CARE FOR KIDS
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Early Detection:
Red Flags and Referral Resources

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Early detection of developmental, behavioral, and emotional risks, delays, and disabilities is an important responsibility of each child's primary health care provider. Late detection or delayed referral can prevent the provision of needed services and supports that will benefit the child, family, and society. Research suggests that early identification and intervention improve outcomes for children with social-emotional risk factors as well as for those with biologically-based conditions; well-designed early childhood interventions have been found to generate a return to society from $1.80 to $17.07 for each dollar spent (Rand).

The winter 2007 issue of this newsletter detailed the need for a change in the way practitioners conduct developmental surveillance and screening of young children, and provided information about new protocols that promote early identification. This article addresses the need to act once you have identified a child at risk, for identification accomplishes little if the child and family do not get appropriate and timely follow-up care.

Quality surveillance at each well-child visit is the cornerstone of a systematic approach to early detection of developmental, behavioral, and social-emotional concerns. Iowa Child Health and Development Records (Iowa CHDR) identify "red flags" that, if found during surveillance, signal the need to provide or refer for immediate screening or evaluation. Age-appropriate red flags for the child are identified

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in the developmental section of the CHDR; red flags that signal caregivers or families are in need of assistance are found in the social history section.

Iowa CHDR

Iowa Child Health and Development Records or **CHDR** (pron. cheddar) are online at http://www.iowaepsdt.org/screening/CHDR.htm.

Previously known as the *Health Maintenance Clinical Notes*, newly updated **Iowa CHDR** provide a checklist of age-appropriate child development milestones for use in each well-child exam.

Sadly, surveillance and screening results are often not taken seriously, and children identified as at-risk are not referred. Too many practitioners follow a "wait and see" philosophy. Some are concerned about over-referral. Others want to avoid alarming parents until the practitioner is convinced a problem exists. However, no evidence supports delaying referral in situations like this, and the child is often harmed by the delay in identification and intervention.

When surveillance raises a red flag, it is important to provide for immediate screening or evaluation. If a red flag indicates a missed milestone at a child's 6-month exam, a 3-month delay in further screening means that 33% of that child's life – and development – will have passed before intervention can be started. For the same reason, if further screening suggests a child is at risk, timely evaluation is essential.

Effective screening leads to correct decisions about diagnosis and intervention at least 70% to 80% of the time. Evidence suggests that children considered to be "over-referred" often have numerous psychosocial risk factors, and perform well below average on diagnostic measures (Glascoe); in other words, many will actually benefit from extra attention.

Practitioners concerned about worrying parents needlessly or encountering parental resistance may find that actively involving parents as partners throughout the process can open communication and prevent problems. In "Interpreting Screening Tests to Families," Glascoe suggests that practitioners begin preparing parents by explaining that the visit is "an opportunity to view how children are coming along developmentally and behaviorally and to provide... suggestions about addressing any difficulties children are experiencing."

Referral assistance

Many practitioners are understandably reluctant to screen for concerns if they believe no services are available to treat the problem. Some question whether screening in this instance is even ethical. It is helpful to know that today in Iowa, quality services exist in many communities to address the majority of the concerns identified by health care providers.

EPSDT Care for Kids Coordinators

Referral assistance, available through EPSDT Care for Kids coordinators (see map, page 6), can help providers identify local resources for developmental services for children and their families. In Iowa, these resources include:

- **Early ACCESS**, a partnership of families with children 0-3 and providers from Child Health Specialty Clinics and from the Iowa Departments of Education, Public Health,

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and Human Services, links children to screening for most childhood risk factors. Intervention services are available to many children at risk as well as to children with documented delay. Families and staff work together to identify, access, and coordinate services. http://www.state.ia.us/earlyaccess. Contact via Iowa COMPASS: 1-800-779-2001, iowa-compass@uiowa.edu

- **Iowa Community Empowerment** provides funding for community programs that include home visit and parent education programs, and in some instances screening services as well. http://www.idph.state.ia.us/webmap/default.asp?map=empowerment

- **Child Health Specialty Clinics** throughout Iowa provide screening services through regional centers; some of these also offer evaluation and care coordination. http://www.uihealthcare.com/depts/state/chsc/centers.html

- **Community Mental Health Centers** offer evaluation and treatment services to parents; some now provide or plan to expand their services to include young children. http://www.livingwelliowa.org/Resources/CMHC07.htm

- **Early Head Start programs** are available in 31 Iowa counties; these offer parent education, developmental screening for children, and a variety of direct services to encourage healthy development. http://www.iowaheadstart.org/iowa/program.html

Practitioners can call on these resources as they work to establish office practices and processes that:

- **Provide systematic surveillance** and monitor risk for each child at every well-child exam

- **Identify risk factors** through the consistent use of red flag checklists that can guide the timely transition from surveillance to screening, and from screening to evaluation

- **Develop partnerships with community agencies** before the need arises in order to link families with appropriate services in a timely way

References

Glascoe, FP. "Interpreting Screening Tests to Families and Encouraging Follow Through" (http://www.dbpeds.org/articles/detail.cfm?TextID=%20286)

Glascoe FP. "Early detection of developmental and behavioral problems." *Peds Rev* 2000.

"Rand Labor and Population Research Brief: Proven Benefits of Early Childhood Interventions," 2006 (http://www.rand.org/pubs/research_briefs/RB9145/index1.html).

Robert Anderson Departs from Editorial Board

Since the first issue of the *EPSDT Care for Kids Newsletter* in the spring of 1994, the work of this newsletter's editorial board has been enriched by the insights of Bettendorf pediatrician Robert Anderson, MD FAAP. His commitment to the medical home model, in which every child health care practice provides coordinated, comprehensive, culturally sensitive, and compassionate care, has shaped each issue of our newsletter. Dr. Anderson has recently retired from the board in order to fulfill a new role, that of editor of *The Heartland Pediatrician*, the newsletter of the Iowa chapter of the American Academy of Pediatrics. We know this is a role in which he will continue his service to Iowa children and the health professionals who care for them. We will miss him.

Public-Private Partnerships Maximize Healthy Mental Development in Early Childhood

Sonni Vierling, Program Coordinator
1st Five Healthy Mental Development Initiative

"Our new knowledge of early brain and child development *demands* that we redefine the content and process of child health services... it is our moral imperative."

Dr. Paul Dworkin, MD

Iowa is currently implementing a system to maximize the benefits of well-child care through the adoption of surveillance and screening standards to promote healthy mental development in a child's first five years. As part of this process, checklists of age-appropriate child development milestones, called the Iowa Child Health and Development Records (Iowa CHDR), are now available for use in well-child exams (see box, page 2).

In addition, this system emphasizes a public-private partnership to assist health care providers in making referrals and providing families with assistance to carry out the referrals. Simply stated, the system provides a bridge between two systems of care, the public and the private. Its success depends on collaboration between the two.

In Iowa, 90.7% of families take their children for a health care

visit during a child's first 5 years. Parents look to their child's health care provider for expert advice on growth, development, and parenting. Yet when a provider encounters a developmental red flag, family stress, or parental depression, that provider may not know what local resources are available to assist the child or family. The provider may wonder, "How can I help this family get the services they need? Will I ever know the results of my referral?"

On the public health side, similar questions about referrals arise. Care coordinators from community-based child health centers are responsible for linking families to services. When a coordinator suspects a child may have or be at risk for developmental delay, it may be clear that screening and identification from a health care professional is needed. However, the coordinator may not know whether the delay arises from a specific medical condition or is related to the child's home environment, information that is key to determining the kind of referral that would be most effective.

Private and public systems of care have a mutual interest in helping children and families succeed, and yet too often each operates independently of the other.

1st Five Healthy Mental Development Initiative – focusing on the first five years

Iowa's 1st Five Healthy Mental Development Initiative focuses on a child's first five years. It recognizes the critical roles played by public and private providers. 1st Five works to create partnerships between private health care practices and public service providers to develop a structure for assessing the social-emotional and developmental skills of young children. 1st Five is building on the success of the previous ABCD II project in Iowa, which demonstrated that when providers use standardized surveillance tools,

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Checklist of Developmental Red Flags

*from the Iowa Child Health and Development Records**

When surveillance during a well-child visit raises a red flag, it is important to provide or refer for immediate screening or evaluation.

RED FLAGS for CHILDREN of ALL AGES

A parent or caregiver reports:

- Parent or family is under severe stress
- Caring for child creates severe stress
- Caregiver frequently experiences depression
- In the past month, caregiver has frequently taken little interest or pleasure in things

RED FLAGS by AGE of CHILD

At 2 WEEKS, child does NOT:

- ❑ Move arms and legs equally
- ❑ Lift head briefly when prone

At 2 MONTHS, child does NOT:

- ❑ Smile responsively
- ❑ Raise head when prone
- ❑ Respond to sound
- ❑ Follow object with eyes
- ❑ Vocalize

At 4 MONTHS, child does NOT:

- ❑ Coo and laugh interactively
- ❑ Exhibit social smile
- ❑ Have ability to be comforted
- ❑ Track and follow with eyes
- ❑ Exhibit good head control
- ❑ Open hands, grasp rattle
- ❑ Move arms and legs well
- ❑ Lift head 90° when prone

At 6 MONTHS, child does NOT:

- ❑ Interact with family by smiling, vocalizing
- ❑ Make good eye contact
- ❑ Turn to voice
- ❑ Babble or coo
- ❑ Roll over both ways
- ❑ Reach for objects
- ❑ Resist head lag when pulled to sitting

At 9 MONTHS, child does NOT:

- ❑ Interact by smiling, vocalizing
- ❑ Imitate sounds
- ❑ Babble, say "mama, dada" non-specifically
- ❑ Sit well without support
- ❑ Transfer objects to other hand
- ❑ Feed self cracker
- ❑ Stand holding onto stable object

At 12 MONTHS, child does NOT:

- ❑ Make good eye contact
- ❑ Exhibit strong attachment to primary caretaker
- ❑ Babble, say "mama, dada" specifically (by age 13 months)
- ❑ Understand "no" or name
- ❑ Pick up Cheerio between thumb, finger; finger feed
- ❑ Pull to standing position
- ❑ Get into sitting position
- ❑ Point or use other gestures, such as waving

At 15 MONTHS, child does NOT:

- ❑ Make good eye contact
- ❑ Point or gesture for needs
- ❑ Interact with family
- ❑ Follow simple commands like "stop" or "give me"
- ❑ Say at least one word besides "mama, dada"
- ❑ Imitate activities
- ❑ Walk well without support

At 18 MONTHS, child does NOT:

- ❑ Maintain good eye contact
- ❑ Show interest in other children
- ❑ Look at object when someone points to it
- ❑ Point to or show object to share interest
- ❑ Say three or more words besides "mama, dada"
- ❑ Follow one-step commands
- ❑ Respond to name
- ❑ Imitate people
- ❑ Stack up at least two blocks
- ❑ Use cup
- ❑ Help in house
- ❑ Walk well

At 2 YEARS, child does NOT:

- ❑ Maintain good eye contact
- ❑ Show interest in other children
- ❑ Play alongside other children
- ❑ Pretend play
- ❑ Say 50 words or more
- ❑ Put two words together, such as "more juice"; not just repeating
- ❑ Know some body parts
- ❑ Point to pictures
- ❑ Stack up four blocks
- ❑ Walk up stairs, run, kick ball

At 3 YEARS, child does NOT:

- ❑ Show interest in, play with other children
- ❑ Pretend play
- ❑ Help with dressing, wash hands
- ❑ Use 2-4 word sentences
- ❑ Have speech that is 75% understandable
- ❑ Name animal pictures
- ❑ Throw ball overhand
- ❑ Jump up

At 4 YEARS, child does NOT:

- ❑ By family report, show ability to do what most 4-year-olds can
- ❑ Speak in sentences
- ❑ Have speech understandable to strangers
- ❑ Copy a circle
- ❑ Dress self with help
- ❑ Understand basic concepts such as "on," "under," "big," "little"
- ❑ Play games with other children

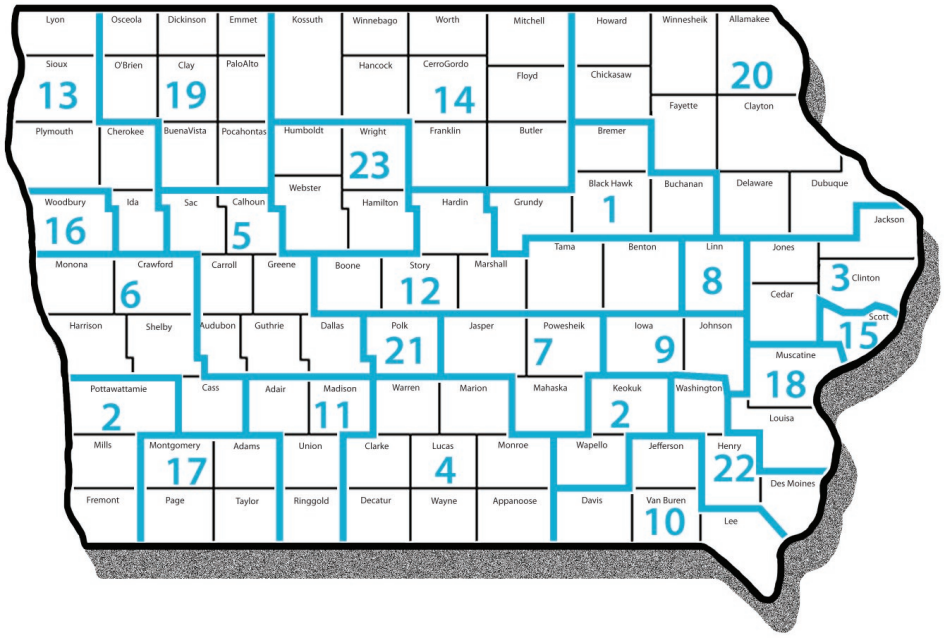
At 5 YEARS, child does NOT:

- ❑ By family report, show ability to do what most 5-year-olds can
- ❑ Know colors
- ❑ Communicate easily with others, tell story
- ❑ Follow directions
- ❑ Draw a person with 3-6 or more parts
- ❑ Dress self

*The complete set of age-appropriate Iowa CHDRs is available online at www.iowaepsdt.org/screening/CHDR.htm

EPSDT *Care for Kids* Program Coordinators

Interactive map online at http://www.idph.state.ia.us/webmap/default.asp?map=epsdt



1. **Black Hawk County Child Health Center**
   1407 Independence Avenue, 5th Floor
   Waterloo, IA 50703
   Pat Schultz 319-291-2413

2. **Child Health Specialty Clinics**
   100 Hawkins Dr, 247 CDD
   Iowa City, IA 52242
   Brian Wilkes 319-384-7292
   866-652-0041

   Keokuk and Wapello Counties:
   American Home Finding Assoc.
   201 S. Market Street
   Ottumwa, IA 52501
   Delpha Hopkins 641-682-8784
   800-452-1098

   Freemont, Pottawattamie and Mills Counties:
   Child Health Specialty Clinics
   3501 Harry Langdon Blvd
   Council Bluffs, IA 51503
   Laura Hansen 712-309-0041

3. **Community Health of Jones County**
   104 Broadway Place
   Anamosa, IA 52205
   Barb Garlinghouse 319-462-6135
   ext 6307

4. **Community Health Services of Marion County**
   104 South Sixth Street, PO Box 152
   Knoxville, IA 50138
   Kate Roy 641-828-2238

5. **Community Opportunities, Inc.**
   603 W. 8th Street, PO Box 427
   Carroll, IA 51401
   Beth Liechti 712-792-9266 ext 412

6. **Crawford County Home Health, Hospice, and Public Health**
   105 North Main, Courthouse Annex
   Denison, IA 51442
   Sara Pauley 712-263-3303

7. **Grinnell Regional Medical Center**
   210 - 4th Avenue
   Grinnell, IA 50112
   Vicki Nolton 641-236-2566

8. **Hawkeye Area Community Action Program, Inc.**
   1515 Hawkeye Drive, PO Box 490
   Hiawatha, IA 52233
   Gloria Witzberger 319-393-7811 ext 084

9. Johnson and Iowa Counties
   Johnson County Public Health
   1105 Gilbert Court
   Iowa City, IA 52240
   Judy Grecian 319-356-6045 ext 146

10. **Lee County Health Department**
    2218 Avenue H, Suite A
    Fort Madison, IA 52627
    Peggy Moreland 319-372-5225

11. **MATURA Action Corporation**
    203 W. Adams Street
    Creston, IA 50801
    Mary Groves 641-782-8431

12. **Mid-Iowa Community Action, Inc.**
    1001 South 18th Avenue
    Marshalltown, IA 50158
    641-752-7162
    Ames: Cecelia Nassif 515-232-9020

13. **Mid-Sioux Opportunity, Inc.**
    418 S. Marion Street, PO Box 390
    Remsen, IA 51050
    Jeanne Dykshorn 712-786-3418

14. **North Iowa Community Action Organization**
    300 - 15th Street NE
    Mason City, IA 50401
    Lisa Koppin 641-423-5044 ext 17
    800-657-5856

15. **Scott County Health Department**
    428 Western Avenue, 4th Floor
    Davenport, IA 52801
    Diane Lathrop 563-336-3192

16. **Siouxland Community Health Center**
    1021 Nebraska Street, PO Box 5410
    Sioux City, IA 51102
    Sally Kolbe 712-202-1186

17. **Taylor County Public Health**
    405 Jefferson
    Bedford, IA 50833
    Joan Gallagher 712-523-3405

18. **Unity Health System**
    1609 Cedar Street
    Muscatine, IA 52761
    Amber Elder 563-263-0122

19. **Upper Des Moines Opportunity, Inc.**
    101 Robbins Avenue, PO Box 519
    Graettinger, IA 51342
    Tami Meendering 712-859-3885

20. **Visiting Nurse Association of Dubuque**
    1454 Iowa Street, PO Box 359
    Dubuque, IA 52004
    Molly Schulte 563-556-6200
    800-862-6133

21. **Visiting Nurse Services**
    1111 - 9th Street, Suite 320
    Des Moines, IA 50314
    Bev Kaduce 515-558-9987

22. **Washington County Public Health and Home Care**
    110 North Iowa Avenue, Suite 300
    Washington, IA 52353
    Jen Weidman 319-653-7758
    800-655-7758

23. **Webster County Public Health**
    330 -1st Avenue N, Suite L-2
    Fort Dodge, IA 50501
    June Weiss 515-574-3842
    888-289-3318

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the percent of effective screens and referrals increases.

Tips for implementing an effective public-private partnership for children have been drawn from 1st Five pilot sites, which were located in three different, community-based child health centers. Over the last year, these pilot sites worked with private health care providers, local community-based agencies, and referral resources.

Together, they developed a streamlined referral and follow-up process for medical referrals that begins when a health care provider identifies a child who has a developmental or behavioral concern. The provider makes a referral to the child health center care coordinator, who then assists in linking the family to appropriate services. Once the family is connected to services, the care coordinator follows-up with the referring health care provider about the status of the referral. Public and private providers work together to design a process for assessment, referral, and follow-up that effectively and efficiently assures children receive needed services.

Nearly 30 medical practices are currently implementing this model. It is estimated that 39 additional practices will begin implementation in the next year. For this public-private partnership to work effectively, each participant must be committed to supporting the other.

1st FiVE Approach

- Primary care providers screen for social, emotional, and behavioral development, family stress, and parental depression.
- If a condition is identified, the provider makes a referral to the local child health agency care coordinator (see page 6).
- Care coordinator links the child and family to intervention services.
- Care coordinator follows up with provider regarding the status of the referral.

Strategies for primary care providers

Staff of private health care providers and medical practices can use the strategies below to partner more effectively with public health agencies and child health centers:

- Be sure everyone on your staff understands the concept of healthy mental development in young children and the four key assessment areas: Social, emotional, and behavioral development; parental depression; family stress; autism
- Involve all office staff in training
- Ensure that staff at all levels are aware of and involved in developing and implementing practice changes
- Identify and tap the skills of a medical office "champion" who is interested in coordinating the project with the local public health agency
- Get staff input about effective standardized surveillance and screening tools such as the Iowa CHDR
- Use these tools in every well-child exam for children birth to age 5
- Develop a referral process within the medical practice that streamlines referrals to the child health center care coordinator
- Refer children who need further screening to your local EPSDT Care for Kids Coordinator (see page 6 for contact information)
- Invite your local child health center care coordinator to one of your staff meetings to explain the services they provide to families

To learn more about the 1st Five Healthy Mental Development Initiative, please contact Sonni Vierling, svierlin@idph.state.ia.us, 515-281-3108.

To find the local EPSDT Care for Kids Coordinator in your area, see page 6.

What's in this issue

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1-800-338-7909**

If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1 -800-383-3826**

Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals.

The newsletter is also available online at http://www.iowaepsdt.org/EPSDTNews/

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