Table One.

Level of Engagement	Level 1 Practice *New./ Re-Engaged*	Level 2 Practice *Beginning*	Level 3 Practice *Fully Implementing*
Leveraging Language *Strategies for supporting forward movement to universal screening*	● Identify practice point of contact, current practice protocols & what gaps/ needs exist for training and education ● Define the "What" for the practice ➢ What is the practice's role in the partnership? To perform screening & surveillance as recommended by the AAP and Iowa EPSDT Periodicity schedule and refer to 1st Five when a need is identified ➢ What is 1st Five? A public health partnership with primary care to improve rates of developmental screening in primary care well-child visits ➢ What 1st Five can do for them? Provide implementation support, technical assistance, and training and education on the use of standardized developmental screening tools like the ASQ, ASQ:SE, and the MCHAT, and act as a one-stop referral resource for early intervention and developmental referrals ➢ What are they being asked to do? Implement Iowa EPSDT recommendations for developmental screening in primary care at 9, 18, and 30* month well-child exams.1st Five partnership also includes referral to resources in the community. ● Consider peer consultation to support provider-to-provider education about screening	● Identify barriers with targeted outreach ● Identify office or provider champion ● Consider a peer-to-peer consultation to address concerns about implementation and why screening is essential in well child visits ● Define the "What" & the "Why" ➢ Why is developmental screening an important component of well child visits? Primary care providers are a universal access point for engaging with children (most parents bring their children to the doctor within the first years of life). The provider is well positioned to identify children at risk of delay early and provide early intervention support meeting developmental milestones ➢ Why is it important to use a standardized developmental screening tool to identify children at risk of a developmental delay? Instead of visual assessment alone? Visual assessment alone only identifies 30% of children with a disability. A developmental screening tool improves that identification rate significantly so that children are not missed during well-visit exams, and can be connected to early intervention supports during critical windows of development. ➢ Why is it important to identify children at-risk of a delay early and get them connected? By identifying children at risk of delay early, children are able to be connected to resources that may improve developmental outcomes before school age. The birth to five age window is a period of development where brain architecture is occurring rapidly and interventions have the ability to support brain development, which may improve the child's ability to reach targeted developmental milestones,	● Focus on opportunities for partnership sustainability ➢ Become a part of the orientation & onboarding process for new staff to learn about 1st Five & how to screen & when and how to refer ➢ Work on consistent engagement to identify new concerns and promote sustainability of screening in the practice ➢ Provide consistent technical support as needed by the practice and identified by the Site Coordinator

Table Two.

Outlier Practices	Partially Implementing Practices (PIP)
Leveraging Language	- Gather information about current screening and referral protocols - Investigate current referral resources used to refer children birth to five years old - Investigate current workflow processes in the practice that do not support screening implementation (lack of staff, lack of time, competing practice priorities) - Investigate previous 1st Five referral history, and screening history using 1st Five data system - Develop and present a plan for implementation using information collected. - Presentation of the plan may include: - Consider Peer-to-Peer consultation as a way to communicate the following messages: - Importance of using a standardized developmental screening tool in primary care - How implementation of screening tools in a busy practice can be relatively easy - Implementation of screening tools actually saves time in identifying delays and - Use of 1st Five referral resources saves time in coordination of referrals and collecting outcome information after referrals are made - Intensive education and training on the purpose & mission of 1st Five, and developmental screening tools - Intentional and strategic follow up to engagement including: - Assessment of persistent challenges, if present - Opportunities for additional peer consultation when screenings and/or referrals remain stalled