Assuring Better Child Health & Development

Early Pathways. Lifelong Benefits.

Quality Standards

Revision Drafted December, 2018

Introduction

About ABCD

Assuring Better Child Health and Development (ABCD) is a statewide nonprofit focused on improving the lives of Colorado children through early identification of developmental needs. Working with frontline providers, we make it easier for Colorado families to access developmental screenings, referrals, evaluations and support in the early years of a child's life, when it matters most. By working collaboratively with the primary care, early childhood and community agencies who serve children and families, we're opening pathways for early identification and support, and giving all Colorado children an equal opportunity to thrive.

ABCD's Quality Standards

ABCD developed the Quality Standards in 2014 to support our work in Colorado communities. The Quality Standards provide a common set of definitions for each stage in a family's journey from noticing a developmental concern to accessing supportive services. These stages are Monitoring, Screening, Referral, Evaluation, and Resources & Supports. The definitions and accompanying best practices are based on our review of the relevant literature and more than a decade of experience on the ground.

2018 Revision

Child development is multidimensional and occurs within the family context. Factors that impact long-term development range from how that child speaks, moves, and behaves, to the wellbeing of their primary caregivers, to the availability of food and shelter. Therefore, best practices in monitoring, screening, and referral must take into account child *and* family-level identification.

In an attempt to expand our list of best practices, ABCD recently explored literature on social-emotional development and pregnancy related depression. Our 2018 revision of the Quality Standards includes this new literature review to complement our existing recommendations rooted in general child development.

This revision also included a deep examination of the role that family engagement plays throughout the entire process. Upon reflection, ABCD decided that family engagement would be best represented not as a separate role, but as the foundation for each step in the identification process. Hence we developed the "Foundation for Implementation" as a checklist of strategies to infuse family engagement across all the roles in the identification process. Note that family refers to primary caregivers and can include the foster family, grandparents, or any other non-traditional family configuration.

Foundation for Implementation

Setting the groundwork for a strength-based approach to partnering with families so as to support their children's development and family's wellbeing.

Use this checklist as a tool to infuse family engagement across Monitoring, Screening, Referral, Evaluation, and Resources & Supports.

Quality Standards that apply to all:

1. Create a welcoming and affirming climate by focusing on families' strengths, concerns, and priorities. **Standard FS.1*

   Example strategies include:

   - ☐ Use destigmatizing language when communicating with families.
   - ☐ Ensure written/verbal content is strength-based, normalizing, consistent, and culturally appropriate.
   - ☐ Create visual content that mirrors the diversity of the families served.
   - ☐ Elicit family involvement and input throughout the identification process.
   - ☐ Seek out, listen and respond to parent concerns.
   - ☐ Validate the family's expertise.
   - ☐ Identify and reinforce protective factors (e.g. conditions or attributes in individuals and families that help them deal more effectively with stress).

2. Enhance families' capacity to support their children's development and family's wellbeing. **Standard FS.2*

   Example strategies include:

   - ☐ Discuss healthy development with *all* families on a regular basis.
   - ☐ Remind parents that just like other skills, social emotional skills must be taught.
   - ☐ Provide accurate information on individuals' strengths, abilities, and unique needs.
   - ☐ Provide actionable recommendations for promoting family wellbeing in everyday moments.
   - ☐ Reinforce the link between a caregiver's wellbeing, and that of the children in their care (e.g. the link between adult and child mental health).
   - ☐ Identify and be sensitive to risk factors (e.g. conditions or attributes in individuals and families that increase the likelihood of negative health outcomes, especially in the face of stress).

**Align with the "Standards for Family Strengthening & Support" (specifically the Family Strengthening or FS section) produced by the National Family Support Network.*

Monitoring

Definition: Close and continuous observation of a child and family's health and behavior to identify factors that may impact a child's development.

Quality Standards that apply to all:

1. Train all staff on the monitoring process.
    - Make sure staff have access to quality resources on typical and non-typical child development.
2. Explain the purpose and process of monitoring to the family.
3. Document and maintain a developmental and behavioral history.
    - Identify a process to assess, track, store observations, and share information about child development with families.
4. Make objective observations children.
5. Consider risk and protective factors (see Foundation for Implementation) when interpreting monitoring observations.
6. Connect families to a primary care provider and/or make a referral if monitoring determines "risk".

Quality Standards specific to Primary Care Providers:

7. Primary care providers perform developmental monitoring and surveillance at all Well Child Checks (WCC).
8. Obtain a history of trauma exposure and update child and family's psychosocial history (e.g. prenatal distress or discord, domestic violence, prenatal substance abuse or mental illness, youth and family social support, grief and loss issues) at each WCC.
9. Monitor the caregiver-child relationship and educate families on the impact of this relationship on the child's development.
10. Administer a validated screening (in the area of concern) whenever monitoring suggests concerns.

Review the Referral Quality Standards to understand how to support families when monitoring surfaces concerns.

Screening

Definition: The use of a standardized validated screening tool to identify areas of concern with the purpose of referring to services as appropriate.

Quality Standards that apply to all:

1. Train all staff on the screening process.
2. Explain the purpose and process of screening to the family.
3. Obtain the family's consent before conducting any screening.
4. Implement a standardized validated screening tool.
    - Screening tools should be brief, easy to administer, score, interpret and understand by all stakeholders.
5. Share and discuss screening results with families in a timely manner.
6. Make a referral when a screening indicates concerns or when there are family or provider concerns.
7. Consider risk and protective factors (see Foundation for Implementation) when interpreting screening results.
8. Share concerning screening results with the patient's primary care provider (PCP) if screened outside of a primary care setting.
9. Conduct social-emotional screening when a child exhibits concerning behavior.

Quality Standards specific to Primary Care Providers:

10. Perform universal screening at 9, 18, and 30 (or 24) months of age.
11. Perform a formal screening for motor delays at 48 months.
12. Perform autism screening at the 18 and 24 month Well Child Checks (WCC).
13. Conduct social-emotional screening particularly when a general or autism-specific screening demonstrates concerns, or when a child exhibits concerning behavior.
    - Examples of concerning behavior include but aren't limited to the ability to regulate emotions and interact effectively with others.
14. Perform pregnancy-related mood disorder (e.g., depression, anxiety) screening at each WCC in the first year of life.
    - When providing obstetric care, perform universal pregnancy-related mood disorder screening at the first prenatal visit, at least once in the second and third trimester, and at least once in the postpartum period (e.g. 6 week postpartum visit).
15. A positive screening result should lead to an early return office visit.

Review the Referral Quality Standards to understand how to support families when screening surfaces concerns.

Referral

Definition: Partnering with the family to ensure that they connect with needed evaluation, services, and/or supports.

Quality Standards that apply to all:

1. Make a timely referral when an individual's screen indicates concerns or when there are concerns about a child.
    - Refer expediently when behavior suggests potential safety issues.
2. Provide families with written information about the referral.
3. Train all staff on the referral process.
4. Support families in making an informed choice among a variety of referral options.
    - Options could include home visitation, parenting classes, private therapy, behavioral health, medical care, etc.
    - When referring a young child, ensure that all referral options have early childhood expertise.
5. Complete a referral form with the family.
    - Obtain signatures to document informed consent.
    - Include observations and the completed screening questionnaire with the referral form.
6. Use internal mechanisms to track all referrals.
7. Build relationships with referral recipients in the community.
8. Track whether services have successfully reduced concerns via ongoing monitoring and/or screening.

Quality Standards specific to Primary Care Providers:

9. Make a simultaneous medical subspecialist and developmental referral if needed.
10. If you are serving pregnant and/or postpartum women, have a crisis plan in place for accessing emergency mental health services.
11. Provide a warm handoff to other members of your team to address additional needs/support.
12. Follow-up with the family within two months of the referral.

Quality Standards specific to Community Partners

13. Provide individualized support to the child while waiting for evaluation results.
14. Indicate whether a referral was made, to whom, and for what reason(s) when sharing screening results with the primary care provider (PCP).
15. Follow-up with the family within two weeks of the referral.

Referral is a process, not an event. See the Foundation for Implementation for strategies to engage families in this process.

Evaluation

Definition: A formal process used to determine an individual's need and/or eligibility for supports and services.

Quality Standards that apply to all:

1. Train all staff on the evaluation process and family talking points.
2. Explain the purpose and process of evaluation to the child's family.
3. Uphold all professional guidelines for evaluation in your field of work.
    - When evaluating children, ensure that your tools are developmentally appropriate, accommodate the child's sensory, physical, communication, linguistic, social, and emotional characteristics as best as possible.
    - Use multiple research based assessment methods.
    - Include an assessment of the family-child relationship.
    - When evaluating maternal mental health, questions should include thoughts of harming oneself or others.
4. Acknowledge receipt of referrals from a referring agency.
    - Obtain written consent for sending referral status updates (RSU) to the referral source.
    - Send a RSU to the referral source within seven days of referral receipt.
    - Contact the referring entity if the family's contact information is incorrect.
    - Send an updated RSU with evaluation results to the referral source in a timely manner so they can best support the family.
5. Consider risk and protective factors (see Foundation for Implementation) when interpreting evaluation results.

The referral source is eager for an update! Referral status updates inform how an agency provides ongoing support to a family.

Resources & Supports

Definition: Assisting families to connect with services that support their goals and needs.

Quality Standards that apply to all:

1. Build relationships with resources in the community to support families' needs.
2. Tailor resources to the family's goals and needs.
3. Assist families in accessing necessary and routine services (e.g. child care, recreational/educational/religious groups, dentistry) that can accommodate their family's specific needs.
4. Offer a variety of appropriate community resources should a family not qualify for previously recommended services.
5. Involve families in taking next steps to access services. For example, rather than handing families a phone number, consider a joint phone call, completing a referral form together, or making an in-person introduction.
6. Provide resources that enhance Strengthening Families Protective Factors (see Foundation for Identification).

Resource providers often have an opportunity to monitor as well. See the Monitoring Quality Standards for more information.

Literature

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