



FACT SHEET

State Developmental Screening & Early Identification Performance Measures

The Role of AMCHP

AMCHP works with partners at the national, state and local levels to promote healthy development and to strengthen and support the systems and services for children and youth with special health care needs to help children reach their full potential. Promoting effective state models for developmental screening and early identification is an important component of this work.

AMCHP coordinates the State Public Health Autism Resource Center (SPHARC), which is a comprehensive resource center for state Title V programs and others interested in improving systems of care for children, youth and families with ASD/DD.

amchp.org/programsandtopics/CYSHCN/projects/SPHARC

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In summer 2014, the Association of Maternal & Child Health Programs (AMCHP) conducted an environmental scan of the wide range of developmental screening activities occurring within the U.S. states and territories. The scan included a review of the Title V Information System (TVIS) online database to identify states and jurisdictions that have adopted performance measures related to developmental screening and early identification.

The number of children identified with autism spectrum disorder (ASD) and other developmental disabilities (DD) has increased considerably in recent years. Screening for healthy development can help identify potential delays for further evaluation. Early identification allows communities to provide children with earlier interventions that are more effective in improving delays and disabilities and less costly than special services in later childhood. The heightened focus on screening, early identification and intervention has led to an increased demand on states, particularly Title V programs, to develop and improve systems of care to ensure that all children receive early developmental screening and those with ASD/DD receive timely identification, diagnosis and intervention services.

STATE PERFORMANCE MEASURES

To ensure accountability for Title V funded activities, states and territories are required to report on measures that describe a specific maternal and child health (MCH) need that, when successfully addressed, can lead to a better health outcome within a specific time frame. As part of this process, Title V programs set state performance measures to address their priority needs. A search of the 2013 Title V MCH Services Block Grant state narratives contained in TVIS found a total of 21 state performance measures related to developmental screening/early identification in 20 states. The state performance measures relate to the goals and priorities of screening and early identification in each jurisdiction. The state performance measures and their objectives are described below.

State	Performance Measure	Objective/Intent
Colorado	Percent of parents asked by a health care provider to fill out a questionnaire about development, communication, or social behavior of their child ages 1 through 5.	<ul style="list-style-type: none"> Improve the developmental and social emotional screening and referral rates for all children ages birth to 5
Connecticut	Percent of Early Intervention Colorado referrals coming from targeted screening sources.	
	Number of developmental screenings performed for 0-6 year olds participating in the state Medicaid Program (HUSKY - Health Insurance for Uninsured Kids and Youth) within the last 12 months.	<ul style="list-style-type: none"> Increase awareness and recognition of the importance of early identification of developmental delays on the part of providers Facilitate subsequent evaluation and referral to services
Delaware	The percentage of children aged 4 months to 5 years with no or low risk for developmental, behavioral or social delays.	<ul style="list-style-type: none"> Increase the percentage of children with low/no risk of developmental, behavioral or social delays



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State	Performance Measure	Goal/Intent
Federated States of Micronesia	Percent of children with identified developmental problems who are admitted to the CSHCN Program.	<ul style="list-style-type: none"> Ensure the early identification and referral of children with special health care needs
Georgia	Among children five years of age and younger who received services through the MCH program, the percent who received a developmental screen.	<ul style="list-style-type: none"> Increase the number of children throughout Georgia who receive a standard developmental screen
Hawaii	The percentage of parents of children 10 months to 5 years who report completing a standardized developmental and behavioral screener (SDBS) during a health care visit in the past 12 months.	<ul style="list-style-type: none"> Improve the percentage of children screened early and continuously age 0-5 for developmental delay
Maine	The percent of children aged 12-36 months enrolled in Medicaid who have had a claim for a social, emotional or behavioral developmental screening test.	<ul style="list-style-type: none"> Increase the number of children enrolled in the Maine Medicaid program who receive a developmental screening test before age 3
Michigan	Percent of children receiving standardized screening for developmental or behavioral problems.	<ul style="list-style-type: none"> Provide early intervention for developmental or behavioral problems
Minnesota	Percentage of Minnesota children birth to 5 enrolled in Medicaid who received a mental health screening using a standardized instrument as part of their C&TC visit (EPSDT is known as C&TC in Minnesota).	<ul style="list-style-type: none"> Increase the percentage of children birth to 21 whose social/emotional needs are identified early
Nevada	Percentage of children screened for age-appropriate developmental skills and behavioral health levels.	<ul style="list-style-type: none"> Increase the percentage of children screened for age-appropriate developmental skills and behavioral health levels for early identification of conditions and referral for treatment
New Hampshire	The percent of parents who self-report that they completed a standardized, validated screening tool used to identify children at risk for developmental, behavioral or social delays.	<ul style="list-style-type: none"> Improve access to, and use of, standardized developmental screening for young children
New Jersey	Average age of diagnosis for children reported to the New Jersey Birth Defects & Autism Reporting System (BDARS) with an Autism Spectrum Disorder.	<ul style="list-style-type: none"> Improve time to diagnosis for children with autism spectrum disorders to ensure early and intensive intervention
North Carolina	The number of children in the state less than three years old enrolled in early intervention services to reduce the effects of developmental delay, emotional disturbance or chronic illness.	<ul style="list-style-type: none"> Improve identification of infants and toddlers needing early intervention services and appropriately enroll these children at the earliest possible age to reduce the effects of disabling conditions Indicate the extent to which effects of developmental delay, emotional disturbance, or chronic illness can be reduced by early intervention services
North Dakota	The percent of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening services.	<ul style="list-style-type: none"> Form and strengthen a comprehensive system of age appropriate screening, assessment and treatment for the MCH population
Ohio	Increase the percent of children who receive timely, age-appropriate screening and referral.	<ul style="list-style-type: none"> Improve health care quality by early detection and treatment
Pennsylvania	Percent of infants and children (1-5) receiving WIC services screened for mental health concerns (through MCH consultants/state health nurses) at participating WIC clinics or their umbrella agencies.	<ul style="list-style-type: none"> Increase the number of infants and children (1-5) receiving WIC services screened for mental health concerns
Utah	The percentage of primary care providers/medical homes that conduct routine age-specific developmental screenings in their practice.	<ul style="list-style-type: none"> Increase early and appropriate developmental screening for all Utah children (birth to 5)
Vermont	The length of time between earliest referral to the first Child Development Clinic kept appointment for children 0-8 years old identified as having a potential developmental delay or ASD.	<ul style="list-style-type: none"> Decrease the time required for children who exhibit signs and symptoms of developmental delay or ASD from the identification of the potential disability to first kept appointment at the VDH Child Development Clinic for further diagnosis and treatment
Washington	The percent of children who received a standardized developmental screening.	<ul style="list-style-type: none"> Increase the rate of universal standardized developmental screening in children at accepted intervals during health care visit
Wisconsin	Percent of children age 10 months to 5 years who received a standardized screening for developmental or behavioral problems.	<ul style="list-style-type: none"> Improve early detection of delays in children and improve child health and well-being for identified children