

The Role of Title V in Developmental Screening



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The [Title V Maternal and Child Health Program](#), administered by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), provides block grants to states “to improve the health of America’s mothers, children, and families.” State Title V programs work to increase access to quality health care and services, strengthen the health care workforce, build healthy communities, improve health equity, and strengthen program operations through state and local health departments.

Title V program accomplishments are measured through a set of [National Performance Measures](#), one of which is the percentage of children ages 10-71 months who receive a developmental screening using a parent-completed screening tool. Many states report on this measure using data from the [National Survey of Children’s Health](#), which asks parents of children ages 10 months to five years whether they received a screening using a standard tool at a health care visit in the past year. In 2015, 40 state Title V programs reported on this measure and 12 identified efforts to improve the rate of developmental screening as priority needs in their block grant applications. State Title V programs can also develop their own performance measures, and as of 2013, 20 states had developed [measures](#) related to developmental screening. These measures focus on specific aspects of the screening and referral process, such as the percentage of [Part C Early Intervention](#) referrals that come from screening programs, the percentage of young children with low or no risk for developmental delay, and the percentage of children with developmental problems who are served by the state’s program for children and youth with special health care needs.

Title V program activities in developmental screening vary, often including convening interagency partnerships, promoting developmental screening to families and providers, and leading efforts to design coordinated systems of screening and referral. These strategies have been [analyzed and described](#) by the Association of Maternal and Child Health Programs. Examples of the potential roles for Title V and other public health agencies include:

- **Outreach and training.** Informing and educating families and providers about developmental screening is an important role for public health agencies. Utah continues to distribute materials developed under its [Learn the Signs, Act Early](#) grant from the Centers for Disease Control and Prevention (CDC) even after the end of the grant in 2009. [The Act Early Texas](#) program, funded through an [Early Childhood Comprehensive Systems](#) (ECCS) grant from the Health Resources & Services Administration (HRSA), provided online training to early childhood professionals, and the modules continue to be available. Similarly, Maine’s [Developmental Screening Community Initiative](#) used Preventive Services Block Grant funds to train providers in three areas of the state in a wide range of topics in child development, screening, and systems coordination.

- **Single point of entry into screening and Part C Early Intervention systems.** Programs such as [Help Me Grow](#) can facilitate a system in which children are screened through a variety of agencies, services can be billed for Medicaid-eligible children, and appropriate referrals and guidance can be provided to families. Georgia's [Children 1st](#) program offers such a system, identifying children and families with risk factors for developmental delays, providing screens through the local health department or during a home visit, and linking families to Part C Early Intervention or other resources if the screen indicates a developmental problem. Similarly, the [Hi'iilei Hawai'i](#) program offers universal developmental screening and referral to Part C Early Intervention or preschool special education.
- **Interagency coordination and data sharing.** In Washington, a partnership focusing on developmental screening was established in 2009 and has since evolved into the [Help Me Grow Partnership](#). This is one of many efforts coordinated by the state Department of Health to promote developmental screening, train medical and child care providers in screening, and monitor screening rates across the state. The Help Me Grow [Common Agenda](#) sets common goals across a range of projects, including [Project Linking Actions for Unmet Needs in Children's Health \(LAUNCH\)](#), Essentials for Childhood, Help Me Grow, and Within Reach, the state's access hotline. In addition, the Legislature's recent passage of [SB 5317](#), assuring payment for developmental screening under Medicaid, allows the partnership to monitor screening rates under an interagency agreement. While many of these efforts are grant-funded, Title V provides staff support and infrastructure for program development.
- **Database development and measurement.** Some state programs use the [ASQ Online](#) to develop a population-based database that contains objective information about the provision of developmental screens conducted by home visitors or over the phone. The online screening data can be collected in a database, which can then be used as the data source to report on the [MCHB's National Performance Measure #6](#) on the percentage of children under age three who have received a standardized screen in the previous year. Georgia's [Children 1st](#) program uses this strategy.
- **Applying data for systems improvement.** Early Childhood Utah, the state's ECCS grant program, focuses on improving developmental screening rates and the scores on screens among children in three high-risk communities. Using the ASQ Online, screens are provided and the data from the screens used to identify needs in the community that will promote child development. For example, one high-risk community established designated playgrounds for infants and toddlers to promote gross motor development, as existing playgrounds were considered unsafe for young children. Children with developmental needs are assigned care coordinators who act as family advocates to link children with resources in the community.

In many states, Title V can be a key partner in promoting developmental screening through targeted grant programs such as HRSA's [ECCS grants](#), Substance Abuse and Mental Health Services Administration's (SAMHSA) [Project LAUNCH](#) grants, or the CDC's [Learn the Signs, Act Early](#) program. While these programs may focus on mental health (e.g., Project LAUNCH) or autism spectrum disorder (e.g., Learn the Signs, Act Early), screening for these issues can identify children with a wide range of developmental disabilities. By aligning and coordinating these various grant programs, partnering with other state agencies and communities, and working to strengthen their focus on developmental screening, Title V and other public health agencies can play a critical role in supporting developmental screening systems.