

FOR EVERY CHILD WITH SPECIAL NEEDS AND THEIR FAMILIES

The American Academy of Pediatrics recommends formal developmental screening with a standardized tool for all children at 9-, 18- and 30-month well-child exams (or in the absence of a 30-month exam, at the 24-month visit).

"ASQ –3 [(a validated developmental screening tool)] actually made my life easier as a pediatrician in a host of ways."

Wisconsin pediatrician



National Performance Measure 4¹



WISCONSIN DISPARITIES

- Hispanic children are slightly more likely to have an opportunity to be screened

80% Hispanic
78% White
69% African American/
Black

- Children with one or more emotional, behavioral or developmental (EBD) issues are just as likely to have an opportunity to be screened.

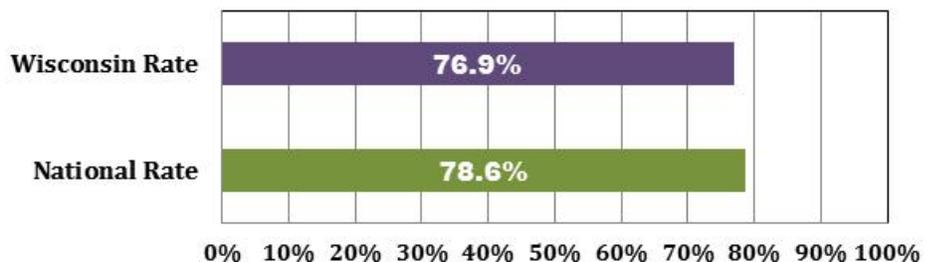
77% EBD issues
77% No EBD issues

- Children with a medical home are slightly more likely to have an opportunity to be screened.

79% With a medical home
76% With no medical home

Early and Continuous Screening

Children are screened early and continuously for special health care needs



Why is this important?

Screening includes ongoing monitoring and assessment of children and youth to promote health and well-being across the life course. Screening has two major goals:

- Identifying, as early as possible, children in the general population who have special health care needs so they can receive appropriate services to reduce long-term consequences and complications; and
- Identifying newly emerging issues through subsequent assessments that may include developmental/behavioral issues, oral health, psychosocial issues and chronic disease prevention.

Ongoing assessment can prevent secondary conditions that may interfere with development and well-being. Ongoing assessments also allow each child's and family's strengths to be identified and utilized.

This measure does not actually assess whether formal developmental screening has occurred but whether the *opportunity* for screening has occurred because the child had both a preventive medical and a preventive dental visit in the past year.

¹ For CSHCN to meet this outcome, they must have had preventive medical AND dental care in the prior 12 months (not for illness or injury). It is based on two questions from the 2009-2010 National Survey of Children with Special Health Care Needs that asked whether the child received any routine preventive medical care and routine preventive dental care during the past year, such as check-ups and dental cleanings.

Wisconsin Developmental Screening by Subgroup

The percentage of CYSHCN who have the opportunity to be screened for developmental delays varies by the type of special health care need, family structure, household income and type of insurance.

By type of special health care need (percent meeting the outcome)

- Managed by prescription medications (80.2)
- Above routine need/use of services (65.1)
- Prescription medications and service use (79.2)
- Functional limitations (76.8)

By family structure (percent meeting the outcome)

- Two-parent biological or adoptive family (79.1)
- Two-parent family, at least one stepparent (88.3)
- Mother only—no father present (72.3)
- All other family structures (62.2)

By household income as measured by Federal Poverty Level [FPL] (percent meeting the outcome)

- 400% FPL or more (82.2)
- 300-399% FPL (85.6)
- 200-299% FPL (82.6)
- 0-199% FPL (67.7)

By type of insurance (percent meeting the outcome)

- Private insurance only (82.8)
- Public insurance only (67.3)
- Both public and private insurance (76.3)
- Uninsured (NA*)

* Sample sizes too small to meet standards for reliability or precision

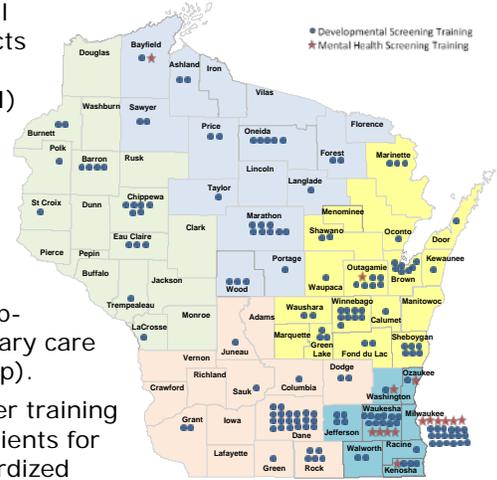
Data Source: Data in this report are from the National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative, Data Resource Center for Child and Adolescent Health website. www.childhealthdata.org

Developmental Screening in Wisconsin

The Children and Youth with Special Health Care Needs Program contracts with the **Wisconsin Statewide Medical Home Initiative (WiSMHI)** to lead medical home improvement and provide training in collaboration with state, regional and community partners.

As of October 2014, there have been 16 pediatric mental health screening trainings and 168 developmental screening trainings for primary care providers around the state (see map).

Primary care practices reported after training they were more likely to screen patients for developmental delays using standardized screening tools, more likely to refer for services, and more knowledgeable about community resources.



Activities in 2013

The Children and Youth with Special Health Care Needs Program facilitates improvement in access, quality and integration of screening services through funding, training and quarterly CYSHCN Collaborator meetings.

At the Regional Centers for CYSHCN:

- Staff at the Southeast Regional Center for CYSHCN provided leadership for Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), an initiative focused on 11 zip codes in urban areas of Milwaukee. Staff has provided considerable technical assistance for ASQ/Behavioral Health trainings and the education/outreach process.
- Following training and support from the Western Regional Center for CYSHCN and WiSMHI, all Mayo Clinic primary care pediatric sites in the Chippewa Valley are providing routine screening of children's development using the Ages and Stages Questionnaire-3.
- Following training and support from the Northeast Regional Center for CYSHCN and WiSMHI, all Affinity and Prevea primary care pediatric sites in the Fox Valley are providing routine screening of children's development using the Ages and Stages Questionnaire-3.
- In Marathon County, Marshfield Clinic Health System initiated developmental screening system-wide with support from the Developmental Screening Action Team and the Northern Regional Center for CYSHCN.

At the CYSHCN Statewide Projects:

- Parent to Parent of Wisconsin, in partnership with WiSMHI, provides training and outreach opportunities including parent education on the importance of developmental screening, accessing it through Easter Seals if not available and sharing results with providers. This raises awareness of the demand and necessity of early and continuous screening.
- Great Lakes Inter-Tribal Council developed community forum sessions to determine which Tribes are implementing the ASQ trainings. The focus is to promote early identification and early intervention and to offer technical assistance.



Wisconsin Department of Health Services
Division of Public Health
P-00615C (03/15)



Children and Youth with
Special Health Care Needs
<https://www.dhs.wisconsin.gov/cyshcn/>