



***Setting the Stage for
Success...***

DEVELOPMENTAL & BEHAVIORAL SCREENING

*A Quality Improvement Initiative in
Primary Care Practice*

“Neurons to Neighborhoods”

Ten Core Concepts

- **Human development is shaped by a dynamic and continuous interaction between biology & experience.**
- **Culture influences every aspect of human development, & is reflected in childrearing beliefs & practices designed to promote healthy adaptation.**
- **The growth of self-regulation is a cornerstone of early childhood development that cuts across all domains of behavior.**
- **Children are active participants in their own development, reflecting the intrinsic human drive to explore and master one’s environment.**

Concepts Continued.....

- **The broad range of individual differences among young children often makes it difficult to distinguish normal variations & maturational delays from transient disorders and persistent impairments.**
- **The development of children unfolds along individual pathways in which trajectories are characterized by continuities and discontinuities, as well as by a series of significant transitions.**
- **Human relationships, and the effects of relationships on relationships, are the building blocks of healthy development.**

Concepts Continued.....

- **Human development is shaped by the ongoing interplay among sources of vulnerability & sources of resilience.**
- **The timing of early experiences can matter, but more often than not, the developing child remains vulnerable to risks and open to protective influences throughout the early years of life and into adulthood.**
- **The course of development can be altered in early childhood by effective interventions that change the balance between risk and protection, thereby shifting the odds in favor of more adaptive outcomes.**

Developmental Screening and Early Intervention: History and Policy

- Early, Periodic, Screening, Diagnosis and Treatment (EPSDT)
- American Academy of Pediatrics (AAP)
- Individuals with Disabilities Act (IDEA)

Early, Periodic, Screening, Diagnosis, & Treatment (EPSDT):

Omnibus Budget Reconciliation Act of 1989 (OBRA 89)

Social Security Act, section 1905(r)...

“Health care must be made available for treatment or other measures to correct or ameliorate defects and physical and mental illnesses or conditions discovered by screening services”

EPSDT Continued....

Federal Requirements

- **Screening components**
 - ◆ Comprehensive health and developmental history
 - Physical health development assessment
 - Mental health development assessment
 - ◆ Comprehensive unclothed physical exam
 - ◆ Immunizations
 - ◆ Lab tests, including lead toxicity screening
 - ◆ Health education, including anticipatory guidance
- **Vision, hearing, and dental screens and services**
- **Other needed care discovered by the screenings**

AAP Policy Statements: Key Points

2001 statement:

Developmental surveillance is an important method of detecting delays. Moreover, the **use of standardized developmental screening tools at periodic intervals will increase accuracy.** Successful early identification of developmental disabilities requires the pediatrician to be skilled in the use of screening techniques, **actively seek parental concerns about development, and create links with available resources in the community.**

AAP Policy Statements: Key Points

2006 statement

- Developmental surveillance should be a component of every preventive care visit. **Standardized developmental screening tools should be used** when such surveillance identifies concerns about a child's development & for children who appear to be at low risk of a developmental disorder at the **9-, 18-, and 30-month* visits**.
- Establish **working relationships** with **state and local programs, services, and resources**.
- Use a **quality-improvement model** to **integrate surveillance and screening into office procedures** and to monitor their effectiveness and outcomes

**Note: Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age. In addition, because the frequency of regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct screening during the 24-month visit.*

IDEA: A Historical Overview

94-142 Education for All Handicapped Children Act – **1975**

- Free and Appropriate Public Education (FAPE)
- Least Restrictive Environment (LRE)

99-457 Early Intervention (now Part C of IDEA) - **1986**

- Covered age 0 – 3 years

Individuals with Disabilities Education Act – 1997

- Encompasses 94-142 and 99-457-
- Reauthorized in 2004.
- Signed by President Bush (12-04)-**PL.108-446.**

Early Intervention

Statistics on this slide to include:

- State and Local Goals
- Number of children served
- Ages served
- Age at referral
- % of population

Early Intervention

Describe **State** and **Local Structure** on this slide

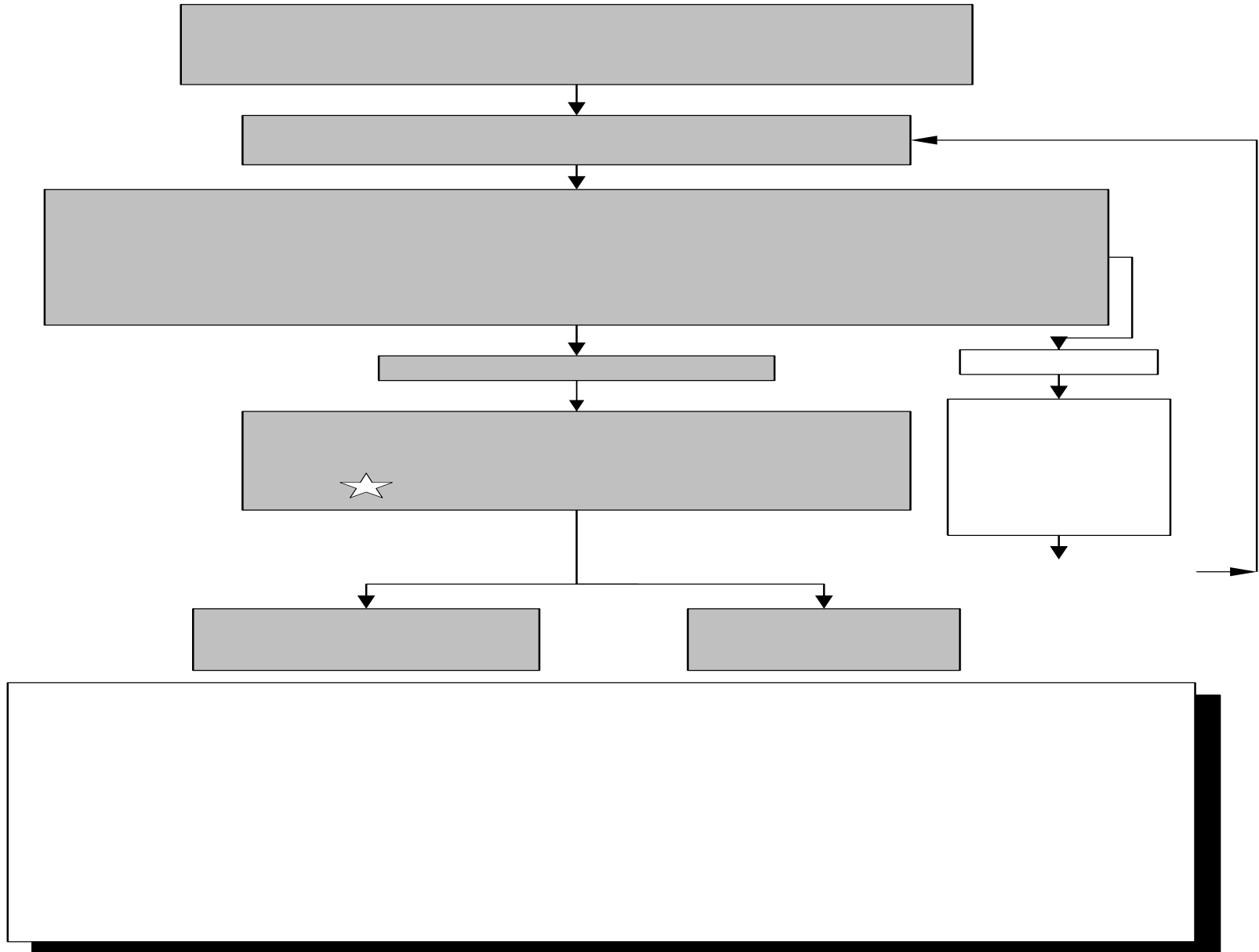
Early Intervention

Early Intervention **Services** on this slide

Early Intervention

Eligibility Requirements on this slide

***Referral Process
Children age 0-3***



Referral Process

Children age 3-5

