

**Benchmark #2. Universal Screening and Referral.**

*100% of children between the ages of birth to three will be screened at least once every 12 months, with a valid and reliable screening tool that screens for developmental/social-emotional delays. If a concern is identified, procedures will be in place to ensure appropriate and timely referral to Part C, Part B or other community support agencies as indicated by screening results.*

**Goal #2.1: Statewide coordination of screening efforts.** States will coordinate screening and monitoring efforts by state and local agencies, to reduce duplication and increase effectiveness of screening and referral efforts. Part C, Part B and other community support agencies including early care/education systems (e.g., Early Head Start, subsidized childcare), health and mental health care systems (e.g., CHIP, WIC, EHDI, primary care and mental health providers), family support (e.g., child welfare, parenting) programs and parent representatives should be included.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	6.12%	14.29%	77.55%	2.04%	49
Important?	0.00%	14.58%	81.25%	4.17%	48
Reasonable?	2.13%	40.43%	36.17%	21.28%	47
Implemented?	14.89%	59.57%	4.26%	21.28%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- A few comments focused on who should be included in the list of participants or how the participants should be listed.
  - One suggestion: “Part C, Part B early care/education systems, Early Head Start, child care, home visiting, physical and mental health care providers and systems, WIC, newborn hearing screening (EHDI), family support networks, foster care, and parenting groups”
  - Another suggested specifically naming public health home visiting, health departments, health insurance providers, Medicaid, and pediatric organizations.
- Should the frequency of screening be increased to every 6 months?

**Goal #2.2: Statewide public referral options.** States will develop telephone (e.g., 1-800 or state 211) and web-based referral options that link to regional Part C, Part B and community support agencies (see 2.1 for examples of community agencies that should be included).

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	6.25%	20.83%	70.83%	2.08%	48
Important?	0.00%	22.92%	70.83%	6.25%	48
Reasonable?	0.00%	31.11%	40.00%	28.89%	45
Implemented?	17.02%	44.68%	14.89%	23.40%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Should this goal be reworded? Following are some suggested rewordings.
  - "States have in place a community-based and statewide resource, such as the MCH Toll-Free line, 211, or interactive websites, for parents and early childhood education and health providers can access information and make referrals to appropriate community provider." [referrals need to happen BOTH ways - from provider to Part C and from Part C to provider]
  - "States have in place a centralized point of access for all referrals to Part C, Part B, CYSHCN as well as other community-based services for children. Such a model ensures that children who are not eligible for Part C, Part B or CYSHCN are still connected to services that promote development, as well as socio-emotional development."

**Goal #2.3: Universal referral form.** States will develop and implement a universal referral form to refer children to Part C and Part B. This form should include state eligibility criteria as a checklist for referral agencies, and a parental consent form that enables the mutual sharing of necessary information between Part C, Part B and referral sources.

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses
Clear?	4.17%	12.50%	79.17%	4.17%	48
Important?	6.25%	14.58%	75.00%	4.17%	48
Reasonable?	4.26%	27.66%	44.68%	23.40%	47
Implemented?	10.64%	53.19%	10.64%	25.53%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Would it be possible to obtain parent consent to also include information sharing with agencies (other than the referral agency) that have relevant information to share regarding the child/family? Would this be too much for one form and/or unnecessary at this step?
- Should this goal include a statement about HIPPA-FERPA or other legal considerations to sharing of information?

**Goal #2.4: Education and Training.** States will implement a training plan to educate community providers without on-going screening initiatives (e.g., childcare providers, homeless services) about early identification and timely referral to Part C and Part B.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	6.25%	29.17%	62.50%	2.08%	48
Important?	0.00%	20.83%	72.92%	6.25%	48
Reasonable?	4.26%	27.66%	36.17%	31.91%	47
Implemented?	8.70%	50.00%	4.35%	36.96%	46

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Does this goal overlap too much with public awareness and childfind?
- Should this goal direct community providers to participate in initiatives and/or implement the models promoted through the initiatives. For example, wording such as; “ community providers receive training in administering and scoring screening tools....”

**Goal # 2.5: Financial barriers.** Each state will work with state Medicaid officials to limit financial barriers to screening, including expanding EPSDT funding to non-physician groups that interface with women and children (e.g., WIC, public health).

Question	Not at all	Somewhat	Very/Fully	Don't know/Not applicable	Responses
Clear?	8.33%	25.00%	64.58%	2.08%	48
Important?	4.17%	25.00%	66.67%	4.17%	48
Reasonable?	6.52%	36.96%	26.09%	30.43%	46
Implemented?	27.66%	31.91%	8.51%	31.91%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- We received a number of comments regarding barriers to implementing this goal.

**Goal #2.6: Screening by Primary health care and medical homes.** States will support (e.g., train providers) developmental and social-emotional screening of children by the child’s primary care provider utilizing American Academy of Pediatrics’/Bright Futures guidelines for preventative care visits.

Question	Not at all	Somewhat	Very/Fully	Don't know/NA	Responses
Clear?	2.08%	12.50%	81.25%	4.17%	48
Important?	0.00%	8.33%	85.42%	6.25%	48
Reasonable?	2.17%	26.09%	50.00%	21.74%	46
Implemented?	6.38%	59.57%	10.64%	23.40%	47

As a group, please discuss this goal and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- What types of training or partnerships in states are working that help promote this practice (e.g. in Oregon there is a Pediatric Improvement Partnership, in Illinois they have developed on-line training)
- Should funding/reimbursement be addressed here (e.g., Medicaid reimbursement for developmental screening)?

### **Discussion about Benchmark 2**

**Benchmark 2. Universal Screening and Referral.** 100% of children between the ages of birth to three will be screened at least once every 12 months, with a valid and reliable screening tool that screens for developmental/social-emotional delays. If a concern is identified, procedures will be in place to ensure appropriate and timely referral to Part C, Part B or other community support agencies as indicated by screening results.

As a group, please discuss this benchmark and record any comments on worksheet. Following are possible discussion topics based on comments from on-line survey.

- Do the goals match up with the overall theme of the Benchmark?
- Is 100% an inappropriate target given that screening some children (e.g., those that are already eligible for services) is not appropriate, or that it is so unrealistic it would discourage trying to increase efforts? Does there need to be a denominator identified?