



Technical Assistance Series

Supporting Early Childhood Mental Health

Brief 3: Developmental and Behavioral Screening and Assessment



Through its Project LAUNCH grant program, the Substance Abuse and Mental Health Services Administration (SAMHSA) supports selected states, tribes, and local communities in promoting behavioral health in young children (ages 0–8) and families through implementing a series of evidenced-based strategies. This brief provides information on one of those strategies: Developmental and Behavioral Screening and Assessment.

Research demonstrates that the early detection of developmental and behavioral problems and the use of appropriate intervention services significantly improve a child's school readiness, academic success, and overall well being. In fact, investments in early detection and intervention often reduce the high costs and long-term consequences for health, education, child welfare, and juvenile justice systems.¹ However, many children enter school with significant delays and missed opportunities for intervention due to underdetection and lack of timely referral to necessary services. For example, less than 50 percent of children with developmental or behavioral disabilities—such as autism, attention-deficit/hyperactivity disorder, or delays in language—are identified before children start school.² Research supports high-quality screening and assessment processes (see sidebar) as critical, effective, and efficient means of detecting and addressing child and family difficulties.

National Efforts to Support Developmental and Behavioral Screening

Policy and practice efforts related to developmental and behavioral screening and assessment are burgeoning. Recent policy statements by the American Academy of Pediatrics, the National Association for the Education of Young Children, and the National Association of Early Childhood Specialists in state departments of education have highlighted the importance of early childhood professionals' use of developmental screening and assessments to identify developmental delays and disorders. Many states, some through funding from the Commonwealth Fund's Assuring Better Child Health and Development (ABCD) initiative, are adopting approaches to support universal developmental screening and assessment in primary care and early education settings.⁵

Enhancing Screening and Assessment Efforts in Project LAUNCH

Building on current research and best practices from across the country, Project LAUNCH has identified developmental and behavioral screening as one of five critical strategies for supporting the unmet health needs of children and families. Project LAUNCH grantees are working to strengthen policy, workforce development, and coordinated practices related to screening in an effort to assist communities in taking a broad look at development and behavioral health at-risk factors that profoundly affect children's development. Examples of grantee efforts are illustrated on page two and can provide guidance for others planning to enhance screening and assessment activities for young children and their families. Project LAUNCH recognizes the importance of screening using valid, standardized instruments; comprehensive screening that includes all facets of a child's development (e.g. cognitive, physical, social/emotional); and the importance of behavioral health screening for parents in some situations (e.g. parental depression, substance abuse and domestic violence screening).

Screening is a brief procedure designed to identify children in need of more intensive assessment. Screening includes informal processes, such as observation, yet is strengthened by the use of formal, standardized, reliable, and valid instruments.³

Assessment is an ongoing process designed to deepen the understanding of a child's competencies, resources, and challenges, as well as the caregiving and learning environments most likely to help a child make the fullest use of his or her development.⁴

Comprehensive and quality assessment procedures typically include the use of published, norm-referenced developmental and behavioral instruments in combination with informal processes, such as conversations with families and caregivers.

Strategy 1: Developing State Policy and Practices for Enhancing Screening Efforts

Wisconsin Project LAUNCH. Many child-serving programs have similar goals, yet work in isolation to meet them, resulting in a fragmented system for children and families that is often hard to navigate. Efforts in Wisconsin have focused on creating a coordinated state blueprint for implementing and funding developmental screening within primary care, early care and education, child welfare, and early intervention. These coordinated efforts have led to 1) strong statewide support for developmental and social-emotional screening efforts, 2) the adoption of a state-recommended list of screening tools, and 3) online tip sheets and recorded webinars that local communities can use to jump-start their screening efforts (<http://www.collaboratingpartners.com/index.php>).

Strategy 2: Joint Training of Primary Care and Early Intervention Staff to Increase Identification and Referral

Kansas Project LAUNCH. Primary care providers' frequent use of informal strategies to detect progress on children's developmental milestones often leads to an underdetection of developmental delay and behavioral challenges. To offset this risk, Kansas Project LAUNCH provides a comprehensive training to physicians and office staff on the *Ages and Stages Questionnaire* (ASQ: 3) and the *Ages and Stages Social Emotional Questionnaire* (ASQ: SE). In addition to building practitioners' level of comfort in administering and interpreting these tools, the project trains physicians and their staff on referral processes and procedures for billing the costs of conducting the screening. Part C early intervention staff participates in this training to share critical information on young child and family services. This effort has led to an increase in the use of screening within primary care and an increase in timely and more appropriate referrals to early intervention.

"This project has changed the way I practice. I used to hold off on referring families with mental health concerns because I did not have data and I did not know where to refer. With screening results I have that data as well as an easy way to talk with families to get them help before intervention is needed."

—Primary Care Physician

Strategy 3: Supporting Policy through Comprehensive Workforce Development

El Paso Project LAUNCH. In the state of Texas, the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) service

for children (birth–20 years) is known as Texas Health Steps. Texas Health Steps has put forth a policy requiring medical and health care providers serving Medicaid recipients to incorporate the *Ages and Stages Questionnaire* (ASQ: 3) and/or the Parent Evaluation of Developmental Status (PEDS) during well-baby check-ups.

In response to this policy, Project LAUNCH in El Paso provides ongoing training for providers to support the administration, interpretation, and follow-up of these tools. Activities include 1) training of trainers on the ASQ: 3 and *Ages and Stages Social Emotional Questionnaire* (ASQ: SE) for primary care staff, early intervention and Texas Health Steps staff, Young Child Wellness Council Members, and other interested early childhood providers; 2) in-office training for primary care providers and office staff on the ASQ: 3 and ASQ: SE; and 3) training for medical residents and associates within the local university and vocational school. More than 20 community members can now train others on the ASQ: 3 and ASQ: SE, and more than 130 medical providers and their staff have received comprehensive training on the tools.

Strategy 4: Using Technology to Increase Widespread Screening Efforts

Northern Colorado Project LAUNCH. Although screening and assessment are necessary activities, many child-serving providers find it difficult to adequately support families in completing multiple screening instruments in addition to scoring, interpreting, and sharing the results. To overcome this obstacle, Northern Colorado's Project LAUNCH program is piloting the integration of Patient Tools Survey Tablets (http://www.patienttools.com/howwork_hdw.asp) within child welfare, primary care, and the behavioral health system. Participating parents use the survey tablets to complete multiple tools that screen for child health, adult depression, and environmental risk. The tools have been loaded onto handheld devices, making it possible for families to complete the screenings on their own wherever services are taking place (e.g., in the home, clinic waiting rooms, doctors' offices, etc.). This process has resulted in 1) less time demands on staff and 2) earlier identification and linkage of families to services because of the number of comprehensive screenings completed.

Endnotes

1. National Academy for State Health Policy. (2012). [Making the Case](#).
2. Center for Disease Control and Prevention. (2009). [National Survey of Early Childhood Health](#).
3. Meisels, S. J., & Atkins-Burnett, S. (2005). [Developmental screening in early childhood](#).
4. Ibid.
5. [Project LAUNCH Website](#).