Why is Developmental Screening Important?

Children with special health care needs are more likely than their peers to have developmental delays and disabilities. Early identification of developmental issues is essential for connecting children to early intervention services. When infants and toddlers with developmental delays and disabilities and their families receive developmental support early, such as through Part C Early Intervention (EI) programs (Strong Start in DC), the impact has been demonstrated to be positive and long-lasting. Current findings include:

- Infants and toddlers participating in Part C programs increased their functioning in motor, cognitive, and social functioning; acquired age-appropriate skills and had a reduced negative impact of their disabilities.¹
- Between 54%-62% of children receiving Part C services were functioning within age expectations when they exited the program.²
- Forty-six percent of children who received EI services because they were at risk for needing special education services did not need those services by the time they entered Kindergarten.³
- Families participating in Part C programs felt more competent about caring for and helping their children's development and were helped to feel more optimistic about their children's future.⁴,⁵

Early identification of developmental problems can change the course of a child's life. Unfortunately, while approximately 15% of children are estimated to have a developmental disability, only 2-3% receive early intervention services through public programs.⁶,⁷

The first step to connecting young children with early intervention services is effective, periodic development screening. Screening includes the use of parent reports and screening tools. Parental concerns are highly accurate in identifying developmental problems—in some studies up to 80% of parental concerns are accurate. Thus actively seeking input from parents, especially through a structured, parent-report screening tool can be highly effective in flagging children who need more evaluation and possible early intervention services.⁸ When such routine screening is not in place, only 30% of children with developmental issues are identified before Kindergarten.³ On the 2011-2012 National Survey of Children's Health only 21.4% of parents in DC reported that they had completed a standardized developmental screening tool for their child ages 10 months to 5 years during a health care visit. Many health care providers use a less structured approach and ask about development and parent concerns about development within the context of the office visit. On that same survey, between 41.9% (White, non-Hispanic) and 57.8% (Hispanic) of families reported that during the past 12 months their child's doctor had not asked about concerns they had about their child's functioning. Families of children with public insurance were far less likely to have been asked (40.8%) compared with children with private insurance (60.3%).¹⁰

What Can Primary Care Health Providers Do?

The American Academy of Pediatrics guidelines for surveillance and screening include developmental monitoring (surveillance) at every well-child visit and the use of a formal screening at 9, 18 and 30 months as well as screening for autism at 18 and 24 months.
Developmental screening within a primary care practice is one of the most effective ways to screen DC’s children. Based on responses to the 2011/2012 National Survey of Children’s Health\textsuperscript{10}, nearly 90% of children in DC have one or more persons considered to be their personal doctor or nurse. For children covered by Medicaid in DC, the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Health Check benefit requires developmental screening per the AAP guidelines. Thus, the primary care setting provides an optimal opportunity for screening all of DC’s children. Within the many demands on primary care health visits, it can be challenging to incorporate formal developmental screening. However, it is time well spent as it has been estimated that at least 20% of all visits to a pediatrician's office are for developmental or behavioral issues.\textsuperscript{11} Practical solutions and resources for making practice accommodations including choosing validated tools that are based on parent report rather than professional administration can be found at the end of this fact sheet.

**What Screening Tools are Useful in Primary Care Settings?**

There are a number of tools that can be used in healthcare settings. There are those that are parent administered and based on their report of their child’s behaviors and those that require a member of the primary care team to administer the tool that focus on observation of developmentally appropriate behaviors.

**Birth to 5: Watch Me Thrive**, [http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive#Compendiuminitiative](http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive#Compendiuminitiative), is a partnership between the U.S. Departments of Health and Human Services is a coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them. They suggest that the following factors guide the choice of the screening tool selected for use in primary care settings:

- Ages the tool is designed to screen;
- Time it takes to use the tool;
- Cost of the tool (many of the common tools are proprietary and have a cost);
- Training needed to administer and interpret the tool;
- Availability of the tool in languages other than English;
- Cultural appropriateness of the tool.


While primary care providers may choose from the range of tools, two (Ages and Stages Questionnaire [http://www.brookespublishing.com/resource-center/screening-and-assessment/asq](http://www.brookespublishing.com/resource-center/screening-and-assessment/asq) and Parents’ Evaluation of Developmental Status [http://www.pedstest.com/default.aspx](http://www.pedstest.com/default.aspx)) are frequently used, because they are parent report and can be completed before the face-to-face encounter with the child and family. In addition, they can be administered by members of the care team who do not have a technical child development background. Both tools are available in manual and electronic formats, include guidance and follow-up steps and are available in languages other than English. They may not, however, be the right choice for all practice settings or populations of children and families. Currently, The Modified Checklist for Autism in Toddlers (M-CHAT) ([www.m-chat.org](http://www.m-chat.org)) is used frequently used to screen for Autism Spectrum Disorders ([www.mchatscreen.com](http://www.mchatscreen.com)).

**Cultural Competency in Screening**

Almost all developmental tests have at least some element of cultural bias. Screeners need to be cognizant of this issue and be sensitive and well-informed about families with different cultures or practices. Those administering screening tools should be knowledgeable about the family's culture and the language of the child, be respectful of the family's cultural values, and ensure that all tests and evaluation materials are given in the native language of the child. There are varying degrees of stigma related to mental and behavioral health problems across cultures. Understanding these concerns is vital to helping families take steps to address problems.
that may be identified in the screening process. An excellent resource on cultural competence in screening is available at http://www.mactearly.org/uploads/9/2/2/3/9223642/4_considering_culture_asd_screening.pdf.

**Screening is Just the Beginning**

Screening is just the first step. If screening indicates a potential problem the next steps include:

- Review the findings with parents to get more details, be sure they understood the questions that suggest a problem and determine if there any cultural beliefs about child-rearing that might affect their responses (e.g., children are not expected to dress themselves until they are ready for school).
- Share the results with the family—it is suggested that a follow-up appointment may be needed to fully discuss the issues raised in the screen and to plan next steps with the family.
- Make a referral with the family to early intervention services for more in-depth evaluation and possible services. (See more information about how to do this below.)
- Let the family know what to expect from the referral and when they will see you again.
- Calling the family as a follow up will support their ability to follow through with the referral—this approach has been shown to significantly improve follow-up with referrals.12

**How Can Providers Help Families Follow Through on a Referral to Early Intervention?**

Families can find contacting the system for further assessment and services daunting. They may not be sure what to ask for or may be uncomfortable calling a government agency. Follow-through is greatly enhanced when the primary care provider’s office gets consent from the family to send the referral form directly to the Strong Start, DC Early Intervention Program. If the referral is sent directly to DCEIP, they can then contact the family to help them navigate the system and get the services their child needs. Here are some simple steps to support you and the family in this process

1. Obtain the referral form online or call the Strong Start DC Early Intervention Program to request a form: Strong Start DC EIP Child Find Hotline at (202) 727-3665 between the hours of 8:15 AM and 4:45 PM. If you call before or after business hours, leave a voice mail. The Hotline can also provide documents in the family’s primary language and arrange for an interpreter for the family. Families can use the DC Relay service at 711 for all callers who are deaf, hard-of-hearing or speech impaired.

2. It is helpful to have the family sign release of information forms between your practice and Strong Start so that you have ease of communication.

3. Collect any documentation you have about the child’s developmental concerns (birth records, screening results, etc.) to send with the referral.

4. Once you have completed the referral form with the family and have all the records,
   a. Email to osse.dceip@dc.gov
   b. Or fax to (202) 724-7230.
   c. Or call the program to discuss the best way to transfer the information to Strong Start

For more information about DC early interventions services click here.

**Who Else Can Make Sure That DC Children Receive Developmental Screening?**

Young children and their families receive services in many settings besides health care.

- **Early care and education providers** are in a good position to observe the development of young children in their care. They can provide ongoing observation of a child’s development in a setting where the child is comfortable and childcare and early education settings can implement formal developmental screening as well using standard tools. They can also encourage families to share developmental concerns with the child’s primary healthcare provider. Providers in early care and education can also make referrals to DCEIP. (See information above.)

- **Home visitors** also have an opportunity to see a child’s development within their own home. DC offers services for new and expectant mothers through a grant from the Maternal, Infant and Early Childhood Home
Visiting Program (MIECHV), a program of the U.S. Department of Health and Human Services, Health Resources and Services Administration. Information about services can be accessed by calling 1-800-MOM-BABY. Home visitors perform developmental screening on infants and young children and provide referral to DCEIP if there is a concern.

- **Child welfare case workers** have ongoing opportunities to observe a young child’s development. In addition, children with a disability are more likely to experience neglect or abuse than those without a disability. The increased stress of coping with the care of a child with special needs has been cited as a major risk factor. Thus helping families of young children at developmental risk through early intervention can help alleviate some of that stress and screening plays a vital role. Case workers can assure that infants and young children in the child welfare system have on-going screening based on the AAP periodicity guidelines, not just screening during the child’s initial contact with the system.

- **Providers in public housing or shelters** for families who are homeless can encourage families to receive screening or can create screening and developmental surveillance programs within their facilities. Children who experience homelessness, for example, are four times more likely to show delayed development than other children than and twice as likely to have an emotional disturbance; and as they get older have twice the rate of learning disabilities.

**Resources on Developmental Screening**

**Health Check Training and Resource Center**
This site has DC specific information about the EPSDT benefit under Medicaid with training and resources related to developmental screening.
http://www.dchealthcheck.net/index.html

**Birth to 5: Watch Me Thrive**
http://www.acf.hhs.gov/programs/ecd/child-health-development/watch-me-thrive

A Child Welfare Caseworkers Guide for Developmental and Behavioral Screening

An Early Care and Education Provider’s Guide for Developmental and Behavioral Screening

A Home Visitor’s Guide for Developmental and Behavioral Screening

A Home Visitor’s Guide for Housing and Shelter Providers

**Resources for Implementing Developmental Screening in Primary Care Practices**

Developmental Surveillance and Screening Policy Implementation Project (D-PIP)
This web site provides materials from the D-PIP training workshop, including resources to help practices implement the policy statement.
http://www.medicalhomeinfo.org/how/clinical_care/developmental_screening/d-pip

A Practical Guide for Healthy Development—A New Manual

Healthy Development Learning Collaborative
This guide gives offices step-by-step guidance on how to revise their office systems.
http://www.commonwealthfund.org/publications/fund-manuals/2006/apr/a-practical-guide-for-healthy-development

**Developmental Screening/Testing Coding Fact Sheet**
This Coding Fact Sheet provides guidance on how to report limited and extended developmental screening and testing services.
National Center for Medical Home Implementation: Developmental Surveillance and Screening
http://www.medicalhomeinfo.org/training/cmce/event3.aspx

Screening Implementation Worksheet
A worksheet developed by the Common Wealth Fund.
http://www.medicalhomeinfo.org/downloads/docs/ScreeningImplementationWorksheet.doc

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