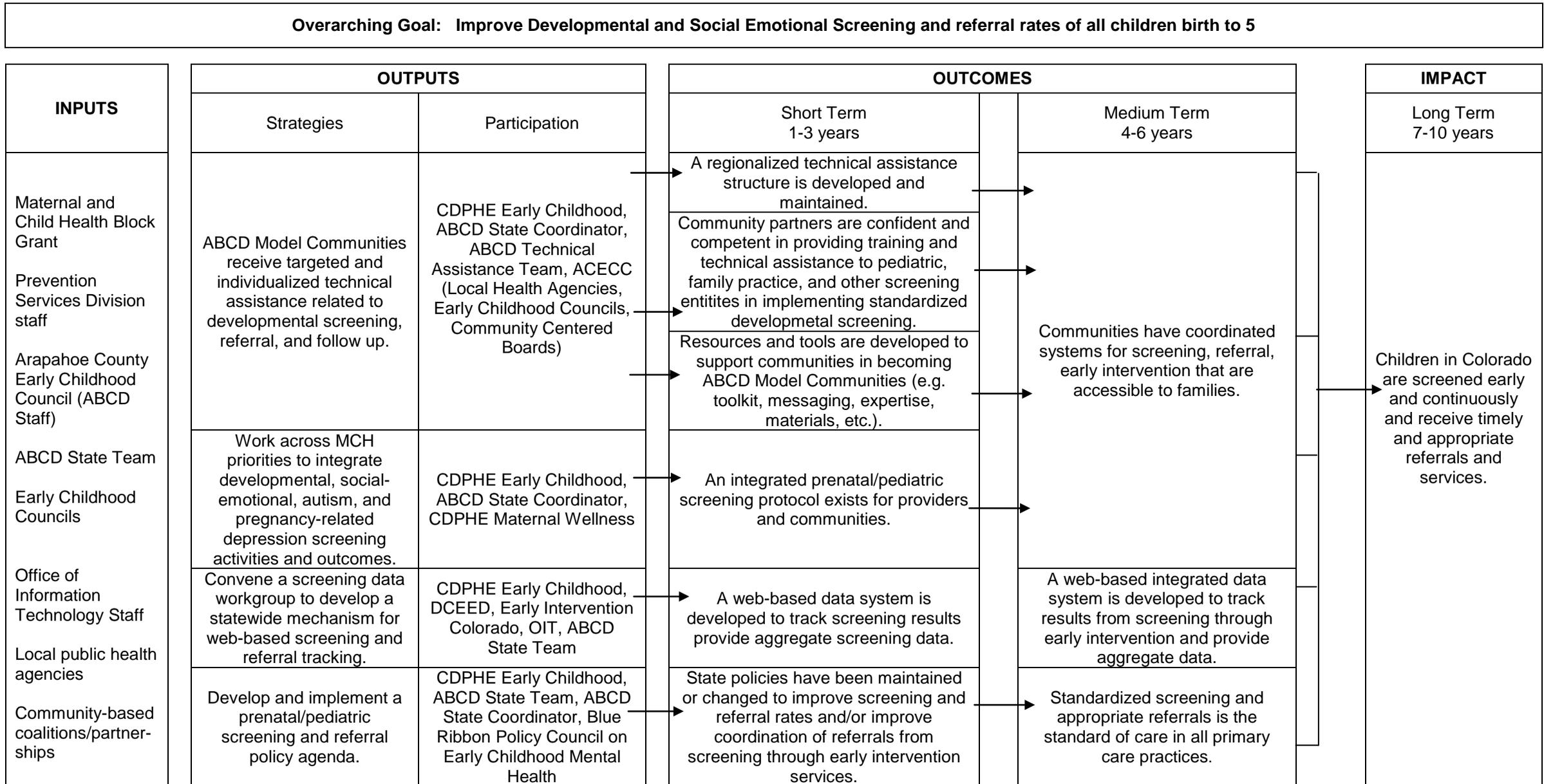


**MCH Priority # 3 Developmental Screening  
MCH State-level Logic Model**



LOGIC ASSUMPTIONS	EXTERNAL FACTORS
<p>State supported developmental and social-emotional screening is only successful through the existence of cross-agency, private and public partnerships. The ABCD State Team is a critical component to the success of both state and local activities.</p> <p>Research has shown that early screening leads to early identification and improved developmental outcomes for young children.</p> <p>State and local public health have a role in increasing standardized screening within a medical home.</p> <p>Increasing screening utilizing a medical home approach supports coordinated, high quality care.</p> <p>Identified barriers to implementing standardized screening.</p> <ul style="list-style-type: none"> <li>• Lack of provider support to fully implement standardized screening and referral</li> <li>• Lack of parent knowledge on the importance of early identification and intervention</li> <li>• Lack of coordinated systems within a community to develop timely and appropriate referral and interventions.</li> <li>• Lack of early intervention providers</li> <li>• Lack of funding to execute a comprehensive integrated data system to track and follow every child from screening through early intervention</li> <li>• Lack of an integrated data system for surveillance activities</li> <li>• Lack of policies mandating early and continuous screening for providers</li> </ul>	<p>Contributions of external partners, such as other state agencies; private foundations; individual/youth/family advocacy organizations; provider organizations; and other participants of the Medical Home Coalition and Medical Home Community Forum, etc.</p> <p>Federal funding for the MCH Block Grant</p> <p>Health Care Reform</p> <p>American Academy of Pediatrics recommends standardized developmental screening a a best practice and should be a standard of care.</p>

EVALUATION FOCUS - OUTPUTS	EVALUATION FOCUS - OUTCOMES
<p>Development of tools and resources to include: community self-assessment tool, toolkits, data profile.</p> <p>Technical assistance visits, webinars, etc.</p> <p>Integrated pediatric screening and referral protocol.</p> <p>Policy agenda framework or plan.</p> <p>Data systems modules.</p>	<p>Increase developmental and social emotional screening and referral rates for all children ages birth to 5 (MCH priority #3).</p> <p>Percent of providers who routinely screen children using a standardized screening tool.</p> <p>Identification of more appropriate indicators to measure progress on MCH priority #3 at the state and community levels.</p> <p>Develop improved evaluation strategies for “Communities have coordinated systems for screening, referral, early intervention that are accessible to families.”. This may align with the MCH priority on Medical Home.</p> <p>In preparation for development of data systems for developmental screening, develop a data collection and analysis plan to include percent of children who are receiving 3 screens by age 3, percent of children who failed a screen received timely and appropriate follow-up and services.</p>

**Background and Context**

The primary audience for this logic model is the MCH Implementation Team and the MCH Steering Committee

This logic model outlines state-level strategies to impact MCH priority #3 and will serve as a roadmap for the state-level action plan.

A local-level logic model and action plan will be developed to by March 2012 for the local MCH planning process.