First Steps for Early Success: State Strategies to Support Developmental Screening in Early Childhood Settings

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About CLASP

The Center for Law and Social Policy (CLASP) seeks to improve the lives of low-income people by advocating for policies that deliver results that matter. CLASP's child care and early education work promotes policies that support both child development and the needs of low-income working parents. For more information, visit www.clasp.org.

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Young children's development occurs along a continuum, with milestones reached at ages that vary within an accepted timeframe. Milestones not met within the expected timeframe can raise concerns about developmental delays, health conditions, or other factors contributing negatively to the child's growth and learning. Monitoring children's development in relation to this continuum through developmental screening, to identify delays, and to individualize approaches to development and learning, is an important part of providing high-quality child care and early education.

Developmental screenings, which indicate whether a child is meeting expected developmental milestones or may have a developmental delay that requires further assessment, are part of a broader set of preventive health care practices recommended by experts, including the American Academy of Pediatrics (AAP). Age-appropriate screening tools are used to assess a variety of developmental areas and issues, including physical development, social and emotional development, language and cognitive development, communication and language, motor skills, and autism.[1]

Early, regular, and reliable screening can help identify problems or potential problems that may threaten the child's developmental foundation and lead to additional delays and deficits later in childhood. The success and long-term cognitive benefits of early intervention appear to be related to the level of intervention, along with the comprehensiveness and duration of the services, so identifying problems and connecting infants and toddlers to treatment during their earliest years is most effective.[2]

In general, developmental screening tools are formal, research-based instruments that include questions about a child's development at particular ages. Ideally, they are

used by adults who are properly trained, include family input, and are administered in a setting where children feel comfortable demonstrating their knowledge and skills. The most effective tool to be used varies, and depends on multiple factors such as the age of the child, the setting (e.g. home, early childhood program, pediatrician's office), the qualifications of the adult administering it, and the relationship to the child.[3]

In addition to connecting children to needed services, such as early intervention, the administration of developmental screens in early childhood settings can provide caregivers with the information they need to most effectively support the child's development. Screens also provide an opportunity for caregivers to communicate with parents about their children's development, and help parents support and interact with their children in a positive way. Properly trained and supported professionals in early childhood settings can use information from screening to help inform practice, shape individual child interactions, and refer children and families for additional services.[4]

Public and private entities, including federal and state governments and private foundations, have worked for years toward the goal of increasing developmental screening rates, primarily focused on improving the frequency and consistency of screenings delivered by physicians. Driven both by increased expectations around screening rates from federal administrators and the broader goal of improving educational outcomes for young children, states and communities have become more and more interested in strategies that connect families and children with screenings through community-based child care and early education settings. This paper looks at the degree to which children currently receive developmental screening, the role of child care and early education programs in connecting children to developmental screening, national efforts and funding streams to support developmental screening and its relationship to early childhood, and state policy examples and recommendations stakeholders can draw on when considering expanding access to developmental screening in early childhood settings.

Access to Developmental Screening: Current Trends

Screening through Health Providers

Ideally, all young children should have consistent access to high-quality health care through a medical home that will provide the recommended developmental screenings, as well as access to appropriate services. The AAP recommends that all children be screened for developmental delays and disabilities during regular well-child visits at 9 months, 18 months, and 24 or 30 months.[5] Ninety-one percent of children under age 18, and 86 percent of low-income children (under 200 percent of the Federal Poverty Level, which is $23,850 annually for a family of four in 2014), have some type of health insurance coverage.[6] Yet access to health coverage does not necessarily mean that children receive all recommended preventive care, including screenings. Even when young children have regular medical visits, some evidence suggests that developmental screening is not always performed. One 2004 study found that only 57 percent of children 10 to 35 months old had ever received a developmental screen.[7] Even lower percentages of children received a screening with a tool including a parent-completed component.

Although there are a variety of valid developmental screening tools available to professionals, one study in 2007 found that incorporating the use of a parent-completed screening tool, like the Ages and Stages Questionnaire, increased referral for potential delays by 224 percent over using a tool relying solely on pediatrician response.[8] A study in 2011 found that only about one in five children had received a screening using a recommended parent-completed developmental screening tool within the past year. Parent-completed screenings were more common among children who had publicly funded health insurance through Medicaid or the Children's Health Insurance Plan (CHIP), yet gaps remained.[9] Federal guidelines mandate that state Medicaid systems provide and reimburse for the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit, a package of services that includes periodic well-child visits and a variety of developmental and medical screenings for

children. Typically, these screenings are delivered by medical professionals during regular well-child visits.[10]

Providing children with health coverage is a critical step toward ensuring they get all of their recommended care, including developmental screening and the rest of the EPSDT services, but it is not a guarantee. Many states fall short of meeting the frequency for well-child visits and screenings recommended by the American Academy of Pediatrics. According to the National Center for Children in Poverty, in 2012 only 13 states met the recommended number of well-child visits in their Medicaid EPSDT policies for children under the age of one, and about half of all states met the recommendations for children 3 to 5 years.[11] In 2008, only 20 states reported that they completed the recommended screenings for 80 percent or more of the children ages 3 to 5 enrolled in Medicaid.[12]

With the federal expectation for developmental screening unmet and increasing requirements for state reporting, reaching all children with developmental screening must be a collaborative effort. As they work to improve the success of efforts to increase screening rates, states and communities have identified child care and early education settings as an important partner.

Efforts to Increase Access to Developmental Screening

Privately Funded National Initiatives Supporting Developmental Screening

Over the past 16 years, a number of privately funded initiatives have created an awareness both of the need for multi-sector partnerships to increase screening rates and of a number of promising strategies for states and communities to explore. These initiatives have most often focused on encouraging and supporting pediatricians in completing developmental screening during well-child visits. For example, The Commonwealth Fund, a private foundation, has partnered for over a decade with the National Academy for State Health Policy to implement the ABCD (Assuring Better Child Health and Development) initiative. ABCD has engaged 27 states since 2000 to identify policies and practices that can improve screening rates. Moreover, ABCD has fostered collaboration among states and provider champions to promote developmental screening and provide resources and support for screening and follow-up services.

Help Me Grow, a model originally implemented in Connecticut and replicated throughout the country with the support of The Commonwealth Fund, also supports families' access to developmental screening, both by working with pediatricians, and by making developmental screening tools like the Ages and Stages Questionnaire directly available to families via telephone, technology, and partnership strategies. There are currently *Help Me Grow* initiatives in 19 states.[13]

Federal Attention to Developmental Screening

Enlisting a broader approach toward promoting screening, earlier this year the U.S. Departments of Health and Human Services and Education launched a multi-agency initiative -- *Birth to 5: Watch Me Thrive!* -- to increase awareness about the importance of developmental and behavioral screening across service sectors. This initiative includes a compendium that reviews the implementation, reliability, and validity characteristics of screening tools, along with user guides that describe how to select and use those tools in different child-serving settings, including child care and early education. The *Birth to 5: Watch Me Thrive!* initiative's overall goal is to encourage universal developmental and behavioral screening and increase the understanding of child development among practitioners in various child-serving fields, as well as in the general public.[14]

As mentioned above, states are also now required under Medicaid and CHIP to report on developmental screening within the first three years of life as part of federal Health Care Quality Measures, giving them both the opportunity and the impetus to look closely at that data to identify areas where access can be improved.[15]

The Role of Child Care and Early Education in Increasing Access

The widespread use of child care, the trusting relationship developed between families and their child care providers,

and the need for multiple strategies make financing and developing more intentional partnerships within child care settings an important approach to raising developmental screening rates.

More than 12 million children under the age of five regularly spend time in a non-parental child care arrangement, including more than half of low-income children under age six.[16] Some early childhood settings, particularly Head Start (the federal early childhood education program for poor children) and higher-quality child care settings, provide preventive health and developmental services like screening and referral.

While 51 percent of 3- and 4-year-old children are in center-based child care, Head Start, and preschool settings, which may be more likely to provide developmental screening, only 16 percent of children under a year old and 30 percent of 1- to 2-year-olds are regularly in those types of settings. In comparison, 45 percent of children under a year old and 48 percent of 1- to 2-year-olds are in some form of non-parental relative care.[17] Many children under age 3 spend time in home-based child care settings, either relative or non-relative care, which are less likely to provide comprehensive services.[18]

The federal Child Care and Development Block Grant (CCDBG) program provides funding for child care assistance to low-income families. Parents receiving child care subsidies for young children are more likely to choose center-based settings and to select higher-quality care, although not necessarily care that provides comprehensive services and family supports.[19] Federal CCDBG policy requires child care providers to meet minimal health and safety requirements, but does not require providers to offer comprehensive services, nor do states allocate sufficient funding through their subsidy programs to allow providers the resources necessary to do this. Unfortunately, inadequate funding for CCDBG allows for only 26 percent of eligible children ages 0 to 6 to be served. [20] The quality of child care varies, and few early childhood providers outside of Head Start have the means to provide the full range of comprehensive services.

Head Start

Since its inception, Head Start has included developmental screening in the array of comprehensive health services and family supports provided to children and families. Federal Head Start Program Performance Standards specify that within 45 days of entry into the program, each child should be screened for "developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills," using age and culturally appropriate tools. The Head Start standards also require that Early Head Start programs, which serve infants and toddlers up to age 3, assess whether children have received regular medical screenings and care, and if not, the program must help connect children and families to those services.[21] According to Head Start Program Information Report data from 2012-2013, 63 percent of children were up to date on their state's EPSDT screening requirements when they entered the Head Start program, and 89 percent were up to date at the end of the enrollment year.[22]

While Head Start and Early Head Start are models for the design and delivery of developmental screening in early childhood settings, they have limited eligibility criteria and funding. In 2013, Head Start served only 45 percent of eligible preschool-age children, while Early Head Start served 4 percent of eligible infants and toddlers.[23] The recently funded Early Head Start-child care partnerships initiative will expand the reach of Early Head Start services, including developmental and behavioral screenings, to more infants and toddlers, but there will still be significant unmet need.[24]

Head Start standards and practice have demonstrated the important role early childhood programs can play in improving the rates of developmental screening among our most vulnerable children. Head Start grantees develop their own policies and practices to meet the Head Start performance standards related to screening. For example, Head Start of Lane County, Oregon gives its programs the ability to choose between holding group screening days, during which families come for a variety of screenings (developmental, vision, hearing, etc.), or embedding the required screenings into regular program days during the early weeks of the Head Start year. This grantee uses the

Ages and Stages Questionnaire (ASQ) for developmental screening, and the ASQ-Social Emotional (ASQ-SE) for behavioral screening – tools that are widely used by early childhood programs incorporating developmental screening into their practice. As part of this grantee's approach, individual programs hold trainings on the screening tools early in the year, drawing on the expertise of a designated consultant.[25] This approach – requiring screening, using an approved tool like the ASQ, and using a consultation model for training and professional development – has been used in some states and communities to support developmental screening in child care and early education settings outside of Head Start as well. It is one way to overcome challenges like the lack of workforce familiarity with screening tools, and the need to use a valid tool consistently.

Head Start Performance Standards also require that grantees obtain related diagnostic testing, examination, and treatment within 90 days of the child's program entry and require eligible children be referred to the local Part C agency (see below) for further evaluation, and possibly an Individualized Family Service Plan (IFSP).[26]

IDEA Parts B and C

Funds from the federal Individuals with Disabilities Education Act (IDEA) support states in providing early intervention services for infants and toddlers with disabilities and their families (Part C) and special education and related services for school-aged children with disabilities (Part B), including preschool-aged children (Part B, Section 619). The state lead agency for Part C and the education agency for Part B have an obligation to identify any child who may be eligible for services. This "Child Find" requirement relies on close partnerships between state Part C and Part B agencies and other agencies administering children's programs, including child care and early education programs. Child Find regulations specifically name child care and early education programs as a primary referral source for Part C services. As such, they can be a partner at the state and local level in supporting the identification of children who may be eligible for IDEA services by administering screenings and referring families to Part C and Part B, Section 619, if there is a developmental concern.[27]

Medicaid Policy

Medicaid is the federal funding stream most widely identified with children's developmental screening, primarily because the screening is included in the EPSDT benefit, described above. Yet the policies defining reimbursement for developmental screening within EPSDT varies, and the barriers to providing the developmental screening for Medicaid reimbursement in a community-based child care setting can be prohibitive. For example:

- States may determine the qualifications of individuals who can deliver the services. Options for developmental screening, for example, may range from registered nurses, to licensed clinical social workers (LICSWs), to individuals supervised by LICSWs. Although some larger or multi-service child care agencies may employ individuals with these qualifications, or have access to them through consultation initiatives, they are not typically found in community-based child care settings.

- The allowable location of service delivery is also written into Medicaid state plans. Some states allow some services to be delivered at community-based organizations, but generally the allowable services must be individually approved by the state. Recent guidance from the federal Centers for Medicare and Medicaid Services (CMS) specified that states can seek a waiver from the agency to allow certain preventive services to be provided by a wider population of practitioners, including non-medical practitioners. However, even under this waiver the services must be recommended by a physician or licensed practitioner. Developmental screening may meet the criteria outlined under this provision.[28]

- Within the limits of requirements such as EPSDT, states determine what specific services are individually reimbursed by Medicaid, at what frequency, and the amount paid for each service. In some states, developmental screening is reimbursable as a free-standing service. In others

it is part of a package of services under EPSDT. These policies and related billing codes have an impact on whether screening can be delivered in community-based sites. One consideration for such sites is that unless developmental screening is part of a broader package of services to be reimbursed, or is one of several reimbursable services delivered in that setting, the administrative burden of being a Medicaid site might not be worthwhile for the agency. A small agency is not likely to go through the process of being approved and managing the administrative burden if it only provides one service that is reimbursable as a fee-for-service item.

States wishing to increase their developmental screening rates using changes in Medicaid policy largely focus on three areas – using outreach strategies to increase access to health care coverage, including Medicaid, for children; working intensively with primary care providers to provide professional development and support around child development, developmental screening tools, and related follow-up care; and clarifying and promoting the use of Medicaid billing codes for developmental screening.[29] Still, to capitalize on the relationships between families and child care and early education programs, and the developmental screenings already occurring in those settings, state child care policy stakeholders should consider building a relationship with state Medicaid offices in an effort to better understand Medicaid policies, maximize their effectiveness, and ensure that they include sufficient breadth and flexibility.[30]

Early childhood and health care leaders in Marion County, Oregon, are in the preliminary stages of a collaboration designed to promote developmental screening in early childhood settings, initially using short-term transitional Medicaid dollars. The Oregon Health Policy Board of the Oregon Health Authority (OHA) has created 16 regional Coordinated Care Organizations (CCOs), which are designed in part to reduce Medicaid costs by increasing preventive care and coordination of services. In Marion County, the CCO is looking to engage child care and early education providers in offering the Ages and Stages Questionnaire (ASQ), the most widely used developmental screening tool, to all of the families they serve. Because the early childhood settings cannot bill directly for Medicaid under state Medicaid law, the CCO is providing funds to early childhood providers up front for the costs of administering developmental screening. Screening results are returned to the CCO, which then is able to bill the state Medicaid system for reimbursement. The initiative is in its early stages and has faced some initial challenges. For example, the original design did not include a review of screening data by children's primary care providers prior to reimbursement, which was required by the state Medicaid office. As they work through these initial challenges, however, other counties in the area are considering similar initiatives for screening. This intermediary approach may pave the way for successful use of Medicaid as a funder of developmental screenings in community-based settings.[31]

Expanding Access through Other Federal Funding Streams

While Medicaid is the largest and most important source of funding to cover the cost of developmental screening, even with the EPSDT mandate there are still significant gaps in screening in physicians' offices, and the barriers to using Medicaid to fund screening in community-based organizations are great. To complement and build on efforts under Medicaid funding, other sources of federal funding can be used to support developmental screening in early childhood programs. In states where child care subsidy, licensing, or quality policies require or encourage early childhood programs to conduct developmental screening, programs may use a variety of resources including **CCDBG** and private dollars to cover the costs of screening tools, professional development, and staff time. While some states have taken steps to encourage screening through CCDBG, most states' payment rates fail to provide adequate funding for the costs of child care, before comprehensive services. Other federal funding streams can build on CCDBG and private dollars that are already stretched thin.

With the mission of improving health outcomes for mothers and children, Title V of the Maternal and Child Health Act establishes a number of funding streams, including **Maternal and Child Health Block Grants,**

that can be used to support developmental screening for young children. Maternal and Child Health Block Grant dollars are flexible, respond to community-identified public health needs, require collaboration with other sectors, and are provided to all states. They are designed to meet the needs of mothers, children, and youth through partnerships between federal, state, and local agencies. State health agencies, which are the designated grantees, use funds based on a needs assessment completed every five years. Federal guidelines require that early childhood partners, including child care and early education, be included in designing and implementing the state needs assessment. The Maternal and Child Health Block Grant can be used to coordinate services or to provide direct services to target populations. Thirty percent of the funding must be used for preventive or primary care for children, making it a promising source of funding for initiatives to increase access to developmental screening.

In Rhode Island, the Maternal and Child Health Block Grant is one of the funding streams used to support *Watch Me Grow RI*, a program under which child care providers receive training and support in obtaining family permission for screening and providing developmental screening on site. The initiative also supports the providers in coordinating services such as informing families of the recommended screening timeline, consulting with parents about screening results, and helping families work with pediatricians to develop a service plan when necessary. While the initiative uses a variety of federal funding sources, the state Department of Public Health uses Maternal and Child Health Block Grant dollars to purchase materials needed to train providers in using the ASQ.[32]

Finally, there are a number of additional federal funding streams that may provide short-term, flexible resources to support the costs of establishing or continuing the practice of developmental screening in child care and early education settings. For example, states have used federal Early Childhood Comprehensive Systems (**ECCS**) and **Project LAUNCH** (Linking Actions for Unmet Needs in Children's Health) grants to support developmental screening and referral in child care and early education settings, among other services intended to promote children's healthy development. Project LAUNCH is a short term grant from the federal Substance Abuse Mental Health Services Administration (SAMHSA). More details on the use of these and other federal funding streams to support comprehensive services in child care and early education settings can be found in CLASP's *Putting it Together: A Guide to Financing Comprehensive Services in Child Care and Early Education*.[33]

Finally, over the past four years, states have developed new initiatives related to developmental screening using funds awarded by the U.S. Department of Education through its **Race to the Top-Early Learning Challenge (RTT-ELC)** grant program intended to support innovative state early childhood systems-building to raise the quality of early learning programs and increase access to high-quality programs for high-needs children. To date, 20 states have received grants totaling more than $1 billion.[34] One of the selection criteria was "identifying and addressing the health, behavioral, and developmental needs of Children with High-Needs to improve school readiness" by increasing the number of children screened, referred, and receiving follow-up services as necessary. The infusion of flexible RTT-ELC dollars has given states the opportunity to develop innovative cross-sector strategies for increasing developmental screening rates. Funds are, however, short term, and not available in every state. Still, the strategies being explored by RTT-ELC states may be instructive to other states as they shape their efforts to build early childhood initiatives around developmental screening.

The choice of funding streams will place some limitations on the delivery model that a state chooses to support developmental screening in child care and early education settings. Some funding, such as CCDBG quality dollars, can flow directly to child care programs and support them in building their capacity to implement the screening, purchasing materials, and providing professional development on conducting screenings, communicating the results, and ensuring that children with identified concerns receive appropriate diagnosis and services.

Other dollars, such as from Medicaid or Maternal and Child Health, may more easily be used in partnership with public health or other agencies employing medical professionals or para-professionals. For example, several

states use a variety of funding to implement child care consultation programs. These programs generally employ nurses or licensed social workers to work with child care and early education programs to build their capacity to provide developmental screening and other services. Consultants sometimes provide the screening themselves, or are funded to help coordinate families' access to screening, as well as diagnosis and services that may be indicated.

Challenges in Expanding Access to Developmental Screening

In addition to financing challenges, states face other obstacles to increasing access to developmental screening for young children. To expand availability of screening in early childhood settings, state policies and models must address the following challenges.

Professional Development

One identified need of developmental screening initiatives in early childhood settings is support for child care providers on child developmental knowledge, appropriate administration of screening tools, use of information collected through screening, and data sharing and privacy rules.

Data Sharing

Federal laws like the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA) affirm that parents should have control over their children's information and establish requirements on data sharing around medical and education information. In order for developmental screening in early childhood settings to be used effectively to connect children and families to services, providers will need training and information on privacy rules, and policies and tools that help them facilitate data sharing while respecting and complying with privacy requirements.

Access for Diverse Populations

As states build on developmental screening policies and initiatives, it is important that states meet the linguistic and cultural needs of children. Access to appropriate developmental screening for linguistically and culturally diverse groups of children is a challenge for many reasons, including limited availability of screening tools in home languages, language barriers in conducting developmental screenings, and effectively assessing language development within a dual language context. It's important that policymakers and providers understand the limitations of existing tools and consider the cultural contexts for children's development. Engaging families in screening is an important step to better assess children of diverse cultural and linguistic backgrounds. While more research and development of resources is needed, expert partners have produced guidance in this area to consider.

Children in Informal Settings

Many young children are regularly in the care of informal family, friend, and neighbor (FFN) caregivers. For these children, access to developmental screening may be a greater challenge. FFN caregivers rarely have the training or resources to conduct developmental screening, and children in their care may be less likely to be connected to regular preventive medical care because they are not in settings where the connection to medical homes and preventive care are being monitored or supported in response to program or licensing requirements. Increasing developmental screening among children in such informal settings requires a different set of strategies that meets the children, and their caregivers, where they are, offering support and training to caregivers or working with caregivers and families to identify health care options that provide developmental screening. This can be achieved through home visiting, family support, or professional development strategies customized to meet the needs of informal caregivers.

State Policies Supporting Developmental Screening in Child Care and Early Education

To address the barriers to increasing and providing greater access to developmental screening in early childhood settings, states have used available funding streams to innovate and develop creative policy solutions. Policymakers have created incentives and opportunities for early childhood programs to complete screening by incorporating requirements into licensing, quality, subsidy, or other child care policies. Although such policies are not always connected to additional financial resources, they do encourage, and sometimes require, programs to develop their capacity to do so.

State Policy Examples

Child Care Licensing

At least three states incorporate developmental monitoring into their child care licensing requirements:

- In Nevada, licensed programs are required to "Identify the need for and referral of a child enrolled in the facility for developmental screening and the referral of the child for diagnostic assessment, if appropriate…"
- Pennsylvania requires that licensed programs obtain a health report signed by the child's physician that includes "A review of age-appropriate screenings according to the standards of the AAP."
- In Vermont, licensing standards state that "There shall be documented evidence of continuing observation, recording and evaluation of each child's growth and development."

While none of these three states require a consistent practice of providing developmental screens to children in licensed programs, they emphasize the importance of monitoring child development and using age-appropriate developmental screens.[35]

Child Care Subsidies

In Massachusetts, providers who offered developmental screening received additional points in the most recent procurement process for contracted child care providers serving children with child care subsidies. Programs are asked to screen children upon entry, to explain how they will use the information gained through the developmental screening, and to describe how they will communicate with the family about identified needs.[36]

State Pre-Kindergarten

States including New Mexico, Arkansas, and West Virginia require developmental screening in centers participating in their state-funded pre-kindergarten programs. In New Mexico, the state pre-kindergarten program requires funded programs to complete screenings on children entering the program within three months. Providers have a choice of tools, but the state recommends use of the ASQ due to its parent participation component. The state makes training in ASQ available to providers, and also gives child care providers access to Child Care Inclusion Specialists to support the programs in connecting families to appropriate developmental screening.[37]

Quality Initiatives

At least 12 states have incorporated developmental screening into their state Quality Rating and Improvement Systems (QRIS) standards.[38] For example, Pennsylvania child care programs in levels 2 and above in the state's STARS tiered quality rating and improvement system must use an age-appropriate developmental screening tool and share the results of the screening with families within 45 days of their children's entrance to the program. Programs in levels 2, 3, and 4 of STARS must use a standards-aligned developmental screening tool. Although use of the ASQ and Ages and Stages Questionnaire - Social Emotional (ASQ- SE) are recommended and are aligned to state learning standards, programs may choose from any valid and reliable screening tool that has been aligned to the standards and meets the programs' needs. [39] Pennsylvania also requires the use of a standards-aligned, developmental screening tool in program standards for all

children from birth to age five upon entry into Pennsylvania Pre-K Counts programs, Head Start Supplemental Assistance Programs, state-managed Early Head Start programs, home visiting programs, and early intervention programs.[40]

In addition to the 12 states that already have developmental screening as part of their QRIS, Delaware and Kentucky have also proposed integration of developmental screening into tiered quality rating standards as part of their RTT-ELC work. Delaware expects to implement the new standard in January 2015.[41] Kentucky included training on developmental screening, and a requirement that programs with higher QRIS levels must complete screenings, in its application for the third phase of QRIS funding, which was awarded this year.[42] Pennsylvania already requires developmental screening in its state-funded programs, and as part of its QRIS. Under its phase three RTT-ELC plan awarded at the end of 2013, Pennsylvania is proposing to fund additional training and targeted support around the selection of appropriate screening tools in its child care and early education settings.[43]

Some states have used RTT-ELC dollars to provide training and professional development to teachers and program directors. Maryland and Ohio are working together to develop training modules and professional development for the administration of state-recommended developmental screening instruments. The states have developed on-line training on assessment and screening tools, referral, and the use of screening data.[44] Delaware has used RTT-ELC dollars to offer cross-sector professional development for child care, child welfare, and home visiting professionals in the ASQ screening tool.[45] In its first RTT-ELC year, Delaware also improved follow-up services for families using a *Help Me Grow* call center, increased its mental health consultation capacity to support early childhood programs, and trained more mental health providers in working with young children, all of which makes it easier for families identified through screening efforts to find appropriate services for their children.[46]

Service Coordination

Finally, some states have proposed using RTT-ELC funds to build capacity and support the coordination of developmental screening. For example, California has used RTT-ELC funds for a one-time capacity investment, providing training on ASQ to local early childhood consortia.[47] Massachusetts has enlisted a model based on *Help Me Grow*, the national initiative described above, connecting parents to screening via early childhood programs and local community-based grantees in its community and family engagement initiative.[48] And Minnesota has used RTT-ELC funds to establish a child care health consultant initiative to support programs and engage families in developmental screening.[49]

State Policy Recommendations

States can use a number of policy levers to build on these models and increase and support the practice of developmental screening. The following policy approaches may strengthen the success of state screening initiatives overall, particularly in partnership with child care and early education settings.

Strengthening Medicaid Access and Policies

- Increase access to health care coverage, including Medicaid, for children via outreach strategies. In addition to expanding access to health care for families through decisions about Medicaid and CHIP eligibility policies, states can use licensing, quality, and subsidy policies to encourage early childhood programs to pay attention to the status of participants' access to health care coverage, medical homes, and preventive care. Further, states can offer child care and early education providers the tools and information to help them connect children and families to preventive medical care, including developmental screening, and to help families communicate developmental screening results obtained in early childhood settings to medical professionals.

- Ensure that state Medicaid EPSDT policies reflect best practices in defining the frequency, content, and delivery of developmental screening, including allowing the use of appropriate evidence-based tools, providing accurate information about billing codes, and including community-based professionals in definitions of approved service providers where appropriate.

- Increase the emphasis on child development, developmental screening tools, and related follow-up care in primary care providers' initial training and ongoing professional development. In addition to offering and encouraging participation in ongoing professional development on these topics for medical professionals, states can increase the frequency and consistency of developmental screening in medical settings by clarifying and promoting the use of Medicaid billing codes for developmental screening.

Using Data to Define Needs and Strategies

- Use existing data to identify the areas of greatest need for increasing access to developmental screening, as well as target populations, potential partners and effective strategies. Data can also be used to identify the most strategic approach to reaching more children with screening. Evaluating children's access to medical homes, child care and early education participation rates, and geographic distribution of service utilization can help pinpoint both target populations and specific strategies that will be most effective.

- Identify available technology tools that can help child-serving entities efficiently use and share screening data, while respecting the legal privacy rights of families.[50] These types of technology-based solutions, which will require both financial resources and significant training, may help states overcome the challenges of data sharing as they use more inclusive strategies for reaching children with developmental screening.[51]

Incorporating Screening into Quality Improvement Efforts

- Include developmental screening requirements in licensing standards, quality improvement systems, and contracting standards for early childhood programs. Additional requirements should be tied to increased financial resources for providers to meet the added requirements. Standards may include:

    - Requirements that children receive age-appropriate developmental screening directly from the provider, or that programs document screening that occurs through medical providers.

    - Requirements that providers receive education and training that includes information on age and culturally appropriate screening and assessment for infants and toddlers, including the benefits, recommended screening schedule, and information on connecting families to services.

- Provide higher subsidy reimbursement rates to child care providers and FFN caregivers who facilitate access to developmental screening for vulnerable children.

- Use direct contracts that pay higher rates and include developmental screening requirements for contracted child care providers.

Meeting the Needs of Diverse Populations

As states create or build on developmental screening policies and initiatives, it is important that the linguistic and cultural needs of children are met with intentionality. In Early Head Start programs, for example, where early childhood professionals are required to conduct ongoing developmental screening with children from diverse backgrounds, federal technical assistance suggests that all elements of the screening process "must be culturally sensitive," and should "take into consideration the variety

of backgrounds, languages, customs, and values of participating families."[52]

Ideally, developmental screening should use culturally and linguistically appropriate instruments and procedures, and assessors should be fluent in the home language of the child. Assessments should collect information on children's home language environment and cultural context, and early childhood professionals should receive professional development and support on culturally appropriate assessments.

Policies that support these recommendations may include program quality requirements, professional development in second-language acquisition and the development of dual language learners, and policies that promote diversity in the early childhood workforce.[53]

Strengthening Professional Development

A successful developmental screening initiative must provide initial and ongoing training and professional development covering topics including the accurate and effective use of the selected developmental screening tool; effective communication of screening results with parents, other caregivers, and the child's health care provider; and the use of screening data in planning for the care and education of the child.

States can approach professional development through a variety of strategies, but the most common are:

- The use of a nurse or health **consultation model**, in which a health professional regularly visits early childhood programs. During these visits, consultants frequently advise programs on the structure of health policies, including the implementation of developmental screening. Consultants can also provide initial training to early childhood program staff in delivering developmental screens, interpreting data, making referrals, and communicating with parents of children about the importance of screening and acquiring permission for screening. In addition, consultants can train early childhood staff on how to provide guidance to parents about how they can communicate screening results to pediatricians and other medical professionals for further evaluation, diagnosis, and needed services. Depending on the design of the consultation model, consultants may serve as content experts, models of appropriate practice, and coaches to early childhood staff.

- **Pre-service or in-service training**, classroom-based or on-line, around the delivery and interpretation of developmental screens, as well as how to use data from developmental screens to inform practice, shape individual child interactions, and refer children and families for additional services. For less-qualified staff, professional development may also be needed in basic child development and developmental milestones. Training and technical assistance may be provided through local child care resource and referral agencies, visiting infant-toddler specialists, or other early childhood content specialists.

- **Capacity building at the management level** to ensure child care and early education program directors are able to sustain the ongoing training of staff and support them in their use of the developmental screening tools.

Systems and Cross-Sector Collaboration

Screening is just the first step and must be followed by connecting families to the needed care and services that are indicated by the screening tool.[54] To help children reach their full developmental potential, child care and early education professionals must work in partnership with medical care providers and others to ensure the community as a whole is surrounding the child and family and providing them with the ongoing care and services they need. To that end, states may consider the following strategies:

- In partnership with the state Medicaid office, evaluate current Medicaid policies and consider changes that can improve financing options for developmental screening in early childhood settings.

- Incentivize and fund partnerships among child care centers, family child care providers, family friend and neighbor (FFN) caregivers, health care providers,

IDEA Part C and Part B, Section 619 services, and public health and community social service providers to carry out screenings and coordinate referrals and related services.

- Create and fund partnerships between state and local home visiting programs and home-based child care providers, including FFN providers, to make developmental screening available to children in those settings.[55]

Conclusion

Consistent and reliable developmental screening is a key feature of high-quality services for young children across the child development, early education, and health care sectors. As such, it is an area ripe for fiscal and policy partnerships at the community and state level. Efforts to improve developmental screening rates among medical professionals, incorporate screening into early childhood settings, and collaborate to better inform and educate families about the importance of monitoring developmental milestones and related screenings can work together to improve access to screening, particularly for those children who are the most vulnerable. Just as a variety of federal stakeholders are recognizing this opportunity to support child development, thoughtful state policies, financing initiatives, and community collaborations can work together to take the first steps for early success and achieve better child outcomes.

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