Innovations in Cross-Sector Developmental Screening

Developmental Screening and Linkage to Early Intervention Helps Children Grow and Families Connect
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Early identification and intervention are critical for young children at risk for developmental delays and disabilities. To address the potential risks, young children should be identified and receive early intervention services in a timely manner. When problems are identified early, timely interventions can mitigate or even eliminate the possible long-term effects on a child’s overall development. Coordination of services and collaboration among the professionals providing early intervention can also support the children and families in need of early intervention services. This paper presents two projects aimed at strengthening collaborations among cross-sector professionals who provide services to young children and their families in Los Angeles County.

First Connections in Los Angeles County

First Connections is a 5-year project, funded by First 5 LA, designed to improve access to developmental screening and early intervention services, increase parents’ knowledge about child development and developmental delays, and strengthen support for parents with children who have special needs. Six community agencies were selected to participate in the project, including three federally qualified health centers (AltaMed, Eisner Pediatric, and Northeast Valley Health Corporation), two family service agencies (Foothill Family and Westside Children’s Center), and one Early Start family resource center (based at South Central Los Angeles Regional Center). More than 45,000 children from birth to 5 years old have been screened over the first 4 years of the project. This paper focuses on the unique models developed at Foothill Family and Westside Children’s Center, in which both agencies developed cross-sector approaches to increase developmental screening and linkage across a wide array of programs serving young children and their families.

Foothill Family

Agency mission: Foothill Family builds brighter futures by empowering children and families in our community to overcome challenges and achieve success in relationships, school, and work. Rooted in caring since 1926, Foothill Family provides a broad range of community-based mental health and social services to at-risk children and families.

Foothill Family programs serving young children include Early Head Start; infant/early childhood mental health services; case management and crisis services to homeless families and families at imminent risk for homelessness; teen family services; and Healthy Families America home visiting program. The agency serves more than 1,000 children from birth to 5 years old each year.
Westside Children’s Center

Agency mission: All children need a childhood. We bring together and strengthen families, cultivating conditions for children to succeed in life.

Westside Children’s Center serves approximately 1,200 children from birth to 5 years old each year with programs including high-quality early education, child care, child welfare, and foster and adoption programs. Because the health and well-being of the child directly correlates to the health and well-being of the family, Westside Children’s Center’s services include the whole family, extending our reach to approximately 3,000 children and families each year.

Developmental Screening Approach

What:

- Ages & Stages Questionnaire®, Third Edition (ASQ-3™)ii

When:

- Developmental screening measures are administered at intake, and then at 6-month intervals while the child is enrolled in one of the agency’s programs.

Who:

- Screening tools are completed by parents with the assistance of program staff, including home visitors, family support specialists, mental health clinicians, teachers, child care staff, and case navigators.
- More than 2,000 children from birth to 5 years old have been screened at each agency.

Where:

- Screenings are completed wherever that program does its work: home visits, office visits, child care settings, and early education programs.

How:

- Foothill Family uses the on-line version of the ASQ screenings, using tablets during field-based sessions. The service provider shares the results with the parent and offers guidance in understanding the screening. The First Connections program then provides referrals and supports parents in linking with early intervention/Part C programs, special education, Family Resource Centers, legal aid, and other resources as needed.
- Westside Children’s Center staff helps parents to complete the ASQ screenings using the paper version. The team member shares the results with the family and provides a parent feedback letter and activity sheet with ideas for developmentally appropriate activities. When referrals are needed, the disabilities manager or coordinator reaches out to explain the referral process for early
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intervention, special education, and other community services.

• In addition to referrals to outside agencies, both Foothill Family and Westside Children’s Center found that many children needed additional services within their own agencies; completion of the developmental screening process uncovered additional needs that could be served through the array of programs available within each agency.

The Prenatal to Age 5 Workforce Development Project

The Prenatal to Age 5 Workforce Development (P-5 WFD) Project seeks to strengthen the collaborative efforts of the many professionals supporting the prenatal to age 5 (p-5) population. The project, funded by First 5 LA, is ZERO TO THREE’s response to the call for shared foundational knowledge to support the work across the p-5 workforce. The p-5 workforce is wide and diverse, and it includes the professionals found in the fields or sectors of early care and education, child welfare/social services, early identification and intervention, mental health, and physical health. These professionals enter the workforce with discipline-specific content and perspectives that align to their designated work role. Their educational background however, may not meet the full range of needs of the expectant parents, young children, and their families in their care. Therefore, professionals are encouraged to work across the sectors to better support the complex needs of the p-5 population.

The P-5 WFD Project created the Cross-Sector Core Competencies for the Prenatal to Age 5 (P-5) Field® to support the necessary collaborative efforts of the p-5 workforce. The Core Competencies is a set of eight domains that are essential for providers seeking to build their professional capacity for advancing cross-sector efforts. They provide a foundation for collaboration and are intended to facilitate cross-sector partnerships and coordinated service delivery. The eight Core Competency Domains identify the core knowledge, skills, and attitudes that detail what the p-5 providers in various fields should know, should be able to do, and how they should approach their work. The eight Core Competency Domains include:

• Domain 1: Early Childhood Development—P-5 service providers understand how development unfolds through the early years from conception to 5 years old across social, emotional, cognitive, language, physical, and motor development, and they are able to communicate this information to parents and colleagues.

• Domain 2: Family-Centered Practice—P-5 service providers understand that services provided to children cannot be separated from family context and the social connections surrounding each child. They effectively partner with families to support children’s development.

• Domain 3: Relationship-Based Practice—P-5 service providers understand and value the central importance of relationships in supporting the development of children. They apply this knowledge to assess the quality of relationships children experience and create supportive relationships with families.

• Domain 4: Health and Developmental Protective and Risk Factors—P-5 service providers understand that multiple factors—including community, economic, political, and cultural influences—support or impede healthy development and the
quality of relationships that support children’s development.

• **Domain 5: Cultural and Linguistic Responsiveness**—P-5 providers understand that culture has a profound effect on child and family development, and they respond sensitively to cultural differences among families.

• **Domain 6: Leadership to Meet Family Needs and Improve Services and Systems**—P-5 service providers exercise leadership in sharing knowledge and resources with families, colleagues, and the general public to promote optimal outcomes for expectant parents, young children, and their families and caregivers.

• **Domain 7: Professional and Ethical Practices**—P-5 service providers follow and apply high-quality practice consistent with the ethical and legal standards, behaviors, requirements, and obligations of their own work sector.

• **Domain 8: Service Planning, Coordination, and Collaboration**—P-5 service providers are aware that they are part of a system of services that supports the multiple needs of expectant parents, young children, and their families and work in collaboration with cross-sector professionals.

The Cross-Sector Core Competencies are not designed to replace the existing, discipline-specific competencies of the various p-5 professional sectors. Rather, they have a broad purpose to advance cross-sector, collaborative, and coordinated efforts to strengthen families and promote child well-being.

**Stories From the Field**

First Connections and the P-5 WFD Project staff collected stories from the professionals taking part in the initiatives to support cross-sector work. A few of the stories are reflected here.

**Foothill Family**

Steven, a 3-year-old boy, and his mother, Amanda, were active participants in Foothill Family’s Therapeutic Behavioral Services program, part of the agency’s mental health services. Following completion of his routine developmental screening, Steven’s therapist referred him to the agency’s First Connections program. The First Connections specialist first linked the family to the agency’s Home-to-Grow program for families at risk for homelessness. Then, she helped Amanda request an Individualized Education Program (IEP) and to navigate the IEP process for her child. The First Connections specialist prepared Amanda
regarding what an IEP meeting would look like and what to expect. Steven’s mother attended this meeting, after which she felt some relief and was given clearer direction and assessment results to understand her child’s needs. In the IEP meeting, staff confirmed that Steven had symptoms of autism spectrum disorder (ASD) including difficulty responding to initiations from other children, limited use of verbal communication, repetitive play with parts of toys, and difficulty developing creative play ideas. Steven was linked with additional supports and school services including occupational therapy, speech and language therapy, and behavior supports. The First Connections specialist met with Amanda after the IEP meeting to continue to support her through this process. This support included helping her to develop a list of questions for Steven’s pediatrician, ideas for ways that she could play with Steven at home to support his communication and imagination, and discussion about how she might share the new information about Steven with his grandparents. She was thankful for such assistance and was further receptive to being linked to a parent support group for parents whose children had been diagnosed with ASD. The support group was hosted by Fiesta Educativa—a community agency run by and for Latino families who have children with special needs. Steven’s mother struggles with health problems of her own that make navigating the community challenging; she was especially grateful that the First Connections program could support her in the comfort of her own home.

When implementing the developmental screening program, Foothill Family allots extra time to establish safety and focus on rapport building before administering the ASQs. By the nature of the communities served, many families have been exposed to various forms of trauma such as trauma related to immigration, parental and intergenerational trauma, trauma related to living conditions, and community trauma. These previous experiences can compromise the trust and safety that families feel when discussing their child’s development, a topic that in and of itself is sensitive. It is important to implement trauma-informed strategies in order to consider the make-up of the whole child, and to ensure that professionals assist the family in linking them to the most appropriate referrals. Examples of trauma-informed approaches include taking time to build rapport, providing open and empathic nonjudgmental listening, validating families’ experiences, and identifying their strengths and resiliency. Foothill Family especially uses the trauma-informed lens when assessing the ASQ:SE-2. Understanding past experiences and the effects of trauma and toxic stress help providers guide the family to the best resources when navigating the early intervention, developmental disabilities, and mental health systems. By looking at staff members’ interactions through a trauma-informed lens, Foothill Family can assist in equipping families with the right tools and information so that they feel empowered to advocate for their children and family.
Westside Children’s Center

Heidi has been with Westside Children’s Center for more than 2 years, beginning in the Early Head Start (EHS) program at 8 months old. She transitioned into a family child care setting, where the center provided supports for Heidi and other young children with delays and disabilities. During her participation in the Early Head Start program, teachers became concerned that Heidi was not beginning to speak like other children her age. At 18 months old she was mostly pointing to express wants and needs and would get easily frustrated when not understood. As part of the First Connections protocol, Heidi was screened with the ASQ-3 and ASQ:SE-2, which demonstrated, in an objective manner, that she was falling behind in the areas of communication and problem solving. Heidi’s mother, Sharon, met with the First Connections disabilities manager to discuss the screening results and alternative options to support her child’s development. The manager recommended a referral to the local Part C early intervention agency to evaluate Heidi for intervention services that may be needed. At the time, Sharon stated that her child was too young, and that she believed Heidi’s speech would come with time. Therefore, the disabilities manager provided Sharon with parent-friendly strategies to promote language and communication and encouraged her to contact the disabilities manager again if she changed her mind or wanted more assistance.

The First Connections grant supports Westside Children’s Center in completing developmental screenings every 6 months, helping staff and parents to track their children’s development. Thanks to this initiative, Heidi completed follow-up screenings, which showed that she continued to struggle in the same developmental areas. Concerned teachers shared updated results with Heidi’s mother, who at this time recognized her child’s needs and agreed that she would benefit from more individual support. The First Connections developmental specialist then supported the family in the linkage to Westside Regional Center, the local Part C/early intervention agency. Heidi was assessed and determined eligible for speech therapy services. Because of Sharon’s hectic work schedule, the early intervention agency arranged for therapeutic services to be delivered at the school at Westside Children’s Center; using this location also ensured that the teachers and speech therapist would be in communication to encourage cohesiveness of services. Heidi’s teachers have reported great changes in Heidi—she is attempting to say her name, and she is more interested in engaging in free play with peers as well as in classroom routines. The teachers also helped to arrange meetings between the speech therapist and Heidi’s mother so that she could learn about strategies to implement at home and in the community to encourage Heidi’s communication.

Thanks to First Connections Westside Children’s Center was also able to host a music therapy group, where children used music as the
instrument to promote all areas of development with a focus on communication, motor, and social–emotional domains. Because of Heidi’s developmental concerns, she was referred to the 10-week workshop. At the beginning Heidi needed additional support from the teacher to engage in the activities, but with time she became familiar with the structure of the class and instructor and was able to participate with less support. The staff continue to see growth in Heidi’s development and are thankful that standardized tools such as ASQ-3 and ASQ:SE-2 give them the opportunity to monitor the children’s challenges and strengths, in order to individualize services and provide advocacy for those who need it the most.

P-5 WFD Project

The Cross-Sector Core Competencies for the P-5 Field, created as part of the P-5 WFD Project, were shared as part of the Prenatal to Age 5 (P-5) Cross-Sector Core Competencies Training with professionals from the early care and education, child welfare/social services, early identification and intervention, mental health, and physical health sectors that serve families across Los Angeles County. The following is a participant spotlight written by training participant, Stacey Landberg. Stacey is a member of the early intervention sector working as a speech-language pathologist. In the spotlight, Stacey shares her experience in the training and her approach to cross-sector work.

“The ZERO TO THREE P-5 Cross-Sector Core Competencies Training was a unique and valuable opportunity for me to broaden and deepen my scope of practice as a speech-language pathologist. I participated in this community of practice (CoP) because I want to continually increase my knowledge and resources base for supporting all areas of child development (since speech and language skills never develop in isolation). The P-5 Training allowed me to connect deeply with professionals in other disciplines through web-based and live CoP meetings. Together through lessons and chat rooms, we problem solved and shared our views on numerous case studies. This experience allowed me to deepen my work with families through ongoing collaboration with cross-sector colleagues, new learning opportunities, and reflective practice. I have been fortunate to stay connected to several of the P-5 Training peers in my cohort. Recently some of my P-5 Training peers invited me to share about my work with a local nonprofit (HEAR Center, Pasadena, CA) with their early childhood educators (at Child360). Both of these nonprofits are located less than 10 miles from each other, and both are working to support young children and families. Neither organization was previously aware of the other, but through the P-5 Training I was able to develop this connection within our community. This is what I appreciated most about the P-5 Training. It gave me real world connections, which helps support the work I do for families and provides me with opportunities to support others in different disciplines as well.”

Additional information on the P-5 Cross-Sector Core Competencies Training is presented in the next section.

Cross-Sector Training and Technical Assistance Approaches

Training and technical assistance (TA) components were included in both the First Connections and the P-5 WFD projects. Specific components of the models follow.
First Connections Training and Technical Assistance

First Connections includes a training and TA component, provided by the University of Southern California University Center for Excellence in Developmental Disabilities at Children’s Hospital Los Angeles. The training and TA team supported the First Connections agencies through staff training in the nuts and bolts of developmental screening, talking with parents about screening results, and navigating the service system. Over time, a “train the trainer” approach was implemented, and both agencies are now completing the core trainings for staff on their own. In addition to the core developmental screening trainings, the training and TA team has provided trainings for agency staff on topics that they selected, such as: Managing Challenging Behaviors in Young Children; Symptoms, Behaviors, and Red Flags of Autism; Culturally-Responsive/Anti-Bias Practices With Young Children and Families; Inclusion in Child Care and Early Education; Building Social-Emotional Attachment; and Trauma in Young Children. TA has included helping the agencies to develop family-friendly, readable, and culturally responsive written materials; developing toolkits for sustainability of the program over time; supporting transitions in the program when there was staff turnover; trouble-shooting screening tracking strategies; and collecting and analyzing data to document the importance of social–emotional screening as part of a developmental screening program.

The P-5 Cross-Sector Core Competencies Training and Communities of Practice

The P-5 Cross-Sector Core Competencies Training supports the integration of the Cross-Sector Core Competencies for the P-5 Field. The training provides professionals working with the p-5 population with the information, examples, and practice opportunities that support the implementation of the eight Core Competency domains. The online training is hosted on ZERO TO THREE’s Learning Center and includes access to eight lessons, each focusing on a particular domain. Each lesson includes interactive activities, printable handouts, discussion forums, and optional fieldwork opportunities. The training also includes an opportunity to participate in virtual and in-person CoP meetings. The CoP meetings are facilitated by ZERO TO THREE staff and offer training participants the opportunity to interact with one another, reflect on cross-sector work, and share strategies. Participants also create an Action Plan to set actionable steps to putting training content into practice.

The P-5 Cross-Sector Core Competencies Training was offered to p-5 professionals across Los Angeles County. A total of 165 professionals participated in the training, which was held from the winter of 2016 to the fall of 2017. Findings from the training’s evaluation component demonstrated that almost all participants agreed or strongly agreed that the training supported changes in their view of cross-sector work and collaboration. Of participants, 96% shared that the training helped them gain a new appreciation for
promoting cross-sector collaboration, cooperation with professionals in related sectors, and cross-sector communication and information sharing. Training participants also shared that the training helped further develop their engagements skills by:

- helping participants to engage with other staff members within their organizations;
- building engagement skills to use with their own clients;
- providing helpful strategies for engagement; and
- supporting their efforts to build relationships and engagement with families, co-workers, and other providers.

For a complete summary of the evaluation findings, see “The Prenatal to Age 5 Workforce Development Project: Findings and Recommendations for Cross-Sector Work in the Prenatal to Age 5 Workforce” report.

Lessons Learned

Relationships are key to successful implementation of developmental screening and linkage and cross-sector collaboration. Relationships have a central role:

With families: As part of the developmental screening process, build rapport with parents using a trauma-informed, strength-based, culturally responsive approach. When discussing screening results and making linkages, check in with families to ensure they know their voice is heard, they understand the process of following through on a referral, and they feel comfortable asking questions and making decision in the best interests of their child. A “no wrong door” approach means that wherever a parent asks for help, they are guided to the most appropriate resources and not turned away. When that guidance is provided by a trusted member of the team—whether it is a home visitor, mental health professional, child care provider, or teacher—the family is better able to share their concerns and manage the feelings that arise when they learn that intervention is recommended to support their child’s development.

With cross-sector colleagues: Parents who have a young child experiencing developmental delays must navigate a complex web of community resources with varying eligibility criteria, entry points, and approaches to service. To support parents through this process, it is essential for service providers to shift their focus from discipline- and sector-specific to cross-sector and collaborative. A cross-sector approach is a more integrated view of service-deliver that invites:

- sharing knowledge and resources to eliminate gaps,
- coordinating services to reduce barriers,
- partnering with families to ensure a family-centered approach,
- supporting colleagues by sharing expertise and perspectives, and
- relationship-building and reflective-practice.

Universal screenings are not enough. To effectively link families with appropriate services, it is essential to have staff that is well-trained in understanding the service system and in strategies to help families navigate barriers without becoming discouraged. Without staff to follow through and guide the family through the complicated systems, the screenings would not be meaningful.
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For more information about First Connections contact Marian E. Williams at mwilliams@chla.usc.edu.

For more information about the P-5 Workforce Development Project or ZERO TO THREE’s Competencies for P-5 Professionals™ contact Christina Nigrelli at cnigrelli@zerotothree.org.

Authors: Marian E. Williams, PhD, and Jenifer Chacon, MSW

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