district, with aggregate reporting to the Department of Education. The plan allows for better tracking statewide of children and their screening information. Housing Child Outreach data in KIDSNET allows identification of all*

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		individual children eligible for screening at the school-district level and facilitates communication between school districts as well as with primary care providers and the Department of Education. Rhode Island piloted its new data entry system for Child Outreach Screening in 2014 and continues to make improvements to support high-quality data entry. KIDSNET allows the Department of Education to monitor the percentages of children screened, whether Child Outreach screeners are following recommended protocol for screening, and how many children are referred to and/or found eligible for special education services. Through training, the prescription, and DLL pilots, Rhode Island has dramatically increased the accuracy of data entered into KIDSNET, and now has a clear baseline for screening rates. During the first year (2014-15) using KIDSNET, 34.66% of 3 to 5 year olds were screened. That rate increased to 38.33% in the second year (2015-16) of screening. In addition RIDE is now able to make a variety of data informed policy decisions as well as support LEA's in their continuous quality improvement efforts. Child Outreach data is a part of the data transfer to the Early Care and Education Data System and can be linked to the statewide longitudinal data system for aggregate reporting purposes.
	Screening through Child Outreach • Primary health care providers • Dual language	*Rhode Island continued and improved developmental screening through Child Outreach, a universal developmental screening system designed to screen all children, aged three to five years old. 36 school districts in Rhode Island are responsible for Child Outreach screening under the child find requirements of the Individuals with Disabilities and Education Act (IDEA). Rhode Island implemented two new strategies to support an increase in child outreach screening rates:* • *The Primary Care Provider and Child Outreach Pilot, and;* • *The Dual Language Learner Screener Initiative.*
	Dual Language Learner Screener	*The Dual Language Learner Screener Initiative* *The Department of Education also created a Dual Language Learner Screener initiative to train local interpreters to do child outreach screenings. Starting in 2015, The Department of Education partnered with translation agencies around screening dual-language learners with 3 translation agencies. In 2016, a directory of dual language interpreters was posted to the RIDE Website. Through this initiative, Rhode Island now has 16 trained bilingual screeners able to train in 16 different languages; during this initial year, 21 children were served through this program.*
Verm	Piloting universal screening registry for	*The addition of the Universal Developmental Screening (UDS) Registry to the data collection and analysis at the Health Department contributes an important data element to tracking children's access to services and overall growth and development. Part of our Health Department*

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	health care providers Tools: *ASQ-3, ASQ-SE, M-CHAT*	*immunization registry, the UDS Registry provides a statewide data collection system for developmental screening results.* *Screening results for multiple tools are included: The Ages and Stages Questionnaire: Third Edition (ASQ - 3), Ages and Stages Questionnaire-Social Emotional (ASQ:SE), and the Modified Checklist for Autism in Toddlers (M-CHAT).* *The Registry screening collection system offers reporting features for primary care providers including: a screening history report, screening follow up status, children due for screening (per the American Academy of Pediatrics Bright Futures Periodicity schedule), and screening rates report. The intent is for primary care providers to use the registry features to help them improve developmental screening rates overall for children in their practice and to utilize the data to get credit for improved screening rates under the Vermont Blueprint for Health Care Reform.* *Four primary care practice sites have signed on to pilot the use of the Registry – and training is underway in the Lamoille region with Appleseed Pediatrics and Lamoille Valley early care and education professionals.*
	Legislation gives authority to collect screening data	*Legislation passed in 2016 that gives the Health Department legal authority to collect the screening data. In 2016, a pilot of the UDS Registry began with three primary care practice LAUNCH partner sites. These child health providers receive training on entering screening results in the UDS Registry. The UDS Registry offers a state-wide data collection system with reporting features for primary care providers including:* • *a screening history report,* • *screening follow up status, and* • *children due for screening (according to the American Academy of Pediatrics Bright Futures Periodicity schedule).*
	Professional development for Early Care and Education staff	*In partnership with Vermont Birth to Five, a project of the Permanent Fund for Vermont's Children, VCHIP* [Vermont Child Health Improvement Program] *has expanded developmental screening training from the health sector to early care and education (ECE) professionals across the state. The VCHIP quality improvement training, outreach and intensive coaching includes:* • *Training in developmental monitoring and how to talk with parents about concerns using CDC's "Learn the Signs. Act Early." program resources.* • *Training and help implementing developmental screening using the Ages and Stages Questionnaire (ASQ) and the ASQ: Social and Emotional (ASQ:SE).*

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		• *Educating about the HMG VT Contact Center to link both providers and families to needed resources and referrals, as well as for ongoing care coordination and connection to a child's health care provider.* *A second focus for the Healthy Children Committees 2016 work was the creation of online professional development module on the foundation of assessment. A workgroup developed this module that includes materials related to: the 5 purposes of assessment, the teaching cycle, principles of ongoing assessment, engaging families, getting started in assessment, administrative support in assessment, and comprehensive screening & assessment systems. It can be found at:* http://www.wiecpdonline.com/screeningassessment.html
	Professional development for health care practices	*Primary Care Practices receive developmental screening quality improvement training via the Child Health Advances Measured in Practice (CHAMP) Network. This year 49 primary care practices participated in quality improvement training in developmental screening via CHAMP* [Child Health Advances Measured in Practice].
Wisconsin	Tribal Communities: Train the trainer Train Early Care and Education staff Tool - ASQ	*We also learned of the high level of interest in the tribal communities in screening and assessment. In August 2015, the project hosted training with the Brookes Publishing Company and representatives from 10 of the Tribal Nations became trainers for the Ages and Stages screening tool. Some of these Tribal Nations developed screening strategies that were part of their 90 day plans and mini-grants.* *Within 2016, three communities hosted events in conjunction with the ASQ training:* *Keshena Primary School in Menominee has completed one new Child Find and plan another event in several months,* *The trainer from Stockbridge-Munsee provided ASQ-3/SE2 training to her staff at Head Start and the Health and Wellness Center and will be training a `class' at UW-Oshkosh.* *The trainer from Oneida has provided multiple ASQ trainings to the clinic staff and the Head Start staff.* *The trainer from Lac du Flambeau assisted with the ASQ training to the entire Head Start staff.* *The trainer from St. Croix also completed several ASQ trainings to Home Visiting staff and staff at their Health and Wellness Center.*
	State blueprint for screening and assessment	*The Comprehensive and Aligned System for Early Childhood Screening and Assessment: Wisconsin's Blueprint 3rd Ed was finalized in 2016. This*

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		revision expanded on the initial vision for a system from birth to 3 grade with comprehensive schedule of the necessary areas for screening and assessment and included guiding principles, critical time periods, recommendations for selection of general developmental screening and assessment tools guidance for community programs, the RtI [Response to Intervention] *model for academic and behavioral, culturally responsive practices, and more.*
	Professional development for Early Care and Education staff	*A second focus for the Healthy Children Committees 2016 work was the creation of online professional development module on the foundation of assessment. A workgroup developed this module that includes materials related to: the 5 purposes of assessment, the teaching cycle, principles of ongoing assessment, engaging families, getting started in assessment, administrative support in assessment, and comprehensive screening & assessment systems. It can be found at:* http://www.wiecpdonline.com/screeningassessment.html

Table 2: Number of Children with High Needs who are Screened Using Developmental and Behavioral Screening Measures (Corresponds with Performance Measure (C)(3)(d))

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Number of Children with High Needs Who Are Screened Using Developmental and Behavioral Screening Measures

Source: *2015 Annual Performance Reports* by 20 RTT-ELC States: Performance Measure (C)(3)(d)

	State	Baseline	2012	2013	2014	2015	Change from Baseline
Phase 1 Grantees	California[1]	126,184	157,008	186,429	196,644	212,500	86,316
	Delaware	22,755	27,650	27,881	27,776	26,407	3,652
	Maryland	9,130	9,153	9,443	9,721	15,205	6,075
	Massachusetts	-	-	-	-	-	-
	Minnesota		-	-	-	-	
	North Carolina	313,506	349,155	340,310	335,033	336,126	22,620
	Ohio	-	-	-	-	-	-
	Rhode Island	-	-	-	-	-	-
	Washington	-	-	-	-	-	-
	Total Ph 1 Grantees	471,575	542,966	564,063	569,174	590,238	118,663

	State	Baseline	2013	2014	2015	Change from Baseline
Phase 2 Grantees	Colorado	-	-	-	-	-
	Illinois	-	-	-	-	-
	New Mexico	-	-	-	-	-
	Oregon[2]	13,375	37,500	16,427	26,816	13,441
	Wisconsin	-	-	-	-	-
	Total Phase 2 Grantees	13,375	37,500	16,427	26,816	13,441

	State	Baseline	2014	2015	Change from Baseline
Phase 3 Grantees	Georgia	-	-	-	-
	Kentucky	-	-	-	-
	Michigan	14,400	56,763	58,457	44,057
	New Jersey	75,399	86,880	95,480	20,081
	Pennsylvania	-	-	-	-
	Vermont	12,660	12,789	15,664	3,004
	Total Phase 3 Grantees	102,459	156,432	169,601	67,142

Grand Total All Grantees	# of Children at Baseline	# of Children in 2015	Change
	587,409	786,655	199,246

Source: 2015 Annual Performance Reports by 20 RTT-ELC States: Performance Measure (C)(3)(d)

Data Notes Provided by the States for Table 2: Leveraging Existing Resources to Increase the Number of Children with High Needs Who Are Screened Using Screening Measures

1 (California)	While 2015 demonstrates an 8 percent increase from 2014, the data included for "Number of Children with High Needs screened" continues to be significantly under-reported due to California's varied screening delivery systems and lack of a centralized data system. For these reasons, California is unable to report a true count of screenings that accurately reflects the wide array of delivery methods. To support screening data practices, California continues work with the Early Childhood Comprehensive Systems grant, focused on creating a system for consistent collection of common screening data indicators across various provider types.
2 (Oregon)	Developmental screening is an incentive metric for which CCOs [Coordinated Care Organizations] receive financial incentives when demonstrating improved rates of developmental screening in medical clinics. An additional positive influence on developmental screening with the communities is the creation of 16 Early Learning Hubs (ELHs) covering the entire state. These ELHs are community-based organizations charged with addressing health disparities among their respective populations of children birth to five years old. A focus of their work is promoting developmental screening in collaboration with their local health clinics.

References

ELC TA. *2016 RTT-ELC Annual Performance Reports.* 2016. Individual State reports will be available at https://elc.grads360.org/#program/annual-performance-reports

ELC TA. *Race to the Top – Early Learning Challenge 2015 Progress Update.* Available at https://elc.grads360.org/#communities/pdc/documents/12355

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