



ABCD Vision and Mission

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Vision: Colorado's children reach maximum developmental potential

Mission: To encourage the use of standardized developmental screening tool in health care settings across Colorado

to facilitate early identification and referral

www.coloradoabcd.org



Early Childhood

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“...Children’s health is a nation’s wealth, as a sound body and mind enhance the capacity of children to develop a wide range of competencies that are necessary to become contributing members of a successful society.”

The Foundations of Lifelong Health Are Built in Early Childhood
Center on the Developing Child at Harvard University

“Creating the right conditions for early childhood development is likely to be more effective and less costly than addressing problems at a later age.”

National Scientific Council Center on the Developing Child
Harvard University, 2007



Developmental Disabilities

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- Developmental disabilities are the most common disorders among children and adults rivaling only asthma and obesity (Newacheck PW, et al and Rosenberg SA, et al)
- 16-18% of all children aged birth-18 have a developmental disability. Many are unidentified until school age.



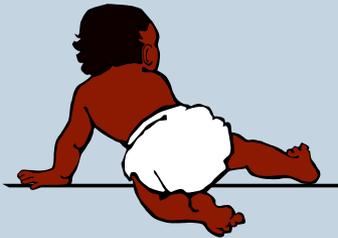
National-Lay of the Land

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- 19.5% of children received a parent completed developmental screen (Colorado 25.9%) as reported on the 2007 National Survey of Children's Health
- State ranges varied from 10-47%, suggesting that state policy plays an important role
- The rates were twice as high for children that had at least one WCC visit in the last year
- Recent national survey of AAP members, 1620 responses (55% response rate), 1/2 of respondents reported using standardized screening tools (doubled between 2002 and 2009)



Incidence of children identified as having a disability by age (2007)



2.53%



5.74%



11.36 %

www.ideadata.org



Colorado vs. National Identification Rates

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- FFY 2010-2011 Colorado's ID rate for infants birth to 1 with IFSPs will be 1.05%
 - Actual Target Data for FFY 2010 .96%
 - FFY 2012 Target 1.05
- FFY 2010-2011 Colorado's ID rate of infants and toddlers birth to three with IFSPs will be 2.5%
 - Actual Target Data for FFY 2010 2.65%
 - FFY 2012 Target 2.5%
- National Average 1.03%
- National Average 2.82%



Why Screen?

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- Children with developmental delays are entitled to services through IDEA.
- Developmental delay and autism spectrum disorders can be subtle and difficult to detect.
- Early intervention!



Detection rates of children with existing delays



	Without Screening Tools	With Screening Tools
Developmental Disabilities	30% identified Palfrey et al, 1994	70-80% identified Squires et al, 1996
Mental Health Problems	20% identified Lavigne et al, 1993	80-90% identified Sturner, 1991

Courtesy of START



Guidelines

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American Academy of Pediatrics recommends:

- Surveillance at every well child visit
- Standardized developmental screening tool at 9, 18, 30 months
- Administer an autism specific standardized screening tool to every child at 18 and 24/30 months of age

Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118(1):405-420



Lessons Learned

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- Coordinating efforts in the community around developmental screening, referral and follow up is critical (example of medical home)
 - There are many screening efforts going on
 - Lack of coordination has a negative impact
- Need to educate medical providers about referral process
- The “ideal” system may not be the same in each community
 - What is ideal versus winnable
- Asking the critical questions up front
 - Why are we screening
 - Who is getting screened and Who is NOT getting screened in our community
 - What role can we play in surveillance



Medical Home

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- Using ABCD as a framework for achieving many of the concepts central to a Medical Home
 - Recognizes that there are many experts in a child's
 - Recognizes that care should be delivered in a family centered approach
 - Coordinates resources, avoids duplication of services
 - Helps ensure seamless transition from screening, referral and follow-up



Medical Home

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- How does the social emotional screening fit into the Medical Home?
 - Prior to initiating screening for social emotional delays, the community referral roadmap is developed to guide social emotional screening and referral (Objective E)
 - Screening for social emotional delays is very important
 - Screening for social emotional delays must occur in conjunction with general developmental



Colorado Opportunities

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- **Colorado has 919 pediatric and family practices**
 - ONLY 70% of pediatric practices have implemented standardized developmental screening for children birth to five
 - ONLY 27% of all practices in Colorado have implemented standardized developmental screening for children birth to five
- **Recent provider survey indicates that 90% of practices that use a standardized developmental screening tool, use it at a minimum 3x3**
- **ONLY 76% of practices that implemented a SDST refer to Early Intervention Colorado**
- **From November 1, 2008 to October 31, 2011, physician referrals to Colorado Early Intervention have increased by 64%**



Colorado: Work Yet to be Done

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Access continues to be a challenge

- High percentage of children referred to early intervention do NOT go to evaluation for a variety of reasons, most prevalent is parent refusal

Coordinating existing screening activities

- Who is screening
- Where are they screening
- When are they screening
- Why are they screening
- What are the gaps and overlaps

Families understand the importance of early development and intervention



The ABCD Team

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- Regionalized staff to provide intense training and technical assistance
- Data
 - Colorado ABCD Physician Database
 - Early Intervention Referral Data
- ABCD website www.coloradoabcd.org which provides materials and resources
- Lessons Learned from LPHA
- Physician Outreach
 - Assist on visits
 - Provide physician outreach packets



Table Talk Discussion Questions

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- To what degree have developmental screening and referral been implemented in your community?
- What strengths exist in your community that you can build upon?
- What do you foresee as challenges in implementation?
- What opportunities might you investigate for alignment between MCH priorities?



What are your Gets?

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- What do you Need
- By When
- From Who



ABCD Team

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