



NATIONAL ACADEMY  
for STATE HEALTH POLICY

# NEWS

from the *Assuring Better Child Health and Development (ABCD II) Program*

September 2004

The **ABCD II Program**, sponsored by **The Commonwealth Fund**, is designed to strengthen primary health care services and systems that support the healthy mental development of young children, ages 0-3. The program focuses particularly on preventive care of children whose health care is covered by state programs, especially Medicaid.

The **National Academy for State Health Policy** administers the **ABCD II Program**, helping states create models of service delivery and financing that promote healthy mental development for Medicaid eligible children. Five states -- **California, Illinois, Iowa, Minnesota, and Utah** -- have been selected to participate in the **ABCD II Consortium**, a laboratory for program development and innovation that shares its findings with all 50 states. Although the projects are led by the Medicaid agencies in the five participating states, each of the projects works in partnership with other key stakeholders to achieve its objectives.

This news brief is one in a series designed to address issues of interest and concern to states seeking to improve services and systems that support young children's healthy mental development. Additional information about the ABCD II initiative is available at [www.nashp.org](http://www.nashp.org).

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## Screening Children for Developmental Disabilities and Behavioral Problems

Many states have expressed interest in identifying and serving young children at risk for behavioral developmental problems. Broadly defined, **screening** is the process by which a large number of asymptomatic individuals are tested for the presence of a particular trait. Screening tools offer a systematic approach to this process. Ideally, tools that screen for the mental development of young children should:

- identify those children who may need behavioral developmental care,
- be accurate enough to avoid mislabeling many children,
- differentiate between those in need and those not in need of follow-up,
- be quick and inexpensive to administer, and
- provide information that can lead to action.

Screening tools are different from **assessment** tools, which are used to help practitioners assess the degree of impairment, the nature of the condition, and whether the child identified in a screen could benefit from

an intervention. Both screening and assessment should compliment the on-going process of **developmental surveillance**, through which physicians continuously monitor the development of a child. Because screening alone is not enough, screening tools that are accompanied by clear referral and intervention protocols can play an important role in linking the right children with appropriate interventions.

The most commonly used general developmental screening tool, the Denver Developmental Screening Test-II, is relatively lengthy to administer in the context of a pediatric well-child visit (approximately 10-20 minutes) and produces results that do not meet current accuracy guidelines for screening tools as established by the American Academy of Pediatrics. Numerous developmental screening tools are now available that require less time to administer and are more accurate than the Denver Test; nonetheless, choosing a tool can prove difficult.

Screening tools are likely to differ in a number of important ways. Those considering adoption of a tool may wish to consider the following issues:

- Does the tool capture information on the right developmental domains? Is the focus on development in general or specifically on behavioral development?
- How does the tool approach the collection of information? Does it look at a child's strengths or his/her deficits?
- Who records the information?
- Who reports the information?
- Who scores the results?
- For which age range is the tool appropriate and validated?
- How long does it take to conduct and score the tool?
- How much does it cost to administer and purchase the tool?
- How accurate is the tool?
- Is the tool available and appropriate for all populations? Is it culturally competent and validated?

In order to successfully integrate a screening tool into medical practices, a number of issues and obstacles must typically be addressed. These include:

- training for pediatric primary care providers,
- concerns that screening will take up too much time,
- lack of office or clinic strategies to integrate screening into routine well-child visits,
- limited knowledge about which screening tools to use,
- beliefs among parents and professionals that young children should not be labeled with mental health diagnoses,
- difficulty in billing for services provided to children who are at risk but without a mental health diagnosis,
- lack of referral protocols to access resources already available in the community,
- divides between mental health and physical health care systems that leave gaps for young children, and
- unclear Medicaid guidance about screening versus assessment.

Identifying children with, or at risk of, behavioral developmental delays is a difficult task. An appropriately used, psychometrically valid screening tool can play a powerful role in linking children with needed interventions, especially in the context of developmental surveillance and appropriate referral protocols.

The information contained in this news brief is taken from *Screening for Behavioral Developmental Problems: Issues, Obstacles, and Opportunities for Change*, published by NASHP in August 2004. The full report details the issues outlined in this brief and includes summary information on 17 screening tools.

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