

**UPIQ SOCIAL-EMOTIONAL SCREENING LEARNING COLLABORATIVE
PRE-COLLABORATIVE ASSESSMENT**

Dear Social-Emotional Screening Learning Collaborative Participant,

Thank you for your interest in participating in the Social-Emotional Screening Learning Collaborative. As a reminder, the initial learning session is scheduled for Friday, May 20, 2005 at Thanksgiving Point.

Measurement is an important part of any quality improvement process. In order to determine if your practice is making progress during the learning collaborative, you need a baseline to compare to future measurements.

In preparation for the meeting, and to have a better understanding of what each practice is currently doing, we are asking you and your practice to complete the following survey. Please answer the following questions, followed by a 10 chart audit (this is easy!).

Use your Quality Improvement Team to complete this form, and then return it via fax to: Jenifer Lloyd, UPIQ Coordinator at **(801) 581-3899**.

If you prefer, you may mail your completed forms to:

Jenifer Lloyd, UPIQ Coordinator
Division of General Pediatrics
University of Utah
50 N. Medical Dr.
Salt Lake City, UT 84132

Please return the forms no later than **May 13, 2005**. Thank you and we look forward to seeing you on May 20!



Your practice name: _____

1. Do you use a standardized tool to assess the social, emotional, or behavioral development of infants and young children (age birth to five years)?

- Yes No

2. What standardized tool(s) do you use? (Please check all that apply.)

- ASQ
 ASQ:SE
 PEDS
 TABS
 Other (please specify): _____

3. How satisfied are you with your current method of identifying children with possible social, emotional, or behavioral concerns?

- Very satisfied Somewhat satisfied Not at all satisfied

4. When you identify a child with what you believe to be minor social, emotional, or behavioral concerns, what do you do? (Please check all that apply.)

- Do “watchful waiting” until next well-child visit
 Counsel parent(s)
 Provide anticipatory guidance materials
 Refer child for services

5. Where would you refer a child with social, emotional, or behavioral concerns that you did not feel comfortable addressing in your office? (Please check all that apply.)

- Community Mental Health Center (e.g., Valley Mental Health)
 Early Intervention
 Early Head Start
 Children with Special Health Care Needs
 Private family therapist or social worker
 Private psychiatrist or psychologist
 Primary Children’s Medical Center
 Other (please specify): _____

6. If you have referred a child for social, emotional, or behavioral concerns in the past, how satisfied were you with the ease of getting a referral?

- Very satisfied Somewhat satisfied Not at all satisfied

7. How satisfied were you with the exchange of information between the referral agency(ies) and your office?

- Very satisfied Somewhat satisfied Not at all satisfied

8. Finally, what do you hope to gain from your participation in this project? (You can use additional pages if you wish – just send them with the rest of the assessment.)

THIS IS EASY!

**Measurement is a critical component of every quality improvement effort.
This audit will measure your practice's starting point.**

Even if you do not currently use a screening tool, please perform the following brief audit. Select 10 charts of toddlers (12 to 36 months) seen for well child visits within the last month. Of these charts, 5 should be toddlers with Medicaid. Gather the following information about this most recent visit from the chart:

Chart 1
1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage: Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used? Yes (Go to Question 5) No (<i>Continue with next chart</i>)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral? Yes (Go to Question 7) No (<i>Continue with next chart</i>)
7. If the answer to question 6 was yes, did any of the following take place: Scheduled a follow-up visit. The child was referred for further assessment. The child was referred for treatment. The parent was counseled. The issue was dealt with at this appointment: Parent given activity sheets Anticipatory guidance brochures Ongoing in-office treatment plan Other (please list) _____ None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to: Local Mental Health Agency (i.e. Valley Mental Health) Early Intervention Early Head Start Children with Special Health Care Needs Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (<i>Please mark all that apply</i>) Yes Received assessment report Received treatment report Not eligible for services No

Chart 2

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 3

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 4

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 5

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 6

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
 Parent given activity sheets
 Anticipatory guidance brochures
 Ongoing in-office treatment plan
 Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
 Received assessment report
 Received treatment report
 Not eligible for services
No

Chart 7

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 8

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 9

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No

Chart 10

1. Child's age (in completed months) at the visit: _____ months
2. Type of Health Coverage:
Private Insurance Medicaid Self Pay CHIP
3. How many well child visits has the child had? (total since birth) _____ visits?
4. Do the chart notes indicate that a social-emotional developmental screening tool has ever been used?
Yes (Go to Question 5) No (*Continue with next chart*)
5. Screening tool(s) used: _____
6. Did the screening tool indicate a need for follow-up or referral?
Yes (Go to Question 7) No (*Continue with next chart*)
7. If the answer to question 6 was yes, did any of the following take place:
Scheduled a follow-up visit.
The child was referred for further assessment.
The child was referred for treatment.
The parent was counseled.
The issue was dealt with at this appointment:
Parent given activity sheets
Anticipatory guidance brochures
Ongoing in-office treatment plan
Other (please list) _____
None of the above.
8. Due to concerns about possible social-emotional development, the infant was referred to:
Local Mental Health Agency (i.e. Valley Mental Health)
Early Intervention
Early Head Start
Children with Special Health Care Needs
Other: (please list all that apply) _____
9. Did you receive information from the referral agency? (*Please mark all that apply*)
Yes
Received assessment report
Received treatment report
Not eligible for services
No