Early Childhood Mental Health Screening

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Minnesota Department of Human Services

Mental Health Screening

- Identifying the need for further assessment is the primary purpose for screening
- Screening instruments are never used to diagnose or “label” a child
- Screening informs parents and those working with families about aspects of development needing further assessment

Mental Health Screening

Mental Health Screening Tools

- Intended to identify children whose social-emotional development is delayed and/or whose mental health development is at risk
- May include specific aspects of social and emotional functioning, appropriately developmentally scaled
- Identify children in need of further assessment

Developmental and Mental Health Screening: Recent Research

- When depending on clinical judgment only, medical professionals under-identify social-emotional issues in young children 80% of time.[1]

[1]Lavigne, J. V., Binns, H. J., Kaufer Christoffel, K., Rosenbaum, D., Arend, R., Smith, K., Hayford, J. R., MCGuire, P. A., and The Pediatric Practice Research Group (1993). Behavioral and emotional problems among preschool children in pediatric primary care: Prevalence and pediatricians' recognition. Pediatrics, 91, 649-655.

Minnesota Developmental Screening Task Force

- Membership: MN Departments of Health, Human Services, and Education and University of MN, Irving B. Harris Center for Infant and Toddler Development
- Recommended developmental and mental health screening tools reviewed and approved by all agencies according to agreed upon criteria
- http://www.health.state.mn.us/divs/fh/mch/devscrn/

Developmental Screening Task Force Recommended Tools

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Maternal & Child Health Section

Minnesota Children With Special Health Needs

Developmental Screening of Young Children in Minnesota

Minnesota Department of Human Services | Minnesota Department of Education | MINNESOTA MDH DEPARTMENT OF HEALTH

Overview

Developmental screening is a brief, simple procedure used to identify potential health or developmental problems in infants and young children who may need a health assessment, diagnostic assessment, or educational evaluation.

The screening process:

- Provides an opportunity for young children and their families to access a wide variety of services and early childhood programs; and
- Promotes and supports parents' understanding of their child's health, development, and learning.

The developmental screening instruments described here are recommended by the Minnesota Department of Health (MDH) for use in comprehensive screening programs for children in Minnesota. These screening programs include, but are not limited to:

- Child and Teen Checkups/EPSDT (DHS, MDH)
- Early Childhood Screening (MDE) **Attention:** Non-MDH link
- Follow Along Program (MDH)
- Head Start (MDE) **Attention:** Non-MDH link

The Minnesota Department of Education (MDE) and the Minnesota Department of Human Services (DHS) endorses the recommendations made by the Minnesota Department of Health.

MN Recommended Developmental Screening Tools: At a Glance

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Maternal & Child Health Section

Minnesota Children With

Developmental Screening of Young Children in Minnesota

Printer-Friendly Version (PDF: 81KB/1 page

Developmental Screening Instruments for Young Children in Minnesota -- At a Glance

This chart can be used to assist in determining the most appropriate instrument for your screening needs. The recommended instruments are listed on the left, and are separated into "Developmental" and "Social-Emotional" categories. Once you have determined which instruments may work for your program and meets specific program requirements, please refer to the instrument profiles and/or comparison grids for further information.

Developmental Screening Instruments for Young Children in Minnesota

		Observa-tional Instrument	Parent Report Instru-ment	Social-Emotional Instru-ment	Infants (Under 1 year)	Toddlers (1 to 3 years)	Pre-school (3 to 5 years)	Available in multiple languages	Approved for ECS	State Recommend-ed for Head Start	Approv-ed for Follow Along	Approv-ed for C&TC
	Brigance Screens	√			√	√	√	√	√	√		
	DIAL – 3	√					√	√	√	√		
	Early Screening Inventory-Revised	√					√	√	√	√		
	Early Screening Profiles	√				√*	√		√	√		
	FirstSTEP Preschool Screening Tool	√					√		√	√		Develop-mental screening is a required component
DEVELOP-MENTAL	MPSI-R	√					√	√	√	√		

Recommended Standardized Screening Instruments Frequently Used by Minnesota Clinics and Providers
January 29, 2007

Table 1: Developmental Screening Instruments

	ASQ Ages and Stages Questionnaire	PEDS Parents' Evaluation of Developmental Status	IDI Infant Development Inventory	CDR-PQ Childhood Development Review Parent Questionnaire
Type	Parent Report	Parent Report	Parent Report	Parent Report
Age	Birth – 5 yrs.	Birth – 8 yrs.	Birth – 18 mos.	18 mos. – 5 yrs.
Staff Required	Para-prof. scorer	Para-prof. scorer	Para-prof. scorer	Para-prof. scorer
Staff Time	1-5 min.	2-5 min.	5 min.	5 min.
Sensitivity	72%	75%	85%	68%
Specificity	86%	74%	77%	88%
Language	English, Spanish, French, Korean	English, Spanish, Vietnamese	English, Spanish	English, Spanish
Cost	The cost of each screening instrument varies. Contact the publisher for more information.			

Screening Criteria

- Validity
  – Indicator of the accuracy of the test
    - Concurrent: Screening results compared with outcomes derived from a reliable and valid diagnostic assessment, usually performed 7-10 days after the screening.
    - Predictive: Screening results compared with measures of children's performance obtained 9-12 months later.
  – Task Force expected validity scores of 0.70 or above, obtained through studies conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument

Screening Criteria

- Reliability
  – Indicator of how consistently or how often identical results can be obtained with the same screening instrument
  – Score differences on a reliable instrument are thus more attributable to systematic factors and less to chance
  – Task Force expected reliability estimates of 0.70 or above, obtained through test-retest, inter-rater, or intra-rater methods

Screening Criteria

- Sensitivity/Specificity
  - Primary means of evaluating an instrument's capacity to correctly identify children as "at risk" or "not at risk."
  - Sensitivity refers to the proportion of children who are "at risk" and are correctly identified as such by the screen.
  - Specificity refers to the proportion of children who are "not at risk" and are correctly excluded from referral
  - Task Force expects sensitivity and specificity scores of approximately 0.70 or above.

Early Childhood Mental Health Screening "Synergy"

- Consensus among DHS Child Welfare Screening and ABCD II grant, MDH Follow Along Program, and Minnesota Head Start Association in endorsing Ages and Stages Questionnaire: Social Emotional (ASQ-SE)
  - Squires, J., Bricker, D. and Twombly, E.; Brookes Publishing Company

Instrument Selection

- Mental Health/Social-Emotional
  - Ages & Stages Questionnaire – Social Emotional (ASQ:SE)
  - Brief Infant Toddler Social Emotional Assessment (BITSEA)
  - Pediatric Symptom Checklist (PSC)
- http://www.health.state.mn.us/divs/fh/mch/devscrn/clinicinfo.html

ASQ-SE

- Properties:
  - Norms: 3,014 preschool children, representing 2000 census for family income, education and ethnicity
  - Reliability: test-retest = .94
  - Validity: average sensitivity = .78; average specificity = .95
- Low cost proprietary instrument: $125/kit, with unlimited reproduction of forms
- www.pbrooks.com or 800.638.3775

BITSEA

- Age range: 12-36 months
- 42 questions; 5-7 minutes to complete
- Easy to hand score
- Includes symptoms described in both DC:0-3R and DSM, in both externalizing and internalizing domains
- Predictive validity:
  - 59% identified with problems continued to have problems one year later
  - Toddlers with elevated BITSEA scores 4-5 times more likely than other children to have significant problems in elementary school

Pediatric Symptom Checklist

- Jellinek, M. and Murphy, M., Massachusettes General Hospital
- 35 questions, covering internalizing and externalizing problems, scored 0, 1, 2
- Y-PSC for ages 11 and older
- 4 omit = invalid administration
- Cut scores:
  - Ages 6-16: 28
  - Ages 4-5: 24
  - Y-PSC: 30

Pediatric Symptom Checklist, continued

- Psychometric properties:
  - Norms: 21,065 children 4-15 in two large primary care networks; 395 pediatric and family practice clinicians
  - Reliability: test-retest, .84 - .91
  - Validity: average specificity = .68; average sensitivity = .95. Specificity lowest with middle class children (potential over-referral)
- Public domain instrument; access at:

  www.mgh.harvard.edu/allpsych/pediatricsymptomchecklist/psc_order,htm

Billing and Reimbursement for Screening: Medical Assistance and MinnesotaCare

Reimbursement for Developmental and Mental Health Screening

- Medical Assistance and MinnesotaCare pay separately for the 96110 code – both fee-for-service and managed care
  - Objective developmental screening
    - bill 96110
  - Objective mental health screening
    - bill 96110 with a UC modifier
  - Both types may be billed on the same day

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Record Keeping & Documentation

- Developmental and Mental Health Screening
  - Include at least the name of the screening tool and the score in the child's medical record. Including the screening tool/results is preferable

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Addressing Barriers: Office Work Flow/Time

Minnesota Pilots:

- Co-located mental health professionals
- Use of technology
  - Tablets: current work with Patient Tools
  - Electronic Audio Versions: current work with Patient Tools and Foundations for Success
    - http://www.patienttools.com
    - info@PatientTools. Com
    - 800.745.9186
  - Web management: Child Health and Development Interactive System (CHADIS)
    - http://chadis.com
    - 888.4CHADIS
- Integration with EMR

Addressing Barriers: Referrals

- Follow-Up/Triage
  - Review with parent
    - Determine whether parent is concerned or worried about any specific behaviors
    - Explore frequency, intensity, duration, pervasiveness and impact
    - Consider cultural variations in parental perspectives

Addressing Barriers: Referrals

Multiple referral models:

- Co-located mental health professional or care coordinator
- Central point of access in community
  - New Parent's Know Website: http://www.parentsknow.state.mn.us/
- Establishing relationships with community providers, including preserved slots or rotations at clinic or other locations

Screening Initiatives in MN

- ABCD II/Great Start Minnesota
  - Long-term impact on children's mental health screening practices
  - Provider training in identification and referral for children's mental health
  - Developed informal early childhood mental health service networks
  - Ongoing capacity development and infrastructure building

Screening Initiatives in MN

- ABCD Screening Academy/Healthy Development through Primary Care
  - Implementation of standardized developmental, mental health and maternal depression screening tools in primary care
  - 10 pilots, current focus on statewide spread

Screening Initiatives in MN

- ABCD III/Minnesota's Communities Coordinating for Healthy Development
  - Strengthen referral systems and linkages between primary care and other community providers to ensure children identified as being at-risk for developmental delay and/or mental health concerns receive appropriate and necessary services
  - 4 pilot communities: Anoka/Fridley, Ramsey, St. Louis/Duluth, Olmsted/Rochester

Screening Pearls

With thanks to L. Read Sulik, M.D., FAAP and *Foundations for Success*

- Electronic Administration of Screening is preferred
- Output of screening needs to be simple!
- Screening is a conversation starter

More Screening Pearls

- The screen is often more effective at identifying social/emotional/behavior problems than the routine well visit

More Screening Pearls

- Parents prefer to receive mental health screening in primary care over other settings!
- If screen is positive, then hold gently but offer families options!
  - Parents should always be offered referrals with elevated scores.
  - Some parents may not act on a referral from a positive screen in very young children immediately.
  - Families are more likely to access services when given a referral rather than locating services on their own.

Discussion

- Do you know who is screening using standardized tools and where screening is taking place in your community?
- How can you reach out to other screening programs, including primary care providers, to improve coordination of care for children and families?
- What information is communicated across systems?

Contact Information

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