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AMCHP
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NICHQ
National Institute for Children's Health Quality

Early Childhood Developmental Screening and Title V: Building Better Systems

An Issue Brief sharing Title V Strategies and Measures on National Performance Measure 6: Developmental Screening

Introduction

Background and History

According to the life course approach in maternal and child health (MCH), environmental, social, and economic factors can have cumulative health effects over a person's lifespan.[i] Research and science have also demonstrated that what happens to children — both positive and negative — in their early years can have lasting effects. Because early childhood (ages 0–3) is a critical period that can set the stage for one's health trajectory, investments in early childhood programs and services, especially early experiences, can greatly improve a child's development. These early services may help children from birth–3 years of age (36 months) learn important skills such as talking, walking, and interacting with others.[ii]

Public health programs have invested in a variety of early intervention initiatives such as community-based prevention, health promotion, developmental support services, and information systems, which are designed to support healthy child development and identify when a child needs additional services or opportunities. Developmental screening is one mechanism to monitor how a child is learning age-appropriate skills and identify any developmental delays. This screening is a gateway for understanding whether specific early intervention services may be needed to support a child and family. Developmental screening can be done by providers and other professionals in health care, child care/early education, school, and community settings.

The rising number of children identified with developmental disabilities (DD) or delays has been a growing concern. Recent estimates from the Centers for Disease Control and Prevention (CDC) indicate that about 1 in 6 children ages 3 to 17 years in the United States have one or more DD.[iii] Prevalence of DDs has also increased 17.1 percent. In 2006–2008, about 1.8 million more children had DDs compared to the previous decade.[iv] Of great concern is that although children are being identified with DD, significant delays in identification are common. In fact, many children with DD are not identified before age 10, by which time they may have already experienced significant delays and missed key opportunities for treatment.[v]

Federal Efforts and National Performance Measure 6

With the rising incidence of DD and heightened focus on early identification and intervention, states and other jurisdictions (such as territories) have been tasked to develop or improve comprehensive systems of care for children and families. For example, the Title V MCH Block Grant guidance underwent a transformation in 2015 that involved restructuring the existing Title V measurement framework to improve accountability of performance and impact.[vi] Under the new guidance, state Title V programs must choose eight out of 15 National Performance Measures (NPMs) and have the option to choose up to five state-specific performance measures (SPMs) to guide their work for the five-year block grant cycle. Measures were selected based on findings from the state's or jurisdiction's needs assessment, which is conducted every five years. In recognition of the increased incidence of children identified with DD, one of the new 15 NPMs is focused on developmental screening (*NPM 6: Percentage of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool)*. Now that states and jurisdictions can choose this NPM, they have the opportunity to devote resources to this need through their block grant programmatic activities.

The U.S. Health Resources and Services Administration's (HRSA's) Maternal and Child Health Bureau (MCHB) has also prioritized children's

More About ECCS CoIIN:

Collaborative Improvement and Innovation Networks (CoIINs) are teams of federal, state, and local leaders working together to address a common problem. A CoIIN combines the science of quality improvement, innovation, and collaborative learning with a collective impact framework. Using technology to remove geographic barriers, participants with a collective vision share ideas, best practices and lessons learned, and track their progress toward similar benchmarks.

The purpose of the Early Childhood Comprehensive Systems (ECCS) CoIIN is to improve outcomes in population-based children's developmental health and family well-being. The ECCS CoIIN, led by the National Institute for Children's Health Quality (NICHQ), provides grantees with a mechanism for working together on key strategy areas contributing to early childhood health and well-being. Within five years of the program start, the primary aim for the ECCS CoIIN is for participating communities to show a 25 percent increase in age-appropriate developmental skills among their communities' three-year-old children.

Want to learn more? Visit www.nichq.org/ECCSCoIIN

developmental health to include the continuum of surveillance, developmental screening, referral, and follow-up as a component of the Early Childhood Comprehensive Systems (ECCS) Collaborative Improvement and Innovation Network (CoIIN). The objective of the ECCS CoIIN is to support participating state grantee communities in their efforts to achieve a 25 percent increase in age-appropriate developmental skills among their 3-year-old populations. With this new Title V focus on developmental screening through NPM 6, ECCS grantees are encouraged to leverage Title V partners' focus on developmental screening. This is just one mechanism that ECCS grantees can use to enhance their efforts in changing systems to improve age-appropriate developmental skills of children ages 0–3 in their communities.

National Advocacy and Membership Organization Efforts[vii]

Many national membership associations, including the Association of Maternal and Child Health Programs (AMCHP), have long histories of supporting and advocating for programs that serve children with or without disabilities as well as their families. These organizations include, but are not limited to, the American Association of Intellectual and Developmental Disabilities, the Association of University Centers on Disabilities, the National Association for the Education of Young Children, and the National Head Start Association. Other organizations, such as the National Academy for State Health Policy, National Center for Learning Disabilities and ZERO TO THREE, for example, seek to influence policy and equip early childhood professionals and families with tools and resources to advocate on behalf of their communities and children, respectively. With support from these and many other national organizations, major policy advances that support early childhood development have taken place. These include, but are not limited to, the Child Care Development Block Grant, Individuals with Disabilities Education Act (IDEA), which formerly was known as the Education of Handicapped Children Act); Head Start; and the Affordable Care Act.

Existing Barriers and Need for Evidence-Based Strategies

Despite these advancements in national policy, advocacy, and programmatic initiatives, state and jurisdiction Title V programs, including Title V children and youth with special health care needs (CYSHCN) programs, face barriers to expediting the developmental screening, evaluation, diagnosis, referral, and treatment process. These barriers vary widely and include but are not limited to geography, the complexity of the screening tools, provider shortages, and system fragmentation. Improving developmental screening and early identification processes in a state or jurisdiction requires collaboration across early childhood programs and sectors. It is also essential to implement data-driven, evidence-based strategies in order to achieve high-performing state and jurisdiction-wide screening systems.

This issue brief provides insight into Title V program developmental screening activities. These activities may help address the growing incidence of DD and improve comprehensive systems and services to better support early childhood development.

Methodology

In an effort to document state and jurisdiction activity in National Performance Measure 6 (NPM 6), AMCHP conducted an environmental scan of Title V program developmental screening activities. AMCHP obtained information through the Title V Information System (TVIS) by filtering Title V programs that chose NPM 6 and reviewing the narrative and action plans to ascertain their NPM 6 strategies, their accompanying evidence-based/informed strategy measures (ESMs), and related challenges. Information included in this issue brief does not represent an exhaustive list of each state's and jurisdiction's developmental screening activity, nor is every state or jurisdiction that is implementing the strategies mentioned. However, the range of strategies presented and the states and jurisdictions referenced here provide a snapshot of Title V program approaches, strategies, and techniques being used to increase developmental screening rates.

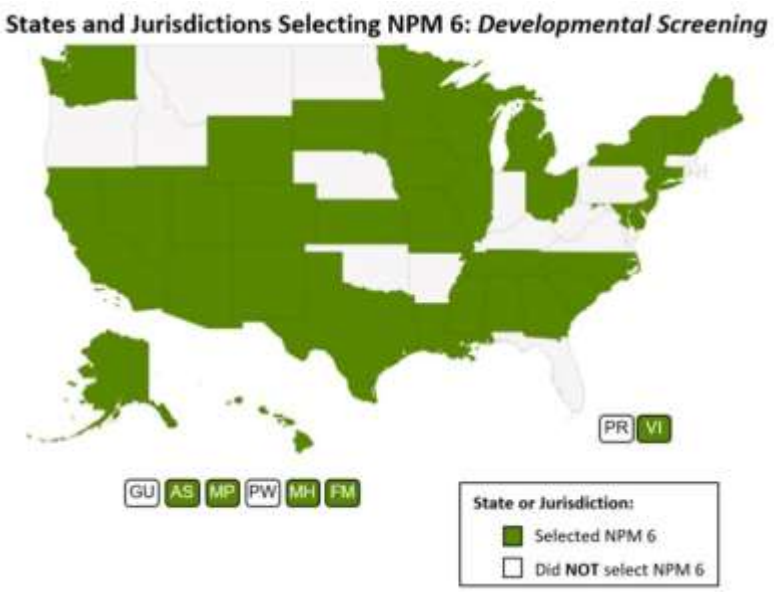
Findings

The environmental scan of TVIS revealed that 41 states and jurisdictions chose NPM 6. As previously mentioned, Title V programs also have the option to select a State Performance Measure (SPM) based on results from their state's needs assessment. Ten of the 41 states and jurisdictions that chose NPM 6 also selected an SPM related to developmental screening. The scan also found four states that did not choose NPM 6, but did select an SPM related to developmental screening. The environmental scan revealed a wide range of NPM 6 strategies and activities, under the following categories:

- Policy Research, Development and Implementation
- Systems Coordination

- Data Collection, Measurement and Existing Landscape
- Technical Assistance and Training
- Education, Engagement and Resource Development
- Other Title V Program Strategies

Set out below is a high-level summary of the findings. It is important to note that the categories listed above were developed to give readers a clear sense of the strategies Title V programs are focusing on for their five-year grant period. Some strategies can appear in multiple categories due to their cross-cutting nature. Within each category, AMCHP selected specific Title V program initiatives to highlight examples of different strategies, existing levers, and related measures.



Policy Research, Development and Implementation
Of the 41 Title V programs that chose NPM 6, nine had at least one strategy related to policy. Three of these states (NM, MI, OH) are conducting research that will inform developmental screening-related policy in their respective state. For example, Michigan's Title V program is analyzing current state- and local-level policies and funding streams such as Medicaid, evidence-based home visiting, early childhood care and education, and community-level developmental screening initiatives to ensure coordination as they develop a strategic plan for their statewide developmental screening system. Title V programs in California, Hawaii, Iowa, Minnesota, Mississippi, Ohio, Washington are also pursuing strategies for policy development or implementation. Washington State's Title V program is looking internally to promote policies

Policy Research, Development, and Implementation Highlight: HAWAII

Strategy: "*Within the Family Health Services Division, develop an infrastructure for developmental screening, referral, and services for children ages birth–5 years in DOH [Department of Health] programs.*"

Existing Assets: Hawaii has convened a Title V Developmental Screening Workgroup, which is comprised of several staff with experience in Title V programs. Efforts to improve the infrastructure will focus on policy and public health coordination — more specifically, on the components of systems development, family engagement and public awareness, and data integration.

Current Implementation Activities: The workgroup's primary activities include soliciting input from local-level partners on how best to refine statewide policies, procedures, and guidelines for improving the infrastructure for developmental screening. In addition, Hawaii received an ECCS Impact grant and has been receiving technical assistance through the ECCS Impact CoIIN. The Title V Developmental Screening Workgroup will align its efforts with the goals of the ECCS CoIIN as it works to better integrate screenings and referrals among Maternal Infant and Early Childhood Home Visiting (MIECHV), ECCS Impact, Children with Special Health Needs Program, and Early Intervention Section (IDEA Part C agency).

How will efforts be measured? Efforts will be evaluated annually utilizing a workgroup-developed Policy and Public Health Coordination Scale that focuses on the stages of infrastructure development to support young children's developmental screening, referral, services, and supports.

Want to learn more? Contact Keiko Nitta, Children with Special Health Care Needs Branch, Department of Health, (808) 733-9079, Keiko.nitta@doh.hawaii.gov

Policy Research, Development, and Implementation Highlight: IOWA

Strategies: *"Maintain requirements for the provision of developmental screening in Title V contract agencies" and "Support retaining reimbursement for developmental screening among newly established Medicaid managed care organizations."*

Existing Levers: The local Title V agencies must include the provision of developmental screening services and foster a working relationship with the Area Education Agencies (AEAs) on developmental screening and developmental monitoring under Early ACCESS (IDEA-Part C) in their annual request for funding. In addition, Title V Child Health contract agencies are approved Medicaid screening centers. The Title V MCH program and the Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME) have a strong working relationship. The IME is the wing of DHS responsible for administering the Medicaid program.

Current Implementation Activities: Iowa's Bureau of Family Health will maintain the requirement for developmental screening within the Title V Child Health Application and will continue to maintain relationships with AEAs and Early ACCESS. Additionally, Iowa will leverage existing relationships between Title V MCH and IME to ensure continued reimbursement for developmental screenings within the new Medicaid MCO structure.

How will efforts be measured? The Bureau of Family Health is monitoring the activities included in the local Title V agency funding application, such as Medicaid claims data for developmental screening (including the Ages and Stages Questionnaire (ASQ), Modified Checklist for Autism in Toddlers (M-CHAT), and ASQ/Social Emotional). The bureau is also monitoring the number of primary care providers that report they are using a standardized developmental screening tool.

Want to learn more? Contact Marcus Johnson-Miller, Title V Director, Iowa Department of Public Health, (515) 281-4911, marcus.johnson-miller@idph.iowa.gov

that support families with CYSHCN. They are developing an internal policy at the Washington Department of Health (DOH) related to inclusion and engagement of families with CYSHCN in program planning and implementation efforts. Their goal is to expand this policy to other state DOH programs to increase health equity.

As a whole, Title V programs are also considering how to integrate the Bright Futures Guidelines in their policy development and implementation efforts. Washington State has already supported a collective impact initiative that led to a policy recommendation for Medicaid to reimburse developmental screening based on the *Bright Futures Guidelines.* In addition, some states are considering ways to measure and improve policies to address gaps in developmental screening, referral, and follow up systems. California's Title V program is providing technical assistance to local health jurisdictions as they expand their scope of work to incorporate quality assurance (QA) and quality improvement (QI) plans for the policies they adopt or develop, the tools they use, and activities they manage to increase developmental screening for children.

Systems Coordination

Title V programs are responsible for providing family-centered, community-based, coordinated care for children and their families. As such, 36 of the 41 states and jurisdictions that chose NPM 6 have a strategy related to systems coordination. Most of these states' strategies are addressing the need to improve screening rates, enhance outreach and dissemination of monitoring and screening resources, and scale up successful screening practices or tools. A foundational piece included in each of these strategies was partnership or coordination with other state agencies or community organizations, which indicates that Title V programs understand the positive impact systems coordination and partnership can have for implementation. The partners that Title V programs are engaging include, but are not limited to:

- Medicaid managed care organizations (MCOs) and Accountable Care Organizations (ACOs)
- American Academy of Pediatrics (AAP) chapters
- Department of Early Learning
- Department of Education
- Department of Health
- Department of Human Services

Systems Coordination Highlight: LOUISIANA

Strategy: "*Convene a workgroup to create a comprehensive operational definition of developmental screening, to include social-emotional, environmental, trauma, autism, ADHD, and developmental milestone screening.*"

Existing Assets: Louisiana assembled a Developmental Screening Workgroup to implement this strategy. The workgroup is composed of a child psychiatrist, a developmental pediatrician, a CYSHCN nurse, and representatives from EarlySteps; the Department of Children and Family Services; Louisiana Department of Education; Bureau of Family Health (BFH); Adverse Childhood Experiences Educator Program; and BFH-MIECHV Program. The Workgroup developed and endorsed a recommended list of screening tools, named the "Louisiana Developmental Screening Guidelines (LDSG)," which is tailored for the needs of Louisiana's children, and includes a recommended periodicity schedule for their use. The LDSG lists individually selected instruments that address five different screening domains: developmental milestones, social-emotional, autism, environmental, and parental well-being.

Current Implementation Activities: The workgroup developed guidelines for using the recommended tools. Additionally, Louisiana hired a full-time developmental screening coordinator to lead the workgroup on collaborative strategies to increase use of the workgroup-recommended tools by physicians and any other agencies with the capacity to conduct developmental screening.

How will efforts be measured? Internal program records will document guideline development, dissemination, and technical assistance activities. The CYSHCN Program's Biennial Physician's Survey and the National Survey of Children's Health will be used to measure progress on parent-reported developmental screening in the state.

Want to learn more? Contact Patti Barovechio, Children's Special Health Services Coordinator Supervisor, Louisiana Department of Health, Patti.Barovechio@la.gov

- Early Childhood Comprehensive Systems (ECCS)
- Early Childhood Intervention
- Early Learning Councils
- Governor's Office of Early Childhood Development
- Head Start/Early Head Start State Collaboration Office
- Hospitals
- Libraries
- Maternal, Infant and Early Childhood Home Visiting (MIECHV)
- Medicaid
- Medical homes
- Mental Health and Substance Abuse Division
- Leadership Education in Neurodevelopmental and Related Disabilities (LEND)
- Office of the Insurance Commissioner
- Prevention and Early Intervention Programs
- Project Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)
- State Health Care Authority
- Text 4 Baby
- Women, Infant and Children's (WIC) Nutrition program.

The remainder of this section will delve deeper into how Title V programs are partnering to better coordinate systems to accomplish their goals.

Improvement of Screening Rates

Many Title V programs have strategies in place to collaboratively develop or conduct trainings to improve screening rates (discussed more fully in the "Training and Technical Assistance" section). These trainings primarily target providers and community health organizations to improve screening efficiency and increase their knowledge on how to conduct screens, use screening tools, and talk with families about sensitive topics. Other Title V programs are using strategies that bring different partners together to bolster communication and reduce duplication of efforts. Measures that states have chosen to demonstrate success include process measures such as "number of providers trained" and systems-level measures such as "percentage increase of children screened."

Enhancement of Outreach and Dissemination
To reach a larger portion of families and providers, some Title V programs have coordinated with state and community organizations on different outreach activities to promote the importance of developmental screening (CT, IA, NV, OH, TX, UT). Community organizations mentioned include, but are not limited to, MIECHV, local health authorities, and MCH coalitions. Evidence-based/informed strategy measures (ESM) examples include the "percentage of Medicaid enrolled children ages 0–6 receiving a developmental screen using a standardized tool according to Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines" (IA) and "number of ASQ screenings conducted by Help Me Grow Utah staff" (UT).

Title V programs are also implementing strategies to identify and equip non-traditional professionals in performing developmental screens that will enable more children and families to gain access to services in their respective communities (DE, GA, MD, and MS). In these states, examples of non-traditional professionals include outreach workers (MD), navigators (MD), infant and toddler programs (MS), an expanded range of public health staff (GA), community-based organizations (GA), and the Help Me Grow/2-1-1 Call Center (DE). Measures to monitor the effectiveness of these activities include "number of partners implementing a designated tool," "number of conducted screens," or "number of children being referred to community resources."

As mentioned previously, coordinating with a variety of state or community partners to disseminate resources and tools is a common strategy among Title V programs. Partners that were mentioned for this strategy include AAP, Department of Health and Social Services, ECCS, and early childhood services. For example, Alaska is partnering with both Medicaid and ECCS to promote and direct health care providers' use of standardized developmental screening tools, particularly the online ASQ infrastructure established through the state's IDEA Part C program.

Scaling Up Successful Practices or Tools
Title V programs are using a variety of developmental screening practices or initiatives to expand their screening efforts. These include ASQ screening (NJ, NM, VI), developmental screening activities in early child care and education (NM), developmental screening and monitoring practices in infant and toddler programs (MS), Help Me Grow (MN, WA), and Home by One (CT). Partners to help expand developmental screening efforts include, but are not limited to, CYSHCN Regional Centers (WI), Department of Education (VI), state Department of Human Services (MN), and early childhood partners (GA, HI, IL). ESMs include "number of additional individuals trained in early childhood developmental screening and referral," "number of medical residents receiving developmental, social/emotional, and environmental screening trainings," and the "percentage of children who receive a developmental screen."

Systems Coordination Highlight: VERMONT

Strategy: "*Implement Help Me Grow Vermont – Help Me Grow is a comprehensive system to ensure that early detection leads to the linkage of at-risk children and their families to community-based programs and services, including medical homes."*

Existing Assets: Vermont has launched the Help Me Grow initiative within the state. Help Me Grow provides a framework for integrating several key child health sectors to promote optimal healthy child development.

Current Implementation Activities: With the newly implemented Help Me Grow system, Vermont plans to: (1) implement early surveillance and screening for all children, including CYSHCN, and link them to existing quality programs and services, including medical homes and (2) promote integration of CDC's "Learn the Signs. Act Early." campaign resources and materials throughout the state.

How will efforts be measured? The state's primary measure is developmental screening rates, which will be compared to the Bright Futures guidelines. Vermont will also collect data that are based on Help Me Grow recommended measures.

Want to learn more? Contact Breena Holmes, MD, MCH Director, breena.holmes@vermont.gov

Data Collection, Measurement and Existing Landscape Highlight: NEW YORK

Strategies: *"Develop and implement a plan for analysis and reporting of available data on children's social-emotional well-being and Adverse Childhood Experiences (ACEs)"* and "*Identify, pilot test, and implement a validated tool for measuring positive developmental and social-emotional assets among children and adolescents that can be used across MCH child-serving programs."*

Existing Assets: New York conducted a review of the major available data sources compiled by Title V staff in year one of strategy implementation. In addition, New York has leveraged the expertise of Search Institute, which has developed a framework for measuring and increasing external supports and internal strengths that young people need to grow up successfully.

Current Implementation Activities: New York is continuing to review available data sources and develop a plan for analyzing and reporting results to inform dialogue within the state's Title V programs and with external partners. Additionally, New York is working with the Act for Youth Center of Excellence (housed within Cornell University) to modify Search Institute's framework to be used by child and adolescent-serving MCH programs across age groups. Stakeholders (families, youth, providers) will be engaged throughout the process of selecting and implementing the measurement tool.

How will efforts be measured? Implementation of this strategy will be measured by the release of an initial data report — i.e., was the report issued or was it not issued — and once the above-mentioned validated tool has been selected, New York will measure the number of child-serving MCH programs implementing the tool.

Want to learn more? Contact Eric Zasada, Director**,** Adolescent Health Unit**,** New York State Department of Health, (518) 473-6172, eric.zasada@health.ny.gov

Data Collection, Measurement, and Existing Landscape

As a result of the 2015 Title V Block Grant Transformation, Title V programs have made concerted efforts to integrate fragmented data systems in order to report consistent, relevant and reliable information that can influence policy and secure continued funding. For Title V programs that chose NPM 6, 18 out of 41 states and jurisdictions included a strategy that focuses on data collection, measurement, or quality improvement. Like the policy strategies previously mentioned, Title V programs are conducting research related to system changes and refinements they can make to improve information sharing and data collection within their states (LA, ME, MO). Other Title V programs (DC, GA, HI, NY, MP – Northern Mariana Islands) are developing or implementing a shared data system or data analysis plan to ensure continuity and access to a more comprehensive data pool.

Title V programs also have data collection and analysis strategies that are designed to identify gaps, gather information on areas of interest, or ensure quality of services. The specific reasoning behind some of the data collection and analysis strategies is to identify disparities (CT, MD, SC), ensure compliance with standardized recommendations (OH), assess distribution of Department of Family Health/Title V resources and services (NY), and gather reliable data on screening referrals and services (HI, MD). Examples of ESMs include "racial disparity in the rate of developmental screening at state-level through examination of billing codes" or "number of parents that receive screening educational materials."

To improve infrastructure and practices within a state or jurisdiction, Title V programs have incorporated QI strategies into their programmatic work. Title V programs (IL, ME, MN, NY) are conducting QI activities to improve developmental screening practices, tools, or programs within their states. Vermont's Title V program is approaching QI in partnership with the Vermont Child Health Improvement program to lead their state's Child Health Advances Measured in Practice (CHAMP) project, which monitors measures of health care, including developmental screening. Title V program ESMs for QI include the "number of providers participating in the QI project," "number of providers receiving technical assistance on developmental screening as a result of the QI efforts," and "percentage of children receiving

age-appropriate screening, follow-up, and referral, if needed as a result of the QI efforts."

Capacity building, both internally and externally, is another strategy that was mentioned to improve coordination and increase referrals. Texas' Title V programs are providing funding to communities through Project LAUNCH to build infrastructure that delivers services and increases the use of evidence-based pediatric screening methodologies.

Technical Assistance and Training

Providing technical assistance or training is a key focus for many Title V programs, and the strategies mentioned cross-cut themes already discussed in this issue brief. Twenty-five of 41 Title V programs that chose NPM 6 had at least one strategy related to technical assistance or training. Title V programs are conducting different types of technical assistance to support programs, initiatives, health centers, and/or practices within their states to support developmental screening. Title V programs with a technical assistance-related strategy aim to provide support or subject matter expertise to help communities adopt materials such as "Birth to 5 Watch Me Thrive" (CA, CT) and CDC's "Learn the Signs. Act Early." materials (ME), or adopt best practices in developmental screening, referral, and intervention services (CO, HI, MN, NY, TX, UT, WI). A common ESM for TA and training strategies includes "number of community programs implementing a tool or best practice that the state is promoting."

As previously mentioned, Title V programs are also implementing a variety of strategies related to training for providers and community programs. Training modalities include both in-person trainings and virtual trainings, such as online modules. Training topics include:

- Adverse childhood experiences (KS)
- Autism screening during developmental and social-emotional screening (GA)
- Comprehensive well-child visits (OH, MN, NC)
- Counseling skills (GA)

Technical Assistance and Training Highlight: UTAH

Strategy: "*Continue to offer on-site follow-up and technical assistance to early childcare and education providers in the implementation of developmental screening in their programs.*"

Existing Assets: Utah's ECCS Program employs a full-time staff person whose focus is to promote the ASQ online developmental screening process. This person provides a 10-hour training and technical assistance to home visitors, early childcare and education providers, parent groups, and pediatricians. The training focuses on how to work with families enrolled in the child care program to complete an ASQ screening tool on their child. This training also informs families on how to support the continued developmental health of children who score above the cut-off and provides connections to resources for families whose children score in the monitoring or below cut-off range.

Current Implementation Activities: (1) All providers who have received the ASQ screening tool training are contacted by an ECCS staff member to ensure that they understand how to use the tool, how they can obtain free screening materials and online access to the ASQ, and how to access the appropriate resources for the families they work with.
(2) Utah is collaborating with relevant partners to create a developmental screening data bridge between providers. Specifically, Utah is working on data-sharing agreements, universal referral forms, and a statewide online database to gather ASQ data, in order to make it easier for families to share their information with pediatricians and other agencies of their choosing.
(3) Utah is providing financial support to Help Me Grow Utah to facilitate parent-completed developmental screening. Help Me Grow is the early childhood central access system for resources and referrals in Utah.
(4) Utah is providing training and technical assistance to additional partner agencies to promote the use of ASQ Online.

How will efforts be measured? Utah will collect data on the number of completed ASQ screenings conducted by early childcare and education providers that are entered into the online ASQ database.

Want to learn more? Contact Carolyn Christensen, Early Childhood Utah Program Manager, carolynchristensen@utah.gov

Technical Assistance and Training Highlight: KANSAS

Strategy: "*Developmentally appropriate care is provided across the lifespan."*

Existing Assets: Kansas leverages work being done through the Kansas Initiative for Developmental Ongoing Screenings (KIDOS) project and the ECCS Impact CoIIN initiative to address this strategy from birth to age 5. Existing and new partnerships with Child Care Licensing, Teen Pregnancy Case Management, and Universal Home Visiting are also promoting developmental health and well-being in the state.

Current Implementation Activities: Title V state staff participate on the KIDOS state work group to advise on all aspects of the initiative. Specifically, KIDOS is working to provide common messaging and community resources to medical and child care providers to promote developmental screening within their practices. KIDOS also provides training and technical assistance on developmental screening and is working to engage families and parents on issues related to their child's developmental health. Two separate organizations, Kansas Child Care Training Opportunities and Child Care Aware of Kansas, also provide training and technical assistance tailored specifically to child care providers. In addition, Kansas is piloting an integrated referral and information system to facilitate and track referrals and follow up.

How will efforts be measured? Kansas will keep track of several indicators, including percentage of children screened at age-appropriate intervals, percentage of 3-year-olds reaching developmental milestones, quality of interactions between child and primary caregiver, number of developmental screening-related policies created, funding sources obtained that support developmental and relational health promotion, and the level of data capacity for tracking child development.

Want to learn more? Contact Rachel Sisson, Kansas Title V Director, (785) 296-1310, rachel.sisson@ks.gov

- Developmental milestones (GA, NC, OH)
- Developmental screening (GA, KS, MS, NC, OH, VI, WA, WI)
- Early Learning Standards (KS)
- Family literacy (NC)
- Health and safety monitoring (IL)
- Medical homes (NC, NV)
- Mental health services referral (MN)
- Screening tools (AS, KS, MN, MS, NC, NH, NV, UT, VT)
- Social-emotional screening (KS, MN, NC, OH, NY)
- State-wide networks, such as "Child Care Aware" Kansas (KS)
- Trauma-informed care practices (OH, NC, NY)

States reported working with interdisciplinary partners to complete these activities, such as AAP (AS); IDEA Part C (GA); Department of Family and Children Services (GA); CDC (AS); Women, Infants, and Children (WIC) programs (GA); LEND (AS, IL, NV); Early Learning Council (IL); local health departments and tribal health agencies (WI); Department of Early Care and Learning (GA); and public and private agencies (NV). Measures focus on quantifying providers or practices that incorporate training materials or attend the trainings provided. More specifically, measures include number of providers using tools, percentage of providers receiving training or educational materials, number of training or education materials created, and number of developmental screenings performed or increased.

Education, Engagement and Resource Development

A majority of state and jurisdiction Title V programs have strategies that target specific groups, including 23 related to providers and practices and 20 related to families and communities. Strategies focus on educational campaigns, trainings, community events, and dissemination of materials. Topics include communicating the importance of developmental screening, monitoring, milestones, and tools to providers and families. Some states have more specific strategies based on identified needs and gaps, such as ACEs and toxic stress (WA), vaccines (FM*), and children's medical home portals (NV). Examples of ESMs to measure these strategies include "number of trainings or educational materials conducted or shared" and "percentage of children receiving a developmental screen using a standardized tool." Title V programs also have strategies for developing

resources and tools for their target populations. Resources include:

- Developmental milestone or monitoring materials (CT, HI, MP, MS, NV)
- Educational literature on developmental screening practices (MS)
- "Lunch and learn" screening modules (LA)
- Medical home toolkit (NV)
- Mid-level developmental assessment (VT)
- Online module on social-emotional development, screening and referral (MN)
- Statewide materials for Child Find public awareness campaign (MS)
- Training materials/toolkits for statewide developmental and social-emotional screening programs (MN)
- Training module for higher education curriculum for future healthcare providers (MN)
- Webinars on developmental milestones and autism spectrum disorder screening (LA)

In addition, multiple Title V programs have strategies that engage providers, practices, families, and communities in their programmatic work to address gaps or provide insight to develop appropriate, user-friendly tools. Hawaii and Washington's Title V programs are engaging families and community stakeholders to develop family-friendly tools and implement community informed interventions. Louisiana is specifically engaging providers with a survey to assess screening practices and identify gaps. A related ESM is "the percentage of children participating in an evidence-based home visiting program who received age-appropriate developmental screening, according to Bright Futures guidelines."

Other Title V Program Strategies

Some NPM 6 program strategies did not fall into one of the above-mentioned categories but are still noteworthy. Illinois, Kansas, and New Hampshire's Title V programs have a strategy related to environmental scans within their states. Illinois' Title V program hosted a stakeholder meeting that was comprised of child-serving systems identified through an environmental scan conducted by a

Education, Engagement and Resource Development Highlight: WISCONSIN

Strategy: "*Coordinate and provide developmental screening trainings to medical providers and childcare providers*" and *"Promote Family Resource Centers, through local health departments (LHDs), the Wisconsin Medical Home Initiative, and other developmental screening trainers, as a resource for information and referral services to providers and/or families after a concerning screening result."*

Existing Assets: The Wisconsin Title V program uses existing foundational platforms (e.g., LHDs, Wisconsin Medical Home Initiative, and CYSHCN Regional Centers) to leverage statewide partnerships to increase systems of care that promote early identification through evidence-based developmental screening and timely referral to local resources for early intervention.

Current Implementation Activities: The Wisconsin Title V Program supports the Wisconsin Medical Home Initiative and LHDs to provide education, training, and technical assistance/support to medical practices and child care systems in the state. The goal of the education, training, and technical assistance is to ensure that providers who are conducting developmental screening are using an evidence-based tool and making referrals to community resources. This ensures that local resources are identified and referrals are made using tools, such as a voluntary *Referral to Wisconsin Birth to 3 Program* form and *The Consent to Release Medical Information Referral to a Regional Center for CYSHCN* form. In addition, the Title V team collaborates with various programs (e.g., family resource centers or child care resources and referral centers, and Birth to Three) to reduce the stigma related to identifying developmental delays, and to educate and empower families about the importance and benefits of early identification, referral for early intervention, and treatment.

How will efforts be measured? Wisconsin's process measure captures the cumulative number of medical and childcare providers that receive developmental screening training. In future years, the state plans to report on the number of providers that received training and subsequently deliver developmental screening in their clinic or center.

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Education, Engagement and Resource Development Highlight: NEW MEXICO

Strategy: "*Engage pediatricians, other child health providers, infant mental health consultants, home visitors, and other related professionals in local communities to improve linkages and referrals.*"

Existing Assets: New Mexico leverages an existing training program sponsored by the Department of Health's Child Health Program (within the Family Health Bureau), which offers free training to early childhood providers on how to administer and score developmental screening tools.

Current Implementation Activities: Twenty-five new trainers from local community-based or county entities attended a "Train the Trainer" seminar. The new trainers will provide trainings to early-childhood-related organizations.

How will efforts be measured? Organizations that utilize the free training for their staff will be asked to provide annual screening and referral data. Each organization is asked to provide the following data to the New Mexico Department of Health and Family Health/Child Health Program: number of children who received a developmental screen using the ASQ, number of referrals for developmental delays, number of children screened using the ASQ:SE, and number of referrals for social/emotional concerns.

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different project. The meeting's goals were to create a shared vision for developmental screening in Illinois; understand each entity's activities with respect to developmental screening; identify gaps; and to outline steps each system may take to improve developmental screening systems and processes. The meeting identified four areas of work (data, system development/enhancement, parent support, and workforce development) that will drive movement toward a comprehensive system for developmental screening in Illinois. Kansas is currently conducting a scan using screening data to identify providers that conduct developmental screening and the tools being used. Similar to Kansas, New Hampshire's Title V program is conducting a scan to identify what entities are providing developmental screening; what tools are being used; as well as what data points are being collected, stored, and available. However, the information New Hampshire is collecting will be used to develop a statewide report, which will identify gaps and recommendations that will be shared with stakeholders for future planning.

Challenges

The most common challenges Title V programs face in implementing NPM 6 are both topic-specific and cross-cutting among all MCH priorities. Many Title V programs stated that they are experiencing challenges with a disjointed developmental screening data system, making it difficult to define needs and evaluate progress statewide. As a result, many Title V programs (18 of 41) that chose NPM 6 have developed strategies for data collection, measurement, quality improvement, or data systems to address these challenges. Title V programs are also experiencing challenges within clinical settings. As mentioned previously, providers frequently have difficulty conducting developmental screening due to the complexities of available screening tools and the additional time required to complete a screening in an already time-constrained doctor's visit. In response to these challenges, however, it is clear that Title V programs prioritize training and technical assistance to mitigate these challenges and help providers feel comfortable completing the standard assessment tools. Title V programs prioritize education, outreach, and systems coordination strategies to address system fragmentation challenges and the real or perceived lack of available community services and supports, regardless of a child's disability status.

Geographic access and MCH provider shortages are significant barriers faced by most Title V programs. These barriers can also lead to challenges for identified children and families trying to access intervention and follow-up services. In response, Title V programs have systems coordination strategies to equip community organizations and practices with tools and resources to overcome these barriers and

allow all families — no matter where they live — to receive the same access to quality care and community resources. In addition, many states and jurisdictions are challenged to create services and resources that are tailored to the culturally diverse populations within their states. To begin to address this challenge, Title V programs are engaging families' and providers' input to ensure that the resources and services developed resonate and are relevant to the communities in which they are meant to serve. Despite ongoing challenges, this analysis demonstrates the commitment and creativity needed for Title V programs to move the needle on NPM6 and improve the well-being of young children and their families.

Next Steps

The TVIS environmental scan revealed valuable information on Title V program activities related to NPM 6. These data provide insight into identified needs in policy, systems coordination, training, data integration, as well as strategies to address these needs. The selected examples highlighted within each category may prove useful to other Title V programs as they implement developmental screening-related strategies and measures to build or improve systems of care for children.

In coming years, NPM 6 data can be analyzed more in-depth to develop resources such as reports, toolkits, or guides to assist Title V programs with developmental screening and early identification system challenges. These data will also guide AMCHP's efforts to create meaningful technical assistance opportunities including webinars, learning modules, conference sessions, and other in-person trainings, to help states in advancing NPM 6. These resources will expand the repository of promising policies and practices featured on the State Public Health Autism Resource Center website (http://www.amchp.org/SPHARC), which is accessible to all Title V programs and their state and national partners.

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