

# Resources for Title V Action Planning: Developmental Screening Strategies and Measures

## Introduction

Screening for healthy development can help identify potential delay areas for further evaluation and diagnosis, and reduce the likelihood of developing other delays. As states look to improve developmental screening and early identification, collaborations across early childhood programs and implementation of data-driven, evidence-based strategies are critical to having functional and efficient statewide screening systems.

In summer 2014, the Association of Maternal & Child Health Programs (AMCHP) State Public Health Autism Resource Center (SPHARC) conducted an environmental scan<sup>1</sup> of the wide range of developmental screening activities occurring within all U.S. states and jurisdictions. Since then, the data have been further analyzed and shared with stakeholder groups to gather more feedback and inform the development of resources to assist states, particularly Title V programs, in building and improving developmental screening and early identification systems.

Currently, Title V programs are working on five-year needs assessments in preparation for submitting their FY2016 Title V MCH Services Block Grant applications in July 2015. As part of the process, grantees will develop interim five-year action plans around selected priorities and national outcome and performance measures. This includes setting objectives and strategies related to those priority areas and measures. In the second year (FY2017) application to be submitted in July 2016, grantees will include evidence-based/informed strategy measures (ESMs) that track and measure state Title V program strategies, activities and the impact on a national performance measure.<sup>2</sup>

This document highlights strategies, measures and resources to help Title V develop action plans to implement and improve screening and early identification systems and impact the national performance measure on developmental screening (see Table 1). This document is part of a set of SPHARC resources on state systems for developmental and autism screening. These resources are a first step based on a scan of current programs and activities. They will continue to be updated and aligned with other AMCHP and partner efforts. Additionally, it is important to recognize that screening is just one step in efforts to ensure effective system-wide programs for screening, referral, care coordination, and access to evidence-based services to meet the needs of children, families and communities.

## MCH Title V Transformation & the Developmental Screening National Performance Measure

As part of the recent transformation of the Title V MCH Services Block Grant,<sup>3</sup> a new performance measurement system and set of National Performance Measures (NPMs) were developed in partnership with states, families and other stakeholders.<sup>4</sup> Grantees will develop annual performance objectives for eight of 15 NPMs to work toward over the next five years. One of the performance measures (NPM#6) focuses on rates of developmental screening and tied to the national outcome measure (NOM) on school readiness (#13) and children in excellent or very good health (#19). An overview of the NPM is provided in the table below:

**Table 1: Overview of the Title V Developmental Screening NPM<sup>5</sup>**

NPM #	Short Title	Description	Details	Changes in the Revised National Survey of Children's Health	Related NOM
6	Developmental Screening	Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool	Screening must include questions regarding child's language and social development	Data will now be collected for children aged 9-71 months to be consistent with AAP guidelines.	13. Percent children meeting the criteria developed for school readiness  19. Percent children in excellent or very good health

<sup>1</sup> <http://www.amchp.org/programsandtopics/CYSHCN/projects/spharc/Documents/DevScreeningScan-FINAL-WEB.pdf>

<sup>2</sup> <http://www.mchb.hrsa.gov/programs/titlevgrants/blockgrantguidance.pdf>

<sup>3</sup> <http://www.mchb.hrsa.gov/blockgrant/index.html>

<sup>4</sup> <http://link.springer.com/article/10.1007/s10995-015-1739-5/fulltext.html>

<sup>5</sup> Adapted from: <http://www.amchp.org/AboutAMCHP/Newsletters/Pulse/MarApr2015/Pages/DataandTrends.aspx>

## Addressing Barriers to Recommended Rates of Screenings

According to data from the 2011/2012 National Survey of Children's Health, only 30.8% of children ages 10–60 months were screened for being at risk for developmental, behavioral and social delays using a parent-reported standardized screening tool during a health care visit. When selecting strategies and action steps, states may want to consider the barriers or drivers of low screening rates in their states. This information can be paired with state needs assessments to identify areas where a program can have the most impact or address a pressing need. Common reported challenges that contribute to low developmental screening rates can be categorized as those related to:

- Provider/Practice Level
- Policy and Public Health Coordination
- Family and Community Supports and Resources
- Data and Information Systems

Figure 1 further illustrates the types of barriers and contributors to low screening rates.

Improving screening, referral and early identification systems is a shared goal and responsibility across many sectors and programs. State Title V MCH programs are encouraged to utilize a Collective Impact framework to bring together partners and stakeholders to reach consensus on addressing challenges to recommended screening and services, and barriers faced by families and children. As Title V programs collaborate with other stakeholders, consider how other federally or nationally sponsored programs, operating within your state, can collectively support improved screening, referral, evaluation and entry into services. (See Appendix 1 and *National Landscape: Program and Initiatives to Promote Developmental and Autism Screening*.)

## Improving Developmental Screening: Example Strategies and Measures

This section includes examples of strategies that states used to increase developmental screening and improve screening and early identification systems and services (see Table 2). It also includes examples of how states can measure success and assess that their efforts are having an impact on screening rates. The strategies and measures are grouped in order to address the common challenges noted in Figure 1 above. These examples are not specific to any one state and not intended to be directives on which strategies and measures a state should adopt. Rather, they are samples based on the common types of strategies states are currently working toward, and ways that states are measuring their progress. Additionally, the tables list examples of data sources or other relevant programs/resources that states may find helpful in aligning strategies and reporting measures. An overview of programs and initiatives that have screening related objectives and/or measures is included in Appendix 1. More information can be found in the *National Landscape* document.

### Strengthening the Evidence for Maternal and Child Health Programs

The Johns Hopkins University was awarded the “Strengthen Evidence Base for Maternal and Child Health Programs” cooperative agreement to provide support and resources to assist state Title V maternal and child health (MCH) programs in developing evidence-based or evidence-informed State Action Plans, as well as in response to the National Outcome Measures, National Performance Measures, State Performance Measures, and state-initiated Evidence-based or informed Strategy Measures (ESMs). This will facilitate the transformation of the Title V MCH Services Block Grant program.

Activities funded under this cooperative agreement include:

- Develop criteria for evidence-based and evidence-informed strategy measures
- Provide a critical review of the evidence of effectiveness of possible strategies to address National Outcome Measures, National Performance Measures, State Performance Measures, and state-initiated Evidence-based or informed Strategy Measures via the Team of Experts
- Provide ongoing consultation to state Title V MCH programs via the Team of Experts, to support the state development of evidence-based or evidence-informed State Action Plan
- Develop Web-based supports and resources for state Title V (MCH) programs and an online community of practice.
- Maintain and enhance a MCH digital library to facilitate access to historical and current MCH documents

AMCHP will work closely with Johns Hopkins and other partners to align efforts to provide comprehensive technical assistance and resources to states and jurisdictions.

For more information: contact Cynthia Minkovitz at [cmink@jhu.edu](mailto:cmink@jhu.edu).

**Figure 1: Common Challenges that Contribute to Low State Developmental Screening Rates**



**Table 2: Example Strategies and Measures to Improve Developmental & Autism Screening**

Challenge / Need Area	Sample Strategies	Sample Measures	Example Data Sources/ Resources
<p><b>Provider / Practice Level</b></p>	<p>a) Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures Guidelines.</p> <p>b) Provide intensive technical assistance to help practices establish a screening process, a data entry process, and a referral process for secondary screening and full diagnostic evaluations, and to improve ability to address family needs.</p> <p>c) Provide trainings on use of screening tools</p> <p>d) Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.</p> <p>e) Educate provider practice staff on when and how to bill appropriately for developmental screening</p> <p>f) Develop mechanism to provide CMEs/CEUs for trainings and professional development webinars</p> <p>g) Partner with other entities (AAP, Medicaid/ EPSDT, MCOs, etc.) to develop and disseminate resources for clinical pediatric providers and early childhood professionals to improve screening rates and coordination of referrals and linkage to services within the state</p> <p>h) Leverage physician Maintenance of Certification Part 4 requirements to incentivize participation in performance improvement efforts related to increased/improved screening</p> <p>i) Identify and partner with physician champions to provide education and support to practices around care and screening for families and children</p>	<p>a) #/% of annual well-child visits at 9, 18 and 24 months where a validated developmental screening tool is administered, scored and documented in participating practices</p> <ul style="list-style-type: none"> <li>• #/% of practices that adopt/achieve recommended screening protocols</li> </ul> <p>b) # of primary care practices that received training and support for conducting developmental screening according to the AAP Bright Futures Guidelines</p> <p>c) # of providers that receive trainings on validated screening tools</p> <ul style="list-style-type: none"> <li>• Increase in knowledge measured by pre- and post-tests</li> </ul> <p>d) # of providers that receive training in cultural competence/considerations</p> <p>e) % of visits where administration of a screening tool for children &lt;30 months of age was used and is appropriately coded and/or billed.</p> <ul style="list-style-type: none"> <li>• # and % of 9, 18, 24 and 30 month olds with 96110 CPT code in Medicaid Claims data</li> </ul> <p>f) # participants and # of CMEs/CEU credits delivered through trainings and webinars</p> <p>g) # resources developed</p> <ul style="list-style-type: none"> <li>• # resources disseminated and # of clinical providers and early childhood professionals receiving resources</li> </ul> <p>h) # of providers participating in screening performance improvement activities</p> <p>i) # of participants (e.g. other providers, practice staff, patients) reached through “champion” education and support efforts</p>	<p>a) Quality improvement run charts/monthly reports</p> <p>b - d ) Training participant records; pre-post test data</p> <p>e) Medicaid claims data; CHIPRA Child Core set measure</p> <p>f) Participant records; CME/CEU records</p> <p>g) Dissemination tracking</p> <p>h - i ) Participant/attendance records;</p> <p style="text-align: center;"><u>Other Relevant Programs/Resources</u></p> <ul style="list-style-type: none"> <li>- Head Start/Early Head Start</li> <li>- EPSDT</li> <li>- Child Find Program</li> <li>- HRSA State Autism Implementation Grants</li> <li>- Project LAUNCH</li> <li>- Bright Futures</li> <li>- NIPN Improvement Partnerships</li> <li>- Promoting Healthy Development Survey</li> <li>- MIECHV CoIIN</li> </ul>

Challenge / Need Area	Sample Strategies	Sample Measures	Example Data Sources/ Resources
<b>Policy and Public Health Coordination</b>	<p>a) Strengthen partnerships between Title V and entities who administer or lead programs that coordinate and/or finance developmental screening (EPSDT; state chapter AAP/FP, HS/EHS, etc.) at the state, local and community level.</p> <p>b) Engage in cross system planning and coordination of activities.</p> <p>c) Establish common language and/or standardized forms for screening and referral that cross systems.</p> <p>d) Develop and deliver a common training curriculum on screening and coordination of referrals</p> <p>e) Partner with Medicaid to leverage payment policies to incentivize developmental screening and referral, e.g.:</p> <ul style="list-style-type: none"> <li>• Structure per member per month fees such as PCCM, PCMH, and health home payments under section 2703 of the Affordable Care Act to incentivize care coordination between PCPs and other systems<sup>6</sup></li> <li>• Target Medicaid targeted case management payments when coordination between PCPs and other systems is needed</li> <li>• Pay MCOs an incentive for increasing screening rates with validated screening tools</li> <li>• Require PCPs to conduct a developmental screen to receive EPSDT payments</li> </ul> <p>f) Support a state-wide developmental screening coordinator</p>	<p>a) # and type of partnerships to promote early childhood screening</p> <ul style="list-style-type: none"> <li>• # of specific collaborations between partners</li> </ul> <p>b) # of cross-agency meetings</p> <ul style="list-style-type: none"> <li>• % of cross-system partnership members present at meetings</li> </ul> <p>c) # and type of standardized forms/common language adopted by agencies</p> <ul style="list-style-type: none"> <li>• # and type of screening and early childhood referrals using standardized forms</li> </ul> <p>d) Yes/No on whether curriculum was developed</p> <ul style="list-style-type: none"> <li>• # of cross-systems partners receiving the training</li> <li>• % increase in screening/referrals across systems partners</li> </ul> <p>e) #/% children enrolled in Medicaid that receive routine age-specific developmental screenings</p> <ul style="list-style-type: none"> <li>• % increase in MCO screening rates with validated screening tools</li> </ul> <p>f) # and type of training and outreach strategies developed and implemented</p> <ul style="list-style-type: none"> <li>• # and type of collaborative partnerships formed</li> <li>• # and type of standard reporting and referrals used by partner groups</li> </ul>	<p>a) Partnership tracking; collaboration measurement tools</p> <p>b) Meeting documents (agendas, notes, sign-in sheets, evaluations)</p> <p>c) Agency administrative records</p> <p>d) Agency administrative records; Training participant records; pre-post test data; aggregated EMRs/EHRs; state Health Information Exchange</p> <p>e) Medicaid claims data; payor claims database</p> <p>f) Agency administrative records; Partnership tracking; collaboration measurement tools</p> <p style="text-align: center;"><u>Other Relevant Programs/Resources</u></p> <ul style="list-style-type: none"> <li>- Promoting Healthy Development Survey</li> <li>- CAHPS</li> <li>- HRSA State Autism Grants</li> <li>- Healthy Start</li> <li>- Birth to Five campaign</li> <li>- CHIPRA/Child Core Set</li> <li>- EPSDT</li> <li>- Race to the Top</li> <li>- Project LAUNCH</li> <li>- National Standards for CYSHCN Systems of Care</li> <li>- AUCD's Six by Fifteen</li> <li>- Help Me Grow</li> <li>- Improvement Partnerships</li> <li>- <a href="#">PARTNER collaboration tool</a></li> </ul>

<sup>6</sup> NASHP resource on section 2703: [http://nashp.org/sites/default/files/health.home\\_\\_state\\_\\_option.strategies.section.2703.pdf](http://nashp.org/sites/default/files/health.home__state__option.strategies.section.2703.pdf)

Challenge/Need Area	Sample Strategies	Sample Measures	Example Data Sources/Resources
<b>Family and Community Supports</b>	<ul style="list-style-type: none"> <li>a) Conduct an education and awareness campaign for families and communities on the importance of developmental screening</li> <li>b) Engage family and community leaders in the development and implementation of activities to increase screening rates</li> <li>c) Partner with the Family to Family (F2F) to provide resources for families about signs and symptoms of ASD/DD, developmental milestones, and services that exist in their community.</li> <li>d) Empower families to be an equal and essential part of the healthcare team by promoting and supporting family engagement in quality improvement healthcare activities for children with ASD.</li> <li>e) Support Parent Partners in programs to help practices improve screening and quality of service delivery</li> <li>f) Train child-care providers on recognizing problems early and how to talk with parents to promote developmental screening</li> </ul>	<ul style="list-style-type: none"> <li>a) # families that receive campaign resources <ul style="list-style-type: none"> <li>• # of hits or downloads to campaign website/materials</li> </ul> </li> <li>b) % increase in knowledge of the system and parent perception that the system has improved</li> <li>c) # of families who receive information, support, and systems navigation from the F2F specific to ASDs or early and continuous screening <ul style="list-style-type: none"> <li>• Increase in family/community awareness of importance of screening and resources available</li> </ul> </li> <li>d) % family satisfaction with services <ul style="list-style-type: none"> <li>• % families that report partnering in decision making at all levels</li> <li>• % of families who participated in technical assistance and professional development opportunities on evidence-based screening, diagnostic and treatment referral strategies for ASD</li> </ul> </li> <li>e) % satisfaction of Parent Partners and providers with the process and improvements made <ul style="list-style-type: none"> <li>• % increase in knowledge gains of child care provider obligations and resources measured by pre- and post-tests</li> </ul> </li> <li>f) % increase in knowledge among trained child-care providers on recognizing problems early and how to talk with parents to promote developmental screening</li> </ul>	<ul style="list-style-type: none"> <li>a) Education and awareness campaign program data; website analytics</li> <li>b) Training participant records; pre-post test data</li> <li>c) state F2F program data</li> <li>d) Family satisfaction surveys, program data</li> <li>e) Parent Partner surveys/evaluations</li> <li>f) Training participant records; pre-post test data</li> </ul> <p style="text-align: center;"><u>Other Relevant Programs/Resources:</u></p> <ul style="list-style-type: none"> <li>- Learn the Signs. Act Early. materials are publically available to states</li> <li>- HRSA Family to Family HIC</li> <li>- Family Voices resources/tools on family engagement</li> <li>- HRSA State Autism Implementation Grants</li> <li>- ECCS</li> <li>- CAHPS</li> <li>- Promoting Healthy Development Survey</li> </ul>



Challenge/ Need Area	Sample Strategies	Sample Measures	Example Data Sources/ Resources
<b>Research, Data and Information Systems</b>	<ul style="list-style-type: none"> <li>a) Negotiate interagency data-sharing agreements with agency and provider responsibilities delineated and with data sharing and privacy protocols</li> <li>b) Create and administer an autism registry</li> <li>c) Develop an inventory of existing data systems and their elements to identify opportunities for linkage and integration</li> <li>d) Promote the integration of developmental screening and referral results into EMRs through provider outreach, education and software stipends</li> <li>e) Integrate developmental screening modules into an existing state data system</li> <li>f) Develop a Web portal for state data sharing systems</li> </ul>	<ul style="list-style-type: none"> <li>a) # of data sharing agreements executed and implemented</li> <li>b) Yes/No measure as to whether an autism registry has been established in the state</li> <li>c) # of data systems and shared elements <ul style="list-style-type: none"> <li>• Identification of critical data partners/contacts within each state agency</li> <li>• # records/data matches in each system</li> </ul> </li> <li>d) # of practices that integrate developmental screening into their EMR <ul style="list-style-type: none"> <li>• # and type of activities that are led or convened by Title V to promote integration of developmental screening in EMRs</li> </ul> </li> <li>e) Policies established to integrate various data sources on developmental screening <ul style="list-style-type: none"> <li>• # screening data sources (e.g. MCOs, EPSDT program, clinical provider practices; early childhood programs providing screening) that can be linked to population based data sources</li> <li>• % linkages that are accomplished</li> </ul> </li> <li>f) # hits to web portal <ul style="list-style-type: none"> <li>• # of programs that contribute data to the system</li> <li>• # screens that can be tracked through the system</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>a) Agency administrative records</li> <li>b) Agency administrative records</li> <li>c) Data systems inventory</li> <li>d) Administrative records</li> <li>e) Agency administrative records</li> <li>f) Web portal analytics; data systems records</li> </ul> <p style="text-align: center;"><u>Other Relevant Programs/Resources</u></p> <ul style="list-style-type: none"> <li>- ADDM</li> <li>- EPSDT</li> <li>- Child Find Program</li> <li>- Race to the Top: ELC</li> <li>- ECCS</li> </ul>

## Other Resources on State Strategies and Measures

Below are links to other resources that include examples of state strategies and/or measures around developmental and autism screening.

### Additional AMCHP/SPHARC Developmental Screening Resources:

- Environmental Scan: [State Strategies and Initiatives to Improve Developmental and Autism Screening, and Early Identification Systems](#) (includes broad themes and specific examples from states)
- Case Example: Putting It All Together (Action planning for addressing developmental screening rates)
- SPHARC Peer-to-Peer Exchanges on Screening
  - [Early and Periodic Screening, Diagnosis and Treatment - Putting the "S" in EPSDT](#) (Hosted by Alaska)
  - [Screening and Beyond](#) (hosted by Maryland)
- [Innovation Station](#): AMCHP's online database of emerging, promising and best practices in MCH

### National Academy for State Health Policy: Assuring Better Child Development (ABCD) Program

- ABCD Resource Center: <http://www.nashp.org/abcd-welcome>
- ABCD Publications:
  - [Measuring and Improving Care Coordination: Lessons from ABCD III](#)
  - [State Strategies for Care Coordination, Case Management, and Linkages for Young Children: A Scan of State Medicaid, Title V, And Part C Agencies](#)
  - More available from:  
<http://www.nashp.org/sites/default/files/abcd/ABCDresources.org/ABCD%20Pubs%20Library.pdf>
- EPSDT Resource Compendium (includes state-specific efforts on developmental and behavioral screenings):  
<http://www.nashp.org/resources-improve-medicaid-children-and-adolescents/>

### Zero to Three

- Policy Recommendations: Developmental Screening of Infants and Toddlers  
<http://www.zerotothree.org/public-policy/policy-toolkit/devscreeningmar5.pdf>
- Policy Brief: Innovative Infant and Toddler State Policies (Includes some state examples on developmental screening)  
[http://www.zerotothree.org/public-policy/policy-toolkit/a\\_place\\_to\\_get\\_startedsinglesmar5.pdf](http://www.zerotothree.org/public-policy/policy-toolkit/a_place_to_get_startedsinglesmar5.pdf)

More information on many of the programs that address developmental screening, can be found in "[National Landscape: Program and Initiatives to Promote Developmental and Autism Screening](#)."



## Appendix 1: Select Federal and National Program Screening Objectives & Measures Overview

Select Federal Programs/Initiatives		
Agency/Org	Program Name	Objective/Measure
ACF	Head Start/Early Head Start	<ul style="list-style-type: none"> <li>• # all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns <ul style="list-style-type: none"> <li>◦ Of these, # identified as needing follow-up assessment or formal evaluation to determine if the child has a disability</li> </ul> </li> <li>• The instrument(s) used by the program for developmental screening</li> </ul>
Federal (multiple partners)	Birth to Five: Watch Me Thrive!	<ul style="list-style-type: none"> <li>• Objectives: 1) Celebrate milestones; 2) Promote universal screening; 3) identify possible delays and concerns early; 4) Enhance developmental supports</li> <li>• Developed a <a href="#">Compendium of Screening Measures for Young Children</a></li> </ul>
CDC	Autism & Developmental Disabilities Monitoring (ADDM) Network	Measures the prevalence of ASD in 8-year old children. Data tracked also includes: characteristics/demographics of children identified with ASD; Children more likely to be identified with ASD; intellectual ability of children identified with ASD; when children were first evaluated for developmental concerns; number of children diagnosed and when diagnosed with ASD; # of children that had an eligibility for ASD special education services at school; etc
CDC	Learn the Signs. Act Early.	Ambassador and state systems grantees report at least annually on measures developed to track progress toward their goals, including improving screening /early identification and referral to services
CMS	CHIPRA/Child Core Set Measures	<u>DEV-CH</u> : The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday ( <i>Data source: Claims Data or Medical Chart Review Data / NQF #1448</i> )
CMS	EPSDT	(Annual performance report form CMS-416) <ul style="list-style-type: none"> <li>• Number of children provided child health screening services</li> <li>• Number of children referred for corrective treatment</li> </ul>
Dept. of Ed.	Child Find Program	<ul style="list-style-type: none"> <li>• <u>Part B Indicator 11</u>: % children who were evaluated within 60 days of receiving parental consent for initial evaluation or, if the state establishes a timeframe within which the evaluation must be conducted, within that timeframe</li> <li>• <u>Part C Indicator 1</u>: % infants and toddlers with Individualized Family Service Plans (IFSPs) who receive the early intervention services on their IFSPs in a timely manner</li> <li>• <u>Part C Indicator 5</u>: % infants and toddlers birth to one with an IFSP compared to national data</li> <li>• <u>Part C Indicator 7</u>: % eligible infants and toddlers with IFSPs for whom an evaluation and assessment and an initial IFSP meeting were conducted within Part C's 45-day timeline</li> </ul>
Dept. of Ed. (OSEP)	Race to the Top: ELC	Progress is reported in six areas: standards, screening and referral, promoting child development, training educators, healthy children, and leveraging resources. Screening and referral performance measures are: <ul style="list-style-type: none"> <li>• Number of Children with High Needs screened</li> <li>• Number of Children with High Needs referred for services who received follow-up/treatment</li> </ul>
HRSA	Title V MCH Block Grant	<ul style="list-style-type: none"> <li>• NPM6: Percent of children, ages 9–71 months, receiving a developmental screening using a parent-completed screening tool</li> </ul>

**Appendix 1: Select Federal and National Program Screening Objectives & Measures Overview**

HRSA	State Autism Implementation Grants	<u>Objective:</u> 1) developing a system of service that includes screening children early for possible ASD/DD. (Grantees provide progress reports and evaluation data annually.)
HRSA	D70 - CYSHCN Systems Integration	Aims and measures are currently under development and will vary by grantee. Some may focus on measures related to better integrating/linking screening and referral.
HRSA	ECCS	<ul style="list-style-type: none"> <li>• Strategy focus area 2) Coordinate the expansion of developmental screening activities in early care and education settings</li> <li>• Report on statewide data related to the six MIECHV Benchmarks - <i>See MIECHV entry below</i></li> </ul>
HRSA	Family to Family HIC	Annual data reports includes F2Fs self-reports of their impact in specific policy areas in their communities, including promoting continuous screening
HRSA	Healthy Start	(Infants 0-23 mo) Participants that Receive Risk Prevention Counseling and/or Risk Reduction Counseling for Developmental Delays
HRSA	MIECHV	<ul style="list-style-type: none"> <li>• <u>Benchmark 3:</u> % of children who received developmental screening and did not need follow up or referral. <i>Suggested Data Sources: State surveys; State records, Head Start, EPSDT; Potential Data Sources: National Survey of Children's Health, HRSA/MCHB and CDC/NCHS</i></li> <li>• <u>Benchmark 6:</u> Measured coordination with documented referrals between child care programs, medical homes and early intervention service providers. <i>Suggested Data Sources: Program documents. referral records and/or documentation of a statewide central intake system</i></li> </ul>
HRSA	MIECHV CoIIN	<p><u>Aim:</u> Increase by 25percent from baseline the percent of children with developmental or behavioral concerns receiving intervention in a timely manner. <i>Screening related process measures:</i></p> <ul style="list-style-type: none"> <li>○ Increase to 95percent the percent of visits during which parents are asked if they have any concerns regarding their child's development, behavior, or learning</li> <li>○ Increase to 75 percent the percent of children screened with an appropriate instrument at appropriate intervals</li> <li>○ 75 percent of all children with a parental concern and/or positive screening, and where a home visitor judges need, will be referred to community resource(s) for assessment or intervention services, including EI services</li> </ul>
HRSA	Training Programs: LEND & DBP	<ul style="list-style-type: none"> <li>• # trainees who completed coursework covering one of more of the following topics: early signs of ASD/DD; screening, diagnosis, and/or evidence-based interventions for ASD/DD</li> <li>• # trainees who participated in clinical activities or field work that included one or more of the following topics: early signs of ASD/DD; screening; diagnosis; and/or evidence-based interventions for ASD/DD</li> <li>• Total # of CE events that addressed one or more the following topics: valid, reliable screening tools; valid diagnostic tools, and/or evidence-based interventions for ASD/DD</li> <li>• # training events (excluding CE) offered through the LEND/DBP program relating to one or more the following topics: valid, reliable screening tools; valid diagnostic tools, and/or evidence-based interventions for ASD/DD</li> <li>• # faculty and trainees who participated in the conduct of ASD/DD related research (e.g., screening or diagnostic tools)</li> </ul>
SAMHSA	Project LAUNCH	<u>Related Objective:</u> Increase access to screening, assessment, and referral to appropriate services for young children and their families

## Appendix 1: Select Federal and National Program Screening Objectives & Measures Overview

Select National Programs/Initiatives		
AAP	Bright Futures	Bright Futures provides a <a href="#">set of materials and measures</a> to track and document preventive care activities and services, including: <ul style="list-style-type: none"> <li>• Perform developmental screening and follow-up</li> <li>• Perform autism-specific screening and follow-up</li> </ul>
AMCHP	National CYSHCN Systems Standards	<ul style="list-style-type: none"> <li>• <a href="#">SA5</a>: All children receive periodic, developmentally appropriate, and recommended comprehensive screenings, in accordance with Bright Futures</li> <li>• <a href="#">SA6</a>: Screening efforts, results and referrals for further assessment are documented, relayed to the child's medical home and family, and coordinated among all screening entities</li> <li>• <a href="#">RF1</a>: Following a screening and assessment, the CYSHCN and their family are referred to needed services, and follow-up is provided to ensure such referrals are completed</li> <li>• <a href="#">RF2</a>: Regardless of the entity conducting a screening and referral, protocols and documentation methods are in place for the primary care provider, medical home, etc. to follow-up with the child and family</li> </ul>
AUCD	Six by Fifteen Campaign	Early childhood goals include: <ul style="list-style-type: none"> <li>• At least six states increase by 15 percent the proportion of children ages 0-3 who receive recommended developmental screening</li> <li>• At least six states commit to improving cross-system information exchange that supports access to services for children identified by screening</li> </ul>
NAEYC	Early Childhood Program Standards and Accreditation Criteria & Guidance for Assessment	Specific to developmental screening include: <ul style="list-style-type: none"> <li>• <b>4.A.03</b>: The program's written assessment plan includes the multiple purposes and uses of assessment, including arranging for developmental screening and referral for diagnostic assessment when indicated...</li> <li>• <b>4.C.01</b>: All children receive developmental screening that includes: <ol style="list-style-type: none"> <li>a. the timely screening of all children within three months of program entry;</li> <li>b. screening instruments that meet professional standards for standardization, reliability, and validity;</li> <li>c. screening instruments that have normative scores available on a population relevant for the child being screened;</li> <li>d. screening of children's health status and their sensory, language, cognitive, gross-motor, fine-motor, and social-emotional development;</li> <li>e. a plan for evaluating the effectiveness of the screening program</li> <li>f. using the results to make referrals to appropriate professionals, when needed, and ensuring that the referrals are followed.</li> </ol> </li> </ul>
NASHP	ABCD Program	Measures vary by state and phase. See: <a href="http://nashp.org/sites/default/files/screening_academy_results.pdf?q=files/screening_academy_results.pdf">http://nashp.org/sites/default/files/screening_academy_results.pdf?q=files/screening_academy_results.pdf</a>
Help Me Grow National Center	Help Me Grow	<b>Developmental screenings conducted within the HMG system:</b> <ul style="list-style-type: none"> <li>• Total Number of Children Who Participated in Developmental Screening Programs Per Year</li> <li>• Total Number of Developmental Screenings with Low Scores</li> <li>• Total Number of Children Referred for Services Based on Developmental Screening Results</li> </ul>
National Improvement Partnership Network	Improvement Partnerships	Each project has defined measures and targeted over-arching goals, involves PDSA cycles, and longitudinal data collection
National	NQF Endorsed	• #1385: Developmental screening using a parent completed screening tool (Parent report, Children 0-5)

**Appendix 1: Select Federal and National Program Screening Objectives & Measures Overview**

Quality Forum	Measures	<p>The items are age-specific and anchored to parent-completed tools. The age-specific items assess whether children 10-71 months are screened</p> <ul style="list-style-type: none"> <li>• #1448: <u>Developmental Screening in the First Three Years of Life</u> Includes 3 age-specific indicators assessing if a child is screened for risk of developmental, behavioral or social delays using a standardized screening tool at 12, 24 and 36 months of age</li> </ul>
<b>National Surveys/Objectives</b>		
AHRQ	CAHPS Clinician & Group Survey	<p>Related Items from Provider’s Attention to Your Child’s Growth and Development:</p> <ul style="list-style-type: none"> <li>• Respondent and provider talked about child’s learning ability</li> <li>• Respondent and provider talked about age-appropriate behaviors</li> </ul>
HP2020	Healthy People 2020	<p>MICH-29: Increase the proportion of young children with autism spectrum disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in special services in a timely manner</p> <ul style="list-style-type: none"> <li>• MICH 29.1: Increase the proportion of children (aged 10-35 months) who have been screened for an ASD/DD</li> <li>• MICH 29.2: Increase the proportion of children with ASD having a first evaluation by 36 months of age</li> <li>• MICH 29.3: Increase the proportion of children with ASD enrolled in special services by 48 months of age</li> <li>• MICH 29.4: (Developmental) Increase the proportion of children with a developmental delay with a first evaluation by 36 months</li> <li>• MICH 29.5: (Developmental) Increase the proportion of children with a developmental delay enrolled in special services by 48 months</li> </ul>
CAHMI	Promoting Healthy Development Survey	<ul style="list-style-type: none"> <li>• Developmental surveillance – assesses whether the provider asked about and addressed parents’ concerns about their child’s learning, development and/or behavior</li> <li>• Developmental screening – determines whether standardized screening tools for developmental and behavioral delays were used</li> <li>• Follow up for children at risk – measures whether children at risk were referred and/or received follow-up services</li> </ul>
HRSA	National Survey of Children’s Health	<ul style="list-style-type: none"> <li>• Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool (<i>the screening must include questions regarding child’s language and social development</i>)</li> </ul>