Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Family-Engaged Developmental Monitoring in Practice: Considerations for Providers, Programs and Systems

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Early Childhood Developmental Health Systems (ECDHS): Evidence to Impact Center

- The **ECDHS: Evidence to Impact Center** supports states and communities to build equitable and family-centered early childhood systems that improve the health and well-being of young children and their families

- The Center is led by ZERO TO THREE with several leading health and early childhood organizations

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American Academy of Pediatrics
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Help Me Grow
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Center for the Study of Social Policy
Ideas into Action

FAMILY VOICES
...keeping families at the center of children's health care

GEORGETOWN UNIVERSITY
Center for Child and Human Development
Touching Lives, Making a Difference

Institute for Child Success

Funding Acknowledgement

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Objectives

- Describe how family-engaged developmental monitoring can be implemented across early childhood systems.
- Identify approaches to leveraging resources and community partnerships to support families as they become involved in their child's development.

Housekeeping

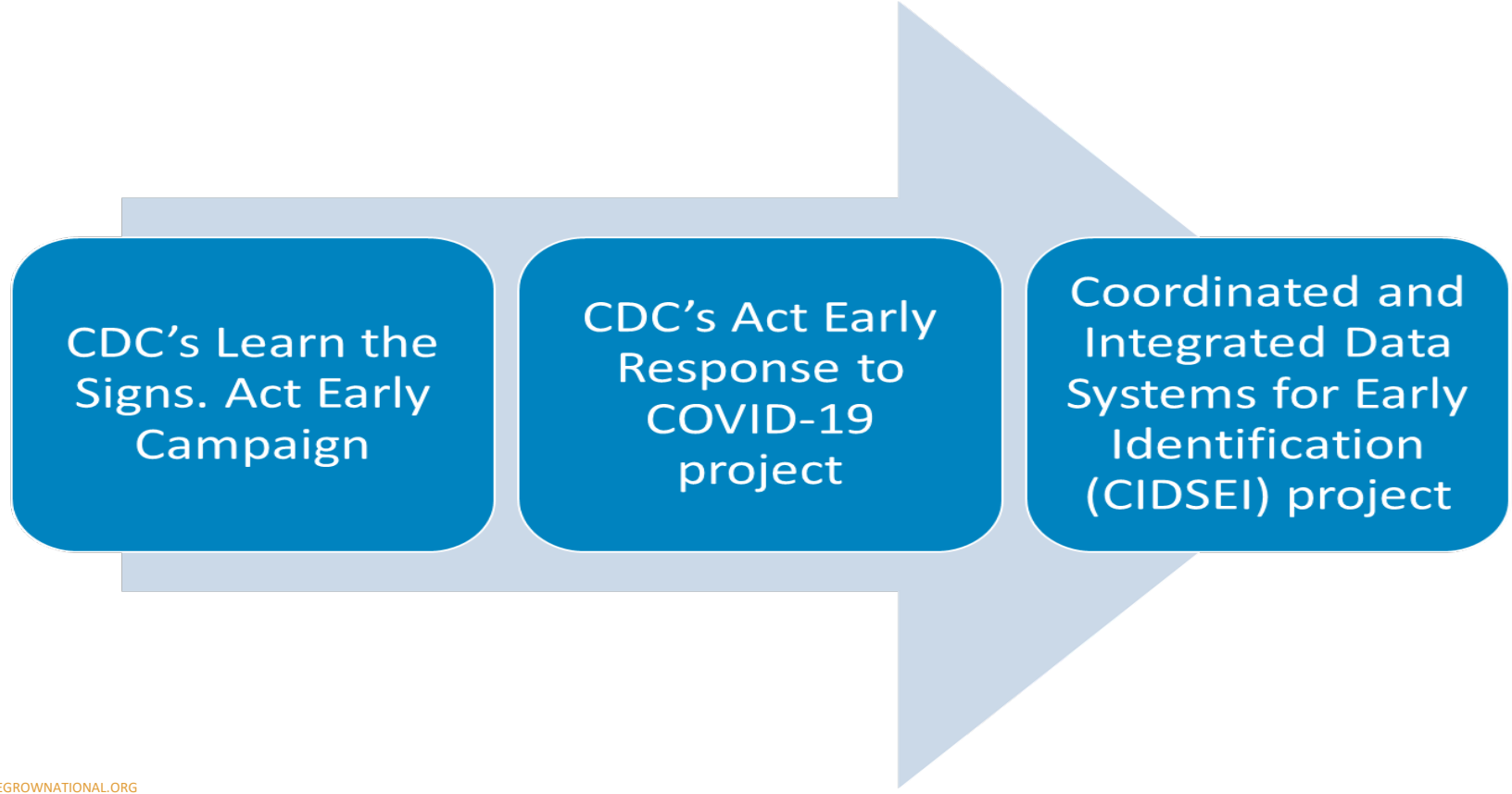
- Use the chat to introduce yourself, chime in, and ask questions!
- Join us on the Jamboard!
- Let's start with a quick poll:
  - What part of the early childhood field do you represent?
  - "I know the difference between family-engaged developmental monitoring (also known as monitoring/surveillance) and screening"
  - "Family-engaged developmental monitoring is fully implemented in my program/system"

Promoting Positive Child and Family Wellbeing through Family-Engaged Developmental Monitoring

The Evolution of Early Identification

- Historically, the focus of early identification has been on detecting the presence of a developmental delay or disability. This attends to only a subset of children and misses those vulnerable to adverse outcomes
- The process should be universal for **all** children, and therefore needs to include the elicitation of parent opinions and concerns
- Centering the family voice and experience is an evolution away from focusing on the identification of disorders
- Switching to a focus on family well-being, inclusive of family priorities and needs such as concrete and social supports, can lead to positive outcomes for **all** young children

BACKGROUND: A Roadmap for Advancing Family-Engaged Developmental Monitoring



BACKGROUND: A Roadmap for Advancing Family-Engaged Developmental Monitoring (cont'd)

- Supported by the CDC's Learn the Signs. Act Early Campaign and created in partnership with the Association for University Centers on Disabilities
- The *Roadmap* introduces and describes family-engaged developmental monitoring (FEDM) as a key component of a framework for children's healthy development and family wellbeing
- Evidence-informed:
  - Literature
  - Phases 1 & 2 of the project
  - CIDSEI HMG Affiliate Work Group and CIDSEI Advisory Committee
- Key definitions and concepts delineated
- Program and Systems-level Self-Assessments

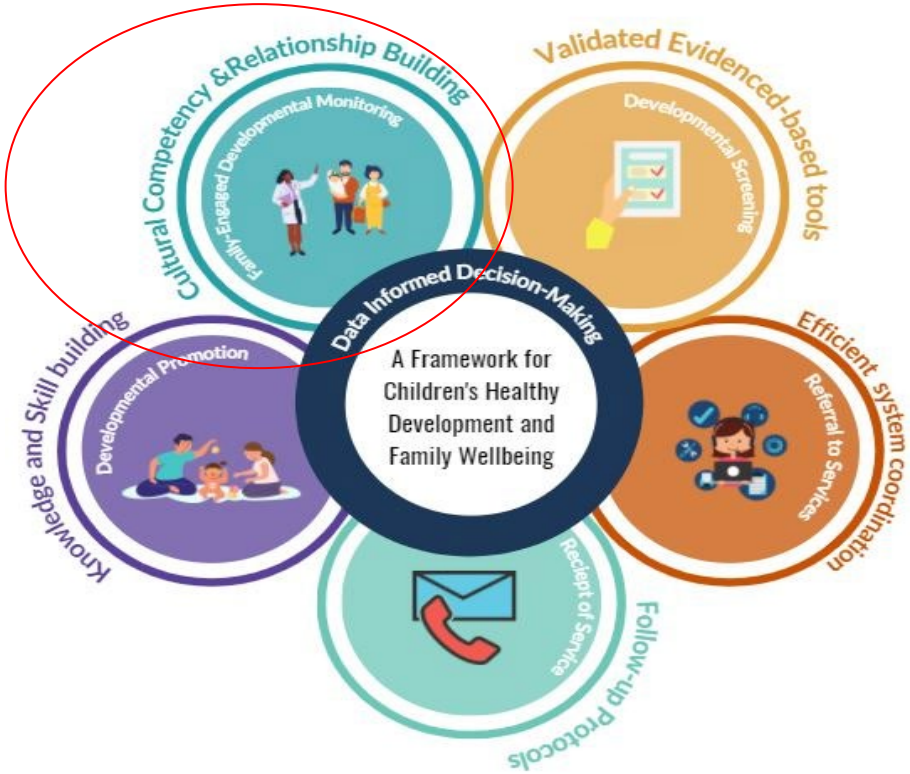
Terminology

For the purposes of the Roadmap and this presentation:

- **"Provider" refers to all those that interact with young children and their families**, inclusive of medical, education, social service, community-based, faith-based, and other child serving sectors
- "**Family"** refers to t**he people with whom the child has a close personal relationship** and who are responsible for the well-being and development of the child
- **"Early Identification"** means the **timely detection of concern for developmental delay or disability**
- Child development requires a **"holistic approach"** that considers multiple factors across the social ecology that may contribute to overall health and well-being, inclusive of "**social drivers of health"** (community and societal factors that can impact health outcomes)

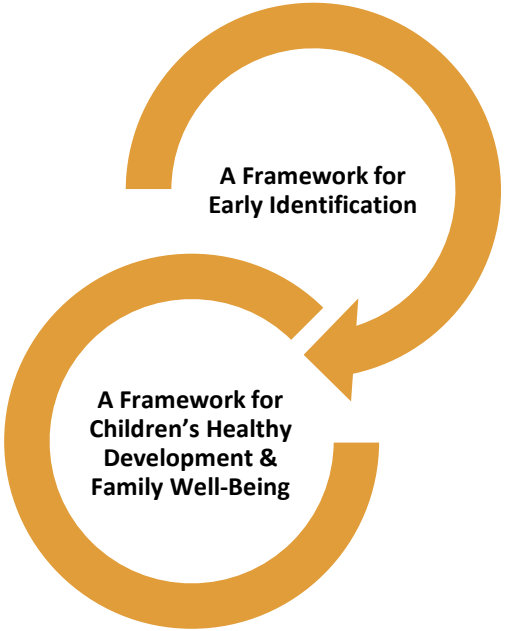
A Framework for Children's Healthy Development & Family Well-Being

- Framework describes the process needed to support child and family wellbeing, inclusive of early identification
- Inclusive of ongoing monitoring of young children who are not in need of early intervention but have identified risk factors for developmental delay
- Includes developmental promotion (re: education/interaction) activities as a discrete component
- Universal strategies:
  - Developmental promotion (ongoing)
  - FEDM (ongoing)
  - Screening (at recommended ages)
- Targeted strategies:
  - Referral to services
  - Receipt of services



Reframing The Early Identification Process

- Broader conceptualization of the process
- Asset-based approach with overall goal of promoting positive outcomes
- Recognizes families as leaders in their child's development



Family-Engaged Developmental Monitoring (FEDM)

- FEDM is an intentional partnership of families and providers combining their knowledge to recognize child's developmental milestones and identify opportunities for support and education
- Three essential attributes:

Families are the experts

Holistic picture of child's development

Development is discussed longitudinally

Family & Provider Strategies

Family Strategies		Provider Strategies
• Families share observations and opinions about child's skills/behavior • Families voice what healthy development means to them or what they feel their child needs right now	 Families are regarded as the expert on their child's development	• Providers elicit family goals, questions, and concerns routinely • Providers ask family opinion of their child's development • Providers identify parent priorities - for growth and support
• Families learn about factors that support or hinder development • Families gather perspectives from multiple adults or programs who interact with their children	 Information is gathered to inform a holistic approach to the child's development	• Providers gather information about family strengths, risk factors, etc. • Providers ask about other program/provider insights from families directly or from other providers who support them
• Families note and reflect on their children's development over time (tools can be helpful!) • Families share how long any risk factors or concerns have been present • Families revisit questions or progress with the same provider	 Development is discussed over time	• Providers ask families how their child's development or their own concerns have changed over time • Providers re-engage with the family to revisit questions, concerns, and developmental progress

Is “Family-Engaged Developmental Monitoring” Different than Developmental- Monitoring and Surveillance?

Family-engaged developmental monitoring is not a new or different concept; rather, it **encompasses** and **expands upon the existing practices of developmental monitoring and surveillance** to establish **common terminology and actions across early childhood-serving providers**, and intentionally includes the phrase “family-engaged” to **center families as key partners in the process.**

Distinguishing between Developmental Promotion and FEDM

- The Roadmap supports a clearer delineation between developmental promotion and FEDM
- Developmental promotion promotes child development and shared knowledge between provider and family

Difference between FEDM and screening

- As part of FEDM providers can use monitoring tools, such as “Learn the Signs. Act Early.” milestone checklists. Using tools such as milestone checklists is different than general developmental screening!
- Screening relies on the use of standardized and validated measures
- Screening is recommended for all children at 9, 18, and 30 months and when concerns arise as per AAP guidelines. FEDM can and should happen from birth and ongoing

A Family-Engaged Developmental Monitoring Self-Assessment for Early Childhood Programs and Providers

Families are regarded as the expert on their child's development

	Do you celebrate milestones with families as they share their child's strengths?
	Do you directly and routinely elicit parent priorities, concerns, and questions?
	Do you allow information provided by the family to shape your view of the child?
	If a family's views of the child's development does not align with your own, do you ask clarifying questions to better understand factors that may contribute to the difference?
	Does a family's priority for concerns or support shape your considerations for future support?

Development is discussed over time

	Do you routinely elicit information on progress and concerns?
	Do you ask families how they have seen their child progress over time?
	Do you ask families how long a concern has been present or if it has changed over time?

Information is compiled to inform a holistic approach to the child's development

Depending upon your professional or programmatic scope, do you gather information about the child's:
Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?
Community-level support network, such as faith-based organizations?
Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?
Family-level risk factors, such as a child's underlying health conditions, family-level trauma, parental mental health, or substance use?
Community -level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?
Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?
Basic needs, such as food insecurity, access to medical care, unemployment, and housing?

Self- Assessment for Systems

Families are regarded as the expert on their child's development
Are families' priorities, concerns, questions and feedback on programs used to inform systems design and improvement?
Do you include families in advocacy and policy work?
Are families represented on your leadership or decision-making teams?
Are partners trained on how to elicit parent priorities, concerns, and questions directly and routinely?
When partners elicit parent priorities, concerns, and questions, are they shared alongside other contextual information and referrals?

Information is compiled to inform a holistic approach to the child's development
Are family's culture, language and lived experience incorporated into your decision making?
Are your partnerships reflective of the priorities and needs of families in your community or state?
Does your system have the ability to collect, monitor, and analyze information about:
Family-level support network, such as family or community members who interact positively with the child, who support the family in times of need?
Community-level support network, such as faith-based organizations?
Involvement in other programs or services, such as: early care and education programs, parent education or support groups, food banks?
Family-level risk factors, such as a child's underlying health conditions, family-level trauma, parental mental health or substance use?
Community or societal-level risk factors, such as neighborhood violence, discrimination in service access or delivery, poverty?
Positive parenting practices, such as reading together, serve-and-return interactions, creating rich opportunities for play?
Basic needs, such as food insecurity, access to medical care, unemployment and housing?

Development is discussed over time

Does your system have the ability to document, monitor, and analyze family responses longitudinally to questions such as:

- Family-level goals and priorities?
- Information on progress or concerns at every interaction/visit?
- What risk factors or assets are present?
- How long a concern has been present?

Is data collected over time and used to inform the community about gaps, barriers, challenges, and opportunities to strengthen the early childhood system and advocate for community change?

Family-Engaged Developmental Monitoring in Practice

- Take the self-assessment(s) to determine which FEDM activities you are already engaging in and which could be incorporated into your work:
  - Program/provider level
  - System level
- Leverage existing resources such as the CDC Act Early materials and app, other developmental apps, etc. to support FEDM activities with the families you serve

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Optimizing Early Detection of Developmental Delays and Implementation of Services

Detection of Developmental Delays

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- An estimated 3 million children under 18 years have a developmental disability (Young, 2021)
- Disability rates are highest among AI/AN populations (5.9%) and Blacks (5.1%); White non-Hispanic (4.3%); Asian (2.3%) (Young, 2021)
- Disability rates are highest among children living in poverty (6.5%); not in poverty (3.8%); Bottom household income quartile (7.0%); top quartile (2.8%) (Young, 2021)
- Up to 13% of children (birth-3 years) have IDEA Part C-qualifying developmental delays (Rosenberg, et al., 2008)
- Only 2-3% of children receive Part C intervention services (Macy et al., 2014)
- Racial/ethnic and socio-economic disparities in detection exist (Angell, et al., 2018)
- Impact of COVID while not fully assessed, likely has aggravated all these findings

Call for Developmental Surveillance & Screening 2006

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POLICY STATEMENT

Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Council on Children with Disabilities, et al. 2006

Developmental Monitoring, Screening, or Both?

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National Survey of Children's Health: Ages 10 months to 3 years old (2007)		
Implemented Developmental Services	**Percent Receiving IFSP n=91,642**	**Adjusted Odds Ratio**
Developmental Monitoring only	2.74	2.41
Developmental Screening only	3.59	2.48
Developmental Monitoring & Developmental Screening	8.38	6.25
Neither	1.31	

Findings: Developmental monitoring and developmental screening, in tandem, increase the odds that a family will connect with Part C IDEA and receive services.

Barger, et al. 2018

Developmental Surveillance/Monitoring

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A flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems

- Five Components
  - Eliciting and attending to the **parents' concerns** about their child's development
  - Documenting and maintaining a developmental history
  - Making **accurate observations** of the child
  - Identifying risk and protective factors
  - Maintaining an accurate record of documenting and process and findings

Bright Futures Recommendations & Limitations

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- Recommendations for Preventive Pediatric Health Care
  - Developmental surveillance at every routine well visit

- Limitations
  - Discussion on surveillance limited to already described components of surveillance plus screening and then focuses discussion on screening (page 78, 4th ed.)
  - Table 1: Developmental Milestones for Developmental Surveillance at Preventive Care Visits (pages 85-87, 4th ed.)
    - A sampling of milestones by developmental domain at specific ages corresponding to well visit periodicity
    - Intended for discussion with parents for the purposes of surveillance of a child's developmental progress and for developmental promotion
    - No cognitive domain (the most common delay in >5yo)

Hagan, et al. 2017

Eliciting Parents' Concerns

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- Strengths
  - Having and not having concerns—high sensitivity and specificity (70-94%)
  - Hear parents' observations and concerns in their own words
  - Parents learn that their observations are of interest to the professional
  - Improves parent-professional collaboration (especially those of limited formal education)
  - Provides foundation for child- and family-focused team-based care

Glascoe and Marks 2011

Eliciting Parents' Concerns (cont'd)

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- Limitations
  - Parents may not think about development in domains
  - May not understand some terms (e.g., development)
  - Language barriers and challenges with interpretation (e.g., 'emotional' or 'concerns')
  - Lack of association of behaviors with potential delays
  - Lack of appreciation with evolving presentation of delays ("…used to but is doing better now")
  - Professional's bias
  - First-time parent
  - Very young child or infant
    - Lack of 'comparing' with other children
    - More subtle indications of concern

Glascoe and Marks 2011

Development

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Orione Conceição
Pexel.com

How a baby or young child plays, learns, speaks, acts, and moves

CDC Learn the Signs. Act Early

Learn the Signs. Act Early
Parent/Caregiver Developmental Monitoring Resources

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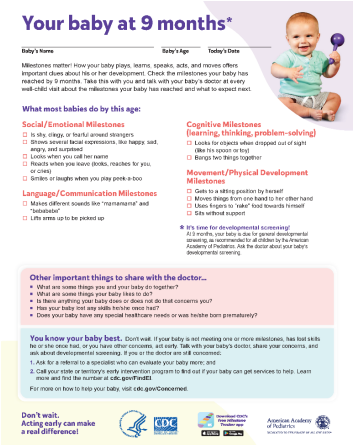

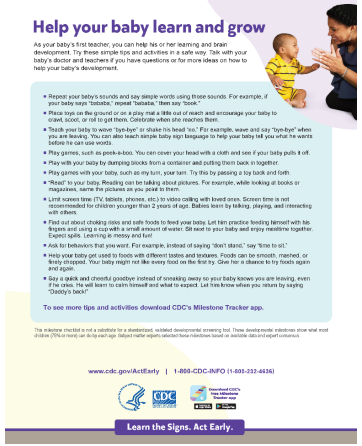

English &
Spanish
Other languages

[CDC Learn the Signs. Act Early]

Learn the Signs. Act Early Parent/Caregiver Developmental Monitoring Resources

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- Educational
- Free
- Empower family members to actively engage and advocate in support of their young child's optimal development
- Parent vetted
- Written in plain language and at 5th and 7th grade reading level
- For infants and children 2 months to 5 years of age
- Fun memento of a child's developmental progress
- Function as a tool for presenting parent's concerns when they arise
- Promote parent engagement, collaboration, and team-based approach with the parent a member of the care team
- Increases likelihood of follow through with referral when recommended

CDC Learn the Signs. Act Early

Learn the Signs. Act Early

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"I think it (LTSAE resources) helps all parents because we as parents cannot just know what our kids should be doing at certain ages, so this helps us learn more about this. This also helps me in talking to my doctor and asking him questions about my kid's (development)…"

[NY—Spanish parent]

Raspa, et al. 2015

Implementing LTSAE Developmental Monitoring in the Early Childhood System—Examples

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- Medical system (obstetrics, prenatal classes, newborn nurseries, primary care)
- Child Find
- Early care and education settings/center-based care
- Community health worker/family navigator outreach
- Health fairs, libraries
- Parent Mentor programs
- Incarcerated parents
- PRAMS (Pregnancy Risk Assessment Monitoring System)
- Universally-offered home visiting & other home visiting programs

Oregon's Universally-Offered Home Visiting Program

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- Every family with a newborn or adopted child up to six months of age is offered a home visit (up to 3)
- A home visiting nurse calls on the family after they leave the hospital
- Family is provided a welcome packet with information and resources and support in any additional services the family deems beneficial
- CDC Learn the Signs. Act Early Milestone Moments booklet is included in the packet

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Thank you!

Family-Engaged Developmental Monitoring (FEDM) in Practice

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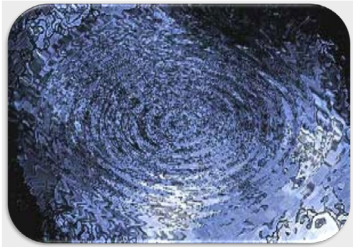
FEDM – Family Experience



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SPAN Parent Advocacy Network (SPAN)

Mission: To empower families, youth and young adults, inform and involve professionals and others interested in the healthy

development and education of children -- to enable them to become fully participating and contributing members of our communities and society.

Empowered Parents: Educated, Engaged, Effective!

Learn the Signs. Act Early.

SPAN Parent Advocacy Network

Early Childhood

Family Engagement

Health Mental Health

Individual Assistance

Leadership Development

Organizational Capacity Building

Parent & Professional Development

Policy & Systems Advocacy

Youth Engagement

SPAN Parent Advocacy Network

Program Areas

New Jersey - State Team

- The Bogg's Center on Developmental Disabilities (UCEDD/LEND)
- Department of Health
- Department of Children and Families
- Department of Education
- Department of Human Services
- Autism and Developmental Disabilities Monitoring Network
- Head Start Association
- Family Success Centers
- Family Child Care Association
- Child Care Resource & Referral Agencies
- American Academy of Pediatrics
- Autism Center for Excellence
- Pediatric Residency Advocacy Collaborative
- Reach Out and Read
- And many others!

Act Early COVID-19 Response Project

- Ambassador-led State Team
- Needs Assessment - Lack of awareness about the differences and overlaps in monitoring vs. screening
- Train-the-Trainer (parent-led trainings) for EC programs
- Parent Champions Training
- “Noteworthy” Newsletters
- Exceptional Parent Magazine Article (highlights LTSAE & resilience resources)
- Act Early Materials - Baby’s Busy Day Books and Developmental/Resilience Toolkits

SUPPORTING THE DEVELOPMENTAL HEALTH AND RESILIENCY OF YOUNG CHILDREN AND THEIR FAMILIES

A Toolkit for Families of 3–4 Year Old Children

MAKING MEMORIES

There are many ways to make memories with your children. Here are some ideas to start with.

- **Create a special routine,** like reading a book together at bedtime every day.
- Let your child help you **prepare a meal and gather to eat as a family.**
- **Make household tasks fun.** Have your child match pairs of clean socks, race to pick up the most toys, or dust while dancing to songs.
- **Make a work of art.** Work together to make a card for a friend’s birthday. Use a blank t-shirt and let your child decorate it with markers or write a story and create pictures together. Let your creativity run wild!
- **Pretend play.** Pretend that your child is an astronaut going to a new planet, a bus driver driving a bus, or a Vet helping animals feel better.
- **Play a classic game** together. A list of well-known and loved games is shown on the right.

CLASSIC GAMES TO PLAY

Fun Games to play that teach children life skills.

HIDE AND SEEK

This game teaches about problem-solving: where can you hide for the longest time?

RED LIGHT, GREEN LIGHT

This game teaches patience. To win, children must listen for directions, be patient, and control their bodies.

SIMON SAYS

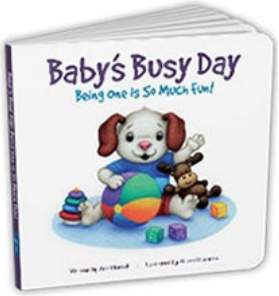
This game teaches about listening. To play this game, children learn to pay attention to instructions by listening for the words, “Simon says.”

MUSICAL CHAIRS

Teamwork and dealing with disappointing feelings are skills learned when playing musical chairs.

APRIL 2021

Printed Materials



Act Early Ambassador Goals

- Goal 1: Work with 5-10 local pediatric clinics to integrate LTSAE materials, including the CDC's Milestone Tracker app, as a method to conduct developmental surveillance between well-child visits.

- Goal 2: Promote the use of LTSAE materials and child monitoring/screening by NJ's Early Care and Education programs and facilitate the sustainable integration of LTSAE into their policies and practices.

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Opportunities to Promote Act Early Resources at SPAN

- Oversee multiple projects focused on improving Early Childhood and Family Engagement outcomes
- Collaborate with other SPAN projects to reach families with young children and the professionals who serve them
- Many opportunities and platforms to share
  - Infant Child Health Committee
  - Community of Care Consortium

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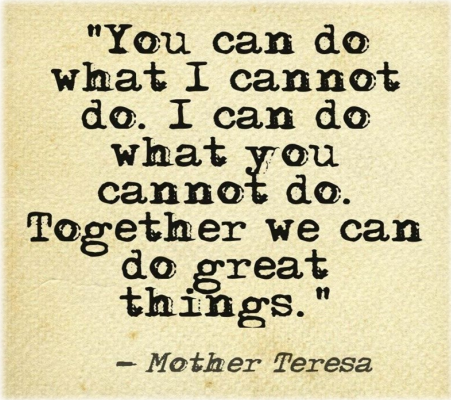
Opportunities for Promoting FEDM

- Ongoing collaborations with existing partners
  - Department of Children and Families (Help Me Grow, Early Childhood Comprehensive Systems Prenatal-3, Home Visiting/Universal Home Visiting)
  - Department of Health (Title V, WIC)
  - Boggs Center on Developmental Disabilities (UCEDD & NJLEND)
  - Autism & Developmental Disabilities Monitoring (ADDM) Network
- Develop new partnerships
  - NJ Pediatric Residency Advocacy Collaborative
  - Reach Out and Read



Help Me Grow/Early Childhood Comprehensive Systems Prenatal-Three

- State Parent Lead
- Child Developmental Passport
- Developmental Health Promotion Parent Champions
- Opportunity to participate in the Coordinated and Integrated Data Systems for Early Identification (CIDSEI) National Advisory Council to provide input for developing the FEDM Roadmap

Leveraging CDC's "Learn the Signs. Act Early." and Help Me Grow/Early Childhood Comprehensive Systems Collaboration to Support NJ Families with Young Children

Customized LTSAE & HMG Materials

Folders, Tote Bags, Pens, Brochures. & More

LTSAE/HMG/ECCS Trainings & Presentations

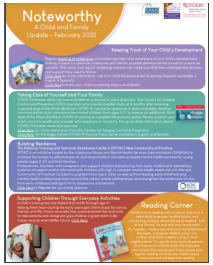
Developmental Health Promotion & Family Engagement

- Infant Child Health Committee Meeting
- Partnership for Families Meeting
- Governor's Council on the Prevention of Developmental Disabilities
- Pediatric practices participating in the Reach Out & Read NJ program
- Pediatric Practices participating in the NJ Chapter of American Academy of Pediatrics' Early Identification & Referral for Autism ECHO
- Federally Qualified Health Centers
- Family Engagement Specialists @ County Resource & Referral Agencies
- Community Health Workers
- Mental Health Clinicians @ Head Start/Early Head Start Programs
- And more!

Partnership with Reach Out & Read (ROR)

Alignment of LTSAE/HMG/ECCS Goals & Priorities

- Noteworthy Newsletters – ROR NJ book suggestions
- Parent Champions on ROR NJ Advisory Committee
- ROR NJ joint abstract submissions with State Parent Lead/LTSAE Ambassador
- Health Provider Outreach & Engagement Workgroup
- LTSAE/ROR Developmental/Resilience Toolkits



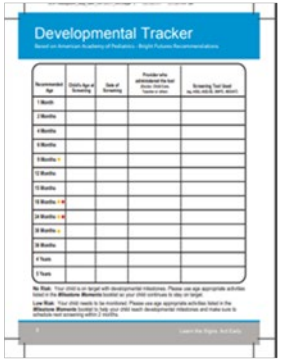
Reach Out & Read
NEW JERSEY

New Jersey Department of Children and Families

Help Me Grow New Jersey

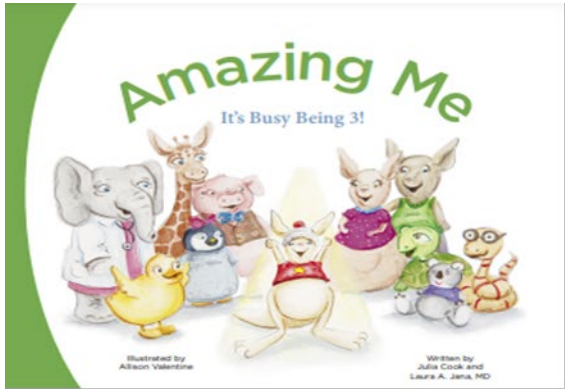
SPAN Parent Advocacy Network

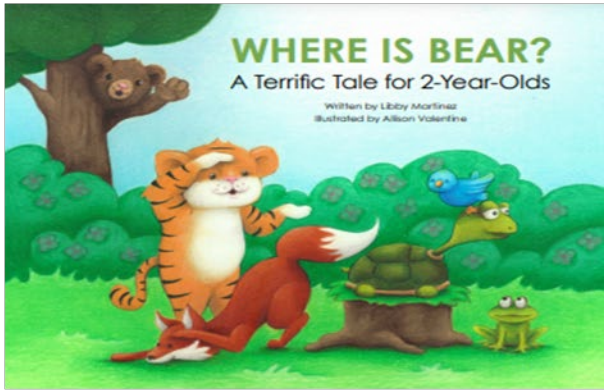
NJ's Child Developmental Passport



Parent Champions

Printed Copies of Children's Books





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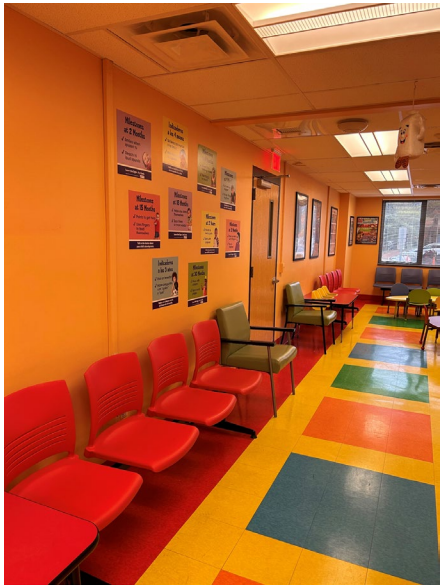
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

INTEGRATING MILESTONE CHECKLISTS INTO THE STANDARD DELIVERY OF WIC SERVICES

With Technical Assistance received from the CDC & the Association of State Public Health Nutritionists (ASPHN)

- Pilot in 3 WIC clinics in Ocean County WIC:
  - 0-4 years old enrolled: 21,000+
  - 0-4 years old participating: ~21,000
- All in-person appointments who have a child 2 months or older receive a checklist
- Families connected to resources

Accomplishments of the Pilot



- From March to June 2023
  - 1891 paper checklists provided
  - Milestone Tracker App added to NJ WIC Shopper App and averaging 9,500 clicks per month
- Integrating an automated system with WOW
  - Personalized checklists to be delivered to families via email based on date of birth of their child instead of WIC appointment date
- Encouraging other WIC clinics across the state to begin integration

DEVELOPMENTAL SURVEILLANCE OR MONITORING
DEVELOPMENTAL SCREENING
Done by parents, teachers & health professionals
On-going process begins at birth
Sample tool: "Learn the Signs. Act Early." Milestones Checklist
Both look for developmental milestones
Important for tracking signs of development & identifying concerns
Formal process Recommended by the American Academy of Pediatrics at 9, 18, 24 or 30 months
Done by health professionals May be done by teachers with special training
Uses a valid screening tool Sample tool: Ages & Stages Questionnaire

Next Steps Flow Chart

Additional Resources – Ocean County Tip Sheet

Discuss Concerns with Your Child's Doctor

If you or your child's primary caretaker has noticed that your child has not reached age-appropriate milestones, ask your child's doctor or nurse practitioner for a referral to a specialist. During your appointment, you should also bring up any vision, hearing, or dental concerns.

Contact NJ Early Intervention (Birth to 3 years old)

The Early Intervention System is the primary point of entry for health and social services. The statewide toll-free number listed on the chart will connect you to someone who will guide you through the enrollment process.

Contact Preschool Special Education (3 to 5 years old)

Your local school district can give you information on transition planning, school placement, and more.

NJ Department of Education – Office of Special Education Programs
609-292-4469

Schedule a Developmental Evaluation

An evaluation team will assess your child for developmental delays, make a diagnosis if needed, and recommend a treatment plan.

Connect with Local Community Resources

Community resources include advocacy groups, parent workshops, and recreational programs. In addition to the Local Community Resources listed on the flow chart, you may also contact:

Home Visiting Programs:

Healthy Families – Preferred Children's Services, Inc.
732-458-1700 ext. 1205

Nurse-Family Partnership - VNA of Central Jersey/VNA Health Group
732-502-5158

Parents as Teachers – St. Francis Community Center
609-494-8861

Community Resources:

Parents of Autistic Children (POAC)
732-785-1099

The Arc Ocean County
732-363-3335

Find Family/Social Support

Consider joining a support group to share experiences and resources.

FACES 4 Autism
609-892-3444

Family Support Center of NJ
800-372-6510

Mom2Mom
877-914-6662

New Jersey Self-Help Clearinghouse
800-367-6274

Contact Mental Health Services

PerformCare NJ connects children and their families to a variety of behavioral health and developmental disability services.

Contact Special Child Health Services Case Management

Your county's Special Child Health Services (SCHS) Case Management Unit will coordinate family-centered care for your child.

Follow-up

Keep in touch with your child's pediatrician, case manager, child care providers, and teachers.

Developed by The Boggs Center and The Statewide Parent Advocacy Network.
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Your Next Steps

- Use Act Early materials to promote FEDM: www.cdc.gov/actearly

- Find your Act Early Ambassador/Act Early State Team and receive access to customized/printed materials that may be available for your state: https://www.cdc.gov/ncbddd/actearly/ambassadors-list.html

Your Next Steps (cont'd)

- Partner with family organizations to reach families with young children
  - Find a Parent Center: https://www.parentcenterhub.org/find-your-center/
  - Find a Family-to-Family Health Information Center or Family Voices Affiliate Organization: https://familyvoices.org/affiliates/
  - Find a Parent to Parent Program: https://www.p2pusa.org/parents/
- Help improve FEDM and early identification efforts in your state

Thank You

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Q & A

Let’s “jam”!

- We will be using the Jamboard to brainstorm together about the following:
  - Page 1: What barriers do you see in implementing family-engaged developmental monitoring in your work?
  - Page 2: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **healthcare**
  - Page 3: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **home visiting**
  - Page 4: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **early care and education**
  - Page 5: STRATEGY BRAINSTORM: Family-engaged developmental monitoring in **social services**
  - Page 6: STRATEGY BRAINSTORM: Family-engaged developmental monitoring **across the early childhood system**
- Feel free to navigate to the page that resonates with you!
- This is your chance to share your strategies and ideas, as well as get ideas from others that you can apply to your work

Family-Engaged Developmental Monitoring- Now What?

- Read the Roadmap
- Complete the appropriate self-assessment! (available for the provider/program level and the system level)
  - Based on the self-assessment, identify opportunities for your program or system to increase FEDM practices
- Explore the CDC Learn the Signs. Act Early campaign!

ECDHS: Evidence to Impact Center Feedback Survey

Please take a moment to complete a brief survey to support the Evidence to Impact Center in improving its training and technical assistance offerings and assessing program outcomes over time.

The survey is anonymous, voluntary, and should take **no longer than 10 minutes** to complete.

To complete the survey, please click on the link in the chat or scan the QR code below on a mobile device:

CMEs

Enduring Material content is available 9/25/2023-9/30/2024.

Accreditation and Designation Statements

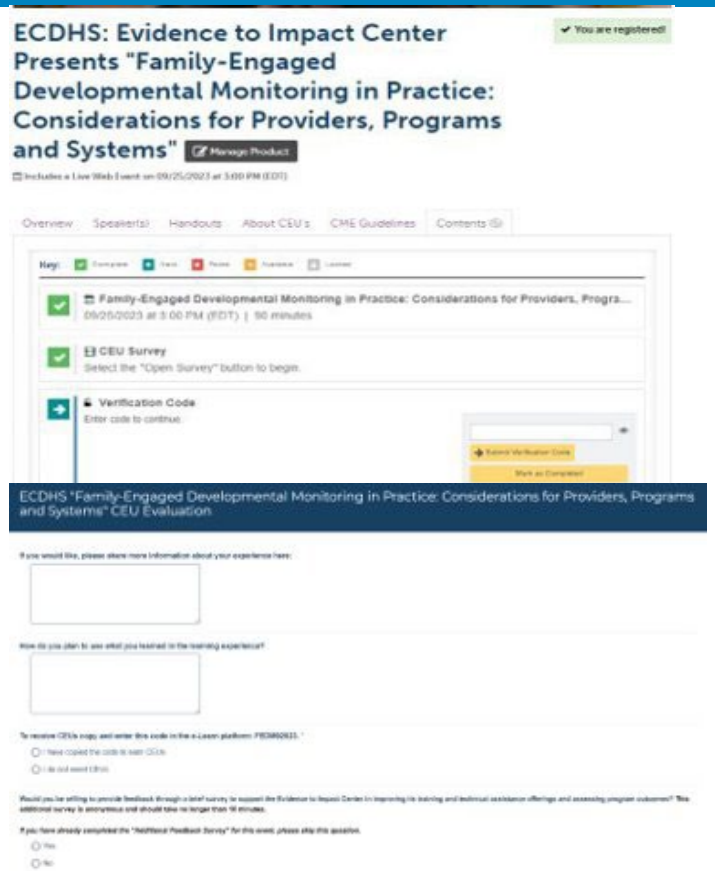
- The American Academy of Pediatrics (AAP) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
- The AAP designates this Other (Internet Live & Internet Enduring) Activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.
- This activity is acceptable for a maximum of 1.0 AAP credits. These credits can be applied toward the AAP CME/CPD Award available to Fellows and Candidate Members of the American Academy of Pediatrics.
- PAs may claim a maximum of 1.0 Category 1 credits for completing this activity. NCCPA accepts AMA PRA Category 1 Credit™ from organizations accredited by ACCME or a recognized state medical society.

MOC Statement:

- Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1.0 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

  If you do not successfully complete all components of the activity and evaluation assessment ABP MOC Part 2 Points will not be awarded.

CEUs



- To receive credit for today's training, please complete the following under the "Contents" tab:
  - Select "CEU Survey."
  - Enter the verification code provided at the end of the CEU Evaluation. (The verification code is case sensitive.)
  - Complete the CEU Evaluation quiz.
  - Once all items are completed the certificate will become available for download.

- You have 30 days to return to the Event page and complete all items to receive credit.

https://elearn.zerotothree.org/p/ECDHS-FEDM-September-25-2023#tab-product_tab_contents__5

Early Childhood Developmental Health Systems

EVIDENCE TO IMPACT CENTER

Upcoming Webinar:

Improving Program Outcomes for Children and Families: The IDEAS Impact Framework

Monday, October 30
3-4:30 pm EDT

Registration coming soon at **earlychildhoodimpact.org/events**!

Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Thank you for participating!

Visit earlychildhoodimpact.org for more resources, events, and information.