



GETTING STARTED: IMPLEMENTING A SCREENING PROCESS

This worksheet is for practices selecting a new screen to integrate rather than improve processes for an existing screen.

The following worksheet has been created as a guide to help you in developing a *screening process* workflow for your practice. For the purposes of this worksheet, a screening process is defined as the method of early identification and intervention for potential risks to a child’s development through ongoing surveillance, routine screening per AAP guidelines, family-centered discussion of results, interpretation, and—when concerns are identified—referral and follow-up.

STEP 1: Which screen are you most interested in utilizing?

Social-emotional screening: _____

Postpartum depression screening: _____

Social drivers of health tool(s)/questions: _____

Resources:

AAP STAR Screening Tool Finder

The Screening Tool Finder can help you identify tools to screen or assess for child development, perinatal depression, social drivers of health, and more.

<https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/screening-tool-finder/>

Bright Futures: Links to Commonly Used Screening Instruments and Tools

<https://publications.aap.org/toolkits/resources/15625/Bright-Futures-Toolkit-Links-to-Commonly-Used>

STEP 2: Select the screening tool(s) and educational materials that will be used. What fits best with our practice structure and patient population?

Social-emotional screening: _____

Postpartum depression screening: _____

Social drivers of health screening tool/questions: _____

Educational materials:

Questions to consider when selecting a screen

Table 3 Screening checklist questions

Screening checklist questions

- What is the focus of the screen? (broad compared with problem-focused)
- How does it measure what it says it measures? (types of questions, strength-based or deficit-based)
- Who will administer the screening measure and what does it take to administer the screen? (Does the parent complete the measure in the waiting room; what is required of office staff time?)
- Who provides the information for the screen? (parent report, child report, direct observation)
- Who scores the screen and how complex is the screening methodology? (office staff compared with physician scoring, requires computer to score or by hand)
- What is the age range of children who can be screened with this instrument?
- How long does it take to administer the screen?
- What does it cost to administer this screen? (Can the measure be photocopied or is it copyright-protected?)
- What are the psychometrics of the screen?
- Is the screen culturally relevant to the population that will be screened? (normative population)
- What is the literacy level required for parents to complete the screen?

This table has been adapted from Bergman D. Screening for Behavioral Developmental Problems: Issues, Obstacles, and Opportunities for Change. National Academy for State Health Policy; 2004. pp. 1–20.

Also consider if insurance will pay for the screen.

Screening for behavioral health problems in primary care. Weitzman and Leventhal Current Opinion in Pediatrics 2006, 18:641-648

STEP 3: Plan key parts of the workflow/process for each of the screening categories. How will we get this done?

See Workflow Planning Worksheet on the following 2 pages.

STEP 3: Workflow planning worksheet		SOCIAL-EMOTIONAL SCREENING	PERINATAL DEPRESSION SCREENING	SOCIAL DRIVERS OF HEALTH SCREENING
1.)	At what ages of the child will the family receive the screenings? Recommendations:	6, 15, 24, 48 months	1, 2, 4, and 6 months	6, 15, 24, 48 months
2.)	How will parents access the screening tool to complete it? (Ex: EMR portal, paper version in office, laminated wipe-away)			
3.)	If paper, who will ensure that copies of the screening tool are available for parents to complete each day?			
4.)	When in the visit will the parent receive the screening tool?			
5.)	Who will give the parent the screening tool?			
6.)	Who will score the screening tool?			
7.)	When will the provider review the screening results with the parent and work with them to make a plan for next steps?			
8.)	How will referrals be handled for children at risk?			

STEP 5: Work low planning worksheet		SOCIAL-EMOTIONAL SCREENING	PERINATAL DEPRESSION SCREENING	SOCIAL DRIVERS OF HEALTH SCREENING
9.)	Who will be responsible for facilitating the referrals?			
10.)	Where will referrals be documented?			
11.)	What happens with the screening tool after it has been discussed with the parent? (Ex: results recorded in EMR, scanned into chart, shredded, wiped away)			
12.)	Who will give the parent educational materials? When will these be presented?			
13.)	Where will you keep your supply of educational materials?			
14.)	Who will make sure that materials (including screening tools and educational materials) are restocked and readily available?			
15.)	Who will facilitate following up with families to determine the outcomes of the referral?			
16.)	Where will follow-up notes be recorded?			

STEP 6: Identify program supports. *What partners can we work with to support our patients? What materials do we need for our process?*

RESOURCES FOR DEVELOPMENTAL CONCERNS

Local care coordination service program for children: _____

State Early Intervention services: _____

Developmental behavioral pediatrician: _____

Speech therapist: _____

Occupational therapist: _____

Physical therapist: _____

[Child Care Resource and Referral Agency \(CCR&R\)](#): _____

[Child Care Health Consultants](#): _____

Infant Mental Health Consultants: _____

[Head Start](#): _____

[Parents as Teachers](#): _____

School system preschool coordinator: _____

Local early childhood collaboration: _____

Local family support group: _____

School nurse contact: _____

Exceptional child contact (school system): _____

State/Local education office: _____

Local [Easter Seals](#): _____

Local [The Arc](#): _____

School [United Way](#): _____

MENTAL HEALTH RESOURCES

Maternal depression: _____

Local services identified by
[Postpartum Support](#)
[International](#): _____

Local new moms group: _____

Parental/Caregiver depression: _____

Child psychologist: _____

Child behavioral therapist: _____

Substance use support: _____

Domestic violence support: _____

Additional Resources:

[Postpartum Progress](#)

[National Alliance on Mental Illness](#)

800-950-NAMI (6264)

[National Institute of Mental Health](#)

[National Suicide Prevention Lifeline](#)

1-800-273-TALK (8255) or Live Online Chat

[Substance and Mental Health Services Administration](#)

SAMHSA Treatment Referral Helpline – 1-877-SAMHSA7 (1-877-726-4727)

FAMILY SUPPORT RESOURCES

State/Local health department: _____

Local home visiting program
identified by the [Maternal and
Child Health Bureau](#): _____

Parenting groups: _____

Local food pantries listed on
[Feeding America](#) website: _____

Local homeless shelter: _____

Local contact information for [Public Housing Authority](#) programs: _____

[Supplemental Nutrition Assistance Program](#) (food stamps): _____

[Women, Infants, and Children \(WIC\) services](#): _____

[National Diaper Network](#): _____

Local [homelessness prevention provider](#): _____

State/Local legal services agency: _____

STEP 7: Engaging staff in the concepts, principles and process.

How will you work with staff to develop the process? How will new staff receive initial training on the concepts? How will staff be refreshed/reminded of this information?

How will the team monitor progress and make changes as necessary? Will there be regular forums for feedback? Is there a structure to how feedback is presented?

ACKNOWLEDGEMENTS:

This resource was adapted from a version developed by the [North Carolina Assuring Better Child Health and Development program](#) as well as the AAP Child Well Being EQIPP Toolkit.