

## TIP SHEET

# Essential Elements for Developmental and Behavioral/Social/Emotional Screening Using Bright Futures in Title V Programs



An important part of health supervision for children and families is universal screening – an opportunity to identify potential developmental and behavioral/social/emotional concerns and intervene early. Developmental screening using standardized screening tests (recommended at 9-, 18-, and 30-month health supervision visits), in addition to developmental surveillance

(recommended at every health supervision visit), identifies areas in which a child's development differs from same-aged norms.<sup>1</sup>

Behavioral/social/emotional screening (recommended at every health supervision visit) identifies concerns in areas including social-emotional regulation, mood and affect, attention, interpersonal skills, parent-child relationship, and family stressors.<sup>1,2</sup> Using *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition<sup>3</sup> and the Bright Futures/American Academy of Pediatrics (AAP) *Recommendations for Preventive Pediatric Health Care*<sup>4</sup> (Periodicity Schedule), Title V agencies can promote appropriate and timely screening for infants, children, adolescents, and families by their programs and partners.

<sup>1</sup> Lipkin PH, Macias MM; American Academy of Pediatrics, Council on Children With Disabilities, Section on Developmental and Behavioral Pediatrics. Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*. 2020;145(1):e20193449. doi: 10.1542/peds.2019-3449

<sup>2</sup> Weitzman C, Wegner L; Section on Developmental and Behavioral Pediatrics. Promoting optimal development: screening for behavioral and emotional problems [published correction appears in *Pediatrics*. 2015 May;135(5):946]. *Pediatrics*. 2015;135(2):384-395. doi:10.1542/peds.2014-3716

This tip sheet recommends five elements Title V agencies should have in place as part of any program that supports health supervision visits, whether the agency provides direct care itself or funds local health agencies or other community organizations.

For children and families with a medical home, universal screening for development and behavioral/social/emotional concerns often occurs as part of routine health supervision and other visits. Outside of a medical home, encounters with a pediatric health care or public health professional, such as home visitors or school-based health clinic (SBHC) staff, also present opportunities for screening, referral, and intervention. It is important that any program implementing universal screening for developmental and behavioral/social/emotional concerns have policies and procedures in place to ensure proper and timely response to screening results, including coordination with the child's medical home and referral to a medical home if the family does not have one.



Universal screening for development and behavioral/social/emotional concerns is important: between 11% and 20% of children have a behavioral or mental health concern at any given time;<sup>2</sup> others who do not meet full diagnostic criteria can benefit from intervention and services.<sup>5</sup> CDC findings suggest one in six children between the ages of 3 and 17 years has a developmental disability.<sup>6</sup> Title V agencies and maternal and child health professionals can help improve outcomes for all infants, children, and adolescents through implementation of universal screening protocols.

<sup>3</sup> Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017.

<sup>4</sup> American Academy of Pediatrics. 2022 Recommendations for preventive pediatric health care. *Pediatrics*. 2022;150(1):e2022058044. doi: 10.1542/peds.2022-058044

<sup>5</sup> Sterling S, Kline-Simon AH, Jones A, et al. Health care use over 3 years after adolescent SBIRT. *Pediatrics*. 2019;143(5):e20182803. doi:10.1542/peds.2018-2803

<sup>6</sup> Cogswell ME, Coil E, Tian LH, Tinker SC, Ryerson AB, Maenner MJ, Rice CE, Peacock G. Health needs and use of services among children with developmental disabilities—United States, 2014–2018. *Morbidity and Mortality Weekly Report*. 2022;71(12):453–458. doi: 10.15585/mmwr.mm7112a3

## ELEMENT ONE

# Screening and Equity



Title V agencies should collaborate with organizations and professionals reflecting the wealth of diversity in their communities to ensure all individuals who may benefit from services receive them in a timely and respectful manner.

Universal screening can be a strategy used by Title V agencies to increase equity in health outcomes for infants, children, adolescents, and families. For historically marginalized and oppressed children, children of color, those with Medicaid coverage, children with disabilities, and those from low socio-economic backgrounds, barriers in accessing care, implicit bias, and

stereotyping lead to delayed identification and under-diagnosis of developmental and behavioral/social/emotional health concerns. Expanding access to universal screening through public health programs and promoting and facilitating screening for every child at standardized intervals can reduce these disparities and help ensure families get timely support and care.

Screening tools are not immune to bias. Some were validated using primarily White populations, and while translations or revisions for cultural context may be available, assessing their validity and appropriateness within a community is key.<sup>7</sup> Culture, community, and language influence how an individual experiences, expresses, and addresses their developmental and behavioral/social/emotional health; ensuring referrals can be made to appropriate agencies that can appreciate these specific nuances is important in equitable screening. In addition to the referral agencies, it is critical to promote equity, diversity, and inclusion wherever children are being screened.

<sup>7</sup>Rousseau M, Dionne C, Savard RT, Schonhaut L, Londono M. Translation and cultural adaptation of the Ages and Stages Questionnaires (ASQ) worldwide: a scoping review. *J Dev Behav Pediatr*. 2021;42(6):490-501. doi:10.1097/DBP.0000000000000940

## ELEMENT TWO

# Planning to Respond to Results

Before screening for developmental and behavioral/social/emotional health concerns, it is important that professionals know their “next steps.” How will they respond to a positive or borderline result? What information can they provide to the family, and what further information and/or referrals will be made? Where will screening results be documented, and with whom will they be shared, such as with a medical home? Planning for immediate and longer-term intervention and referrals for appropriate services is essential. Professionals must be prepared to respond safely and compassionately if an individual expresses suicidal ideation. Professionals must also be prepared to respond appropriately and in a timely manner to concerns about child abuse or neglect.

For Title V agencies, having procedures and systems in place is particularly important, as the professionals working with families may be in non-traditional settings, such as in the family’s home, or may not be licensed to make diagnoses or treatment recommendations. The extent of coordination will vary according to each jurisdiction’s structure and systems; however, facilitating closer communication that is family-centered should be a key intention.



## ELEMENT THREE

# Understanding and Communicating Screening and Results

Title V agencies should consider the level of expertise in program staff administering screening tools when determining procedures for responding to all result types.

Screening does not result in a diagnosis; a “positive” screen does not mean that an individual has a condition. These results suggest that the person may be more likely to be experiencing, or is at increased risk for, a specific condition or is experiencing trauma that could lead to these symptoms. A “negative” screen does not rule out a diagnosis.

Other terms may be used to describe “positive” screens, such as “out of range” or “atypical.” Similarly, “negative” screens may also be called “typical” or “in-range.” While words like “normal” and “abnormal” are not often used today to describe developmental screening results, some tools and legacy materials still use them. Uncertain or “borderline” results may also be identified, or a tool may suggest “monitoring” the child. Screening tools may make recommendations on action steps for these types of results; Title V agencies should ensure that their guidance reflects the capacity and knowledge of staff when using those recommendations.

Additionally, Title V agencies need to recognize that responses to trauma can mimic symptoms of behavioral/social/emotional health conditions and some medical conditions. If a professional or a family member is concerned about a child’s overall health or development, referral for evaluation is always appropriate, irrespective of a screening result.

## STORIES FROM THE FIELD: VERMONT

Vermont’s Help Me Grow (VT HMG) responded to the COVID-19 pandemic by expanding access to online screening tools to parents and professionals working with children, including childcare facilities, home visitors, and Early Intervention. They provided virtual training to two dozen agencies on using the screening tools and VT HMG’s coordinated information and referral service. Statewide, use of the online system increased from 1,200 screens before the changes to more than 4,000 after.

## ELEMENT THREE

# Responding to Positive Screens for Non-Clinicians

## BEHAVIORAL/SOCIAL/EMOTIONAL SCREENING

Referral for all positive results is essential; Title V agencies may consider recommending referral for borderline screens as well. When possible, referrals should be made in collaboration with the individual and family. For caregivers, this may be to their primary care or birthing care provider, such as an obstetrician or midwife. Infants, children, and adolescents need to be referred to their medical home, when available, and/or school- or community-based services, depending on the systems of care in place locally. Resources, such as phone numbers and websites of crisis hotlines, may also be provided to all individuals, regardless of screening results. Professionals should be prepared to respond immediately, including by calling emergency medical services, if a person may be at risk of imminent harm to themselves or others.

## DEVELOPMENTAL SCREENING

Title V programs may consider referrals to the medical home, specialty care, Early Intervention/Parts B & C, Early Head Start, home visiting, public schools, or other available resources within the community. Information should be shared with families on next steps. Referrals should occur as soon as the need is identified; health care professionals do not need to wait for a formal diagnosis. Screeners should be particularly mindful of the language they use when explaining screening results. For instance, “This result indicates that your child hasn’t developed some of the language skills often seen in other children their age. I recommend talking to your pediatric health care professional about these results for more information. They may suggest working with additional professionals such as a speech and language pathologist or refer you to community resources to provide support to the family.”

## ELEMENT FOUR

# Confidentiality and Mandatory Reporting

When working with infants, children, adolescents, and families, it is best practice to request signed consent to share information with the medical home, including screening results. If screening suggests the need for referral to community services or a health care professional, additional consent may be required.

Professionals should be intentional and specific when discussing confidentiality with adolescents and young adults, prior to initiating screening.<sup>8</sup> Explain what will and will not be shared with parents or legal guardians, and what must be reported to child protection agencies or law enforcement.



Laws and regulations defining who is a mandated reporter and what must be reported vary by jurisdiction. Title V agencies need to have clear and easy to use guidance for professionals on when and how to make reports of suspected child abuse or neglect, interpersonal violence, and/or sexual assault. Title V agencies need to establish action steps for staff when they are concerned about the potential for self-harm or reported suicidal or homicidal ideation. All staff should receive regular training (at least annually) on their responsibilities to the families they work with, their communities, and to their own safety and wellbeing.

<sup>8</sup> Levy SJ, Williams JF; AAP Committee on Substance Use and Prevention. Substance use screening, brief intervention, and referral to treatment. *Pediatrics*. 2016;138(1): e20161211. doi: 10.1542/peds.2016-1211

## ELEMENT FIVE

# Using the Bright Futures/AAP Periodicity Schedule and Screening Tools in Title V Agencies

The Bright Futures/AAP Periodicity Schedule specifies screening intervals based on the timing of expected health supervision visits. Agencies utilizing the Bright Futures/AAP Periodicity Schedule can still comply with other programmatic needs, such as a home visiting model's requirement for developmental screening at intake. Programs that bill Medicaid should also refer to their Medicaid agency standards for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit to ensure compliance.

## STORIES FROM THE FIELD: NEBRASKA

Nebraska's Title V program convened the Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP) to better facilitate screening and referral for all children and families across the state. In 2021, they published a Screening and Referral Guide that includes conversation starters when speaking to families, a state-wide directory of services, and screening recommendations. To better support school nurses, NEP-MAP provides a School Nurse Behavioral Health Consultation Service through the University of Nebraska Medical Center, available statewide using telehealth platforms. One focus area of the program was identified by Title V stakeholders as a priority: screening and referral of children and adolescents with behavioral concerns that may result in school discipline or exclusion. Children of color and children with disabilities were found to be most at risk, and some areas of the state have limited specialty care services. The consultation service can be a great resource for nurses working to best support students and teachers.

## ELEMENT FIVE

# Using the Bright Futures/AAP Periodicity Schedule and Screening Tools in Title V Agencies

There are many screening tools available. Most are designed to be completed by adolescents or families and can even be offered online for use at the family's convenience. However, even for self- or auto-scored assessments, scoring and interpretation of the results must be completed by a public health or health care professional. Programs and agencies should seek options that have been validated for the population being screened, are available in languages commonly spoken in the community, and can be used and interpreted appropriately by the programs and professionals using them.

While the Bright Futures Guidelines include links to some of the more commonly used tools, no endorsement is implied. Some screening tools are copyrighted and require fees for use or duplication of forms. Programs should determine which screening tools work best for their patient population and workflow. Programs must ensure that they are using the most up-to-date versions of screening tools and related resources, and continue to monitor and evaluate their screening process as part of ongoing quality improvement for their patients and families.

## STORIES FROM THE FIELD: WISCONSIN

In Wisconsin, Title V partners with the Department of Children and Families' Family Foundations Home Visiting Program to support a full-time Home Visiting Nurse Consultant, who works with both agencies and the Wisconsin Medical Home Initiative to promote developmental screenings. A Collaborative Quality Improvement Initiative led to the identification of best practices, and new guidelines were put in place in mid-2020. One area of focus was responding to screening results, including results that recommend "monitoring" rather than "referral." The guidance now states that the child should be rescreened within 90 days, unless the family member is concerned: then, prompt referral to Wisconsin Birth to 3 (Early Intervention) is expected.

## ADDITIONAL RESOURCES

# Developmental Screening

- [Developmental Surveillance and Screening \(AAP\)](#)
- [Family Friendly Referral Guide \(AAP\)](#)
- [Identifying Risks, Strengths, and Protective Factors for Children and Families: A Resource for Clinicians Conducting Developmental Surveillance \(AAP\)](#)
- [Innovative Strategies for Improving Developmental Surveillance and Screening \(PediaLink course\) \(AAP\)](#)
- [Milestones Matter: Don't Underestimate Developmental Surveillance \(PediaLink course\) \(AAP\)](#)
- [Practice Pearls: Innovations in Developmental Surveillance and Screening During the COVID-19 Pandemic \(AAP\)](#)
- [Promoting Optimal Development: Identifying Infants and Young Children with Developmental Disorders Through Developmental Surveillance and Screening \(Clinical Report\) \(AAP\)](#)
- [STAR Center Child Development Screening Resources \(AAP\)](#)
- [National Performance Measure Implementation Toolkits \(AMCHP\)](#)
- [Bright Futures Guidelines, 4th Edition Promoting Healthy Development \(AAP\)](#)
- [Developmental Monitoring and Screening \(CDC\)](#)
- [Developmental Milestones Resources for Home Visiting Programs \(CDC\)](#)
- [Learn the Signs. Act Early. \(CDC\)](#)
- [Assessing and Addressing Priorities and Inequities in Developmental Monitoring and Early Identification: Strategies from the Act Early COVID-19 Response Efforts \(AMCHP\)](#)

## ADDITIONAL RESOURCES

# Behavioral/Social/Emotional Screening

- [Early Relational Health \(AAP\)](#)
- [Blueprint for Youth Suicide Prevention \(AAP\)](#)
- [Mental Health Initiatives \(AAP\)](#)
- [Pediatric Mental Health Minute Series \(AAP\)](#)
- [Using Telehealth to Support Mental Health Care in Pediatrics \(PediaLink\) \(AAP\)](#)
- [Mental Health & SUD Current Initiatives \(AMCHP\)](#)
- [Bright Futures Guidelines, 4th Edition Promoting Mental Health \(AAP\)](#)
- [Pediatric Mental Health Care Access \(HRSA MCHB\)](#)
- [MCH Innovations Database: Screening & Intervention \(AMCHP\)](#)



*The Bright Futures program is supported by the Health Resources and Services Administration (HRSA) of the US Department of Health and Human Services (HHS) as part of an award totaling \$5,000,000 with 10 percent financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).*