

Child Development Screening & Referrals Overview for MIECHV EHS/HFA/NFP Programs

September 2020



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1

Objectives



Short-term

Increase understanding of **when** and **how** to complete and document screening and referrals for child development



Medium-term

Demonstrate through data the incredible work home visitors engage in to provide child development screening and referrals to families they serve



Long-term

Continue to maintain or increase MIECHV funding for home visiting services in Oregon

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2

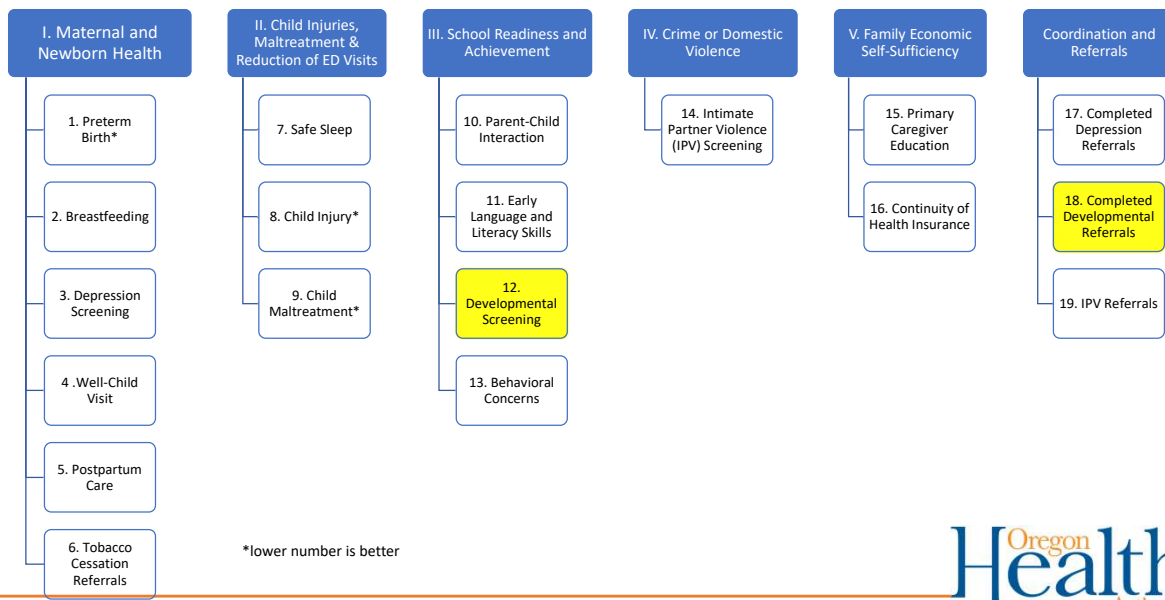
MIECHV data collection

- Required for all MIECHV grantees
- Demonstrates the work of MIECHV at a national level
- Supports quality improvement efforts
- Demonstrate measurable improvement over time



3

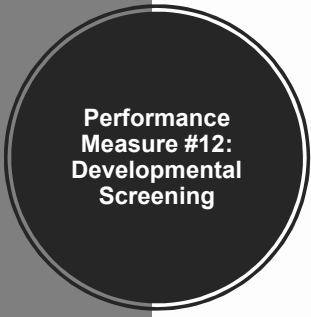
19 Performance Measures across 6 Benchmarks



4



5




**Performance Measure #12:
Developmental Screening**

Measure Definition	FY 2019
Percent of children with a timely screen for developmental delays	58% (296/510)

Differences by screening time period (all models):

- 9/10 months = 58.0%;
- 18 months = 67.1%;
- 24 months = 59.1%;
- 30 months = 72.7%



6

EHS and HFA ASQ screenings for MIECHV

9/10
month

- conducted between child's age 9 months 0 days through 10 months 30 days

18
months

- conducted between child's age 17 months 0 days through 18 months 30 days

24
months

- conducted between child's age 23 months 0 days through 24 months 30 days

30
months

- conducted between child's age 29 months 0 days through 30 months 30 days

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7

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7

Developmental Screening Data Collection for EHS/HFA: ASQ Screening form

ASQ Screening
For 9 or 10, 18, 24 & 30 Months of Age
Index Child

Complete this form along with an age appropriate screen during each of the following intervals:
between child's age of 9 months 0 days through 10 months 30 days;
between child's age of 17 months 0 days through 18 months 30 days;
between child's age of 23 months 0 days through 24 months 30 days;
between child's age of 29 months 0 days through 30 months 30 days.

Name of Home Visitor: _____
Home Visiting Program: ☐ Early Head Start ☐ Healthy Families Oregon
Child ID #: _____
Name of Index Child: _____
Name of Index Parent: _____

Info on when to conduct each of the 4 ASQ-3 screenings for MIECHV

Always complete referral form if score indicates positive result

Part A: Developmental Screening

To meet Developmental Screening Measure: Child must receive an age-appropriate, on-time ASQ Screening, unless child has a previously identified developmental delay (prior to enrollment or prior to reaching this age-recommended screening).

1. ASQ Screening Completed?

- ☐ Yes, completed → Date ASQ Screening scored and discussed with parent: ____ / ____ / 20 → Complete Questions 2-4.
☐ No, not completed → Complete Questions 1a&b.

1a. If No, reason why ASQ Screening was not completed:

- ☐ Child has a previously identified developmental delay (an ASQ screening is not required);
☐ No, other reason → If possible, complete Screening at future visit before the window closes, then complete another ASQ Screening form and update in THEO.

1b. If ASQ Screening not completed, date Question 1a completed: ____ / ____ / 20

2. Age level of ASQ Questionnaire used: ____ Months

3. Scoring:

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B: Developmental Referrals

4. Do ASQ Screening scores indicate child is at risk for developmental delay? Child is at risk if they score 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of these.

- ☐ Yes → A referral is required: Complete ASQ-Referral Tracking & Follow-up Form. ☐ No
MIECHV ASQ Screening Page 1 of 1 rev. 10/01/2020

Date used to determine if screening is on time

Child with previously identified delay does not need screening

Calculation for whether child screens positive is based on ASQ questionnaire used

8

8

Child Development Screening THEO survey entry for EHS HFA programs

Part A: Developmental Screening

To meet Developmental Screening Measure: Child must receive an age-appropriate, on-time ASQ Screening, unless child has a previously identified developmental delay (prior to enrollment or prior to reaching this age-recommended screening).

1. ASQ Screening Completed?

☐ Yes, completed → Date ASQ Screening scored and discussed with parent: / / 20 → Complete Questions 2-4.

☐ No, not completed → Complete Questions 1a&b.

1a. If No, reason why ASQ Screening was not completed:

☐ Child has a previously identified developmental delay (an ASQ screening is not required).

☐ No, other reason → If possible, complete Screening at future visit before the window closes, then complete another ASQ Screening form and update in THEO.

1b. If ASQ Screening not completed, date Question 1a completed: / / 20

2. Age level of ASQ Questionnaire used: Months.

3. Scoring:

DOMAIN	Screening Completed?	TOTAL Domain Score
Communication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gross Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fine Motor	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Problem Solving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal-Social	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part B: Developmental Referrals

4. Do ASQ Screening scores indicate child is at risk for developmental delay? Child is at risk if they score 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of these.

☐ Yes → A referral is required. Complete ASQ-Referral Tracking & Follow-up Form. ☐ No

CLIENT SURVEY → CLIENT → SELECT SURVEY → CLIENT SURVEY → INFORMATION

TEST SURVEYS, EHS child

ASQ Screening - Index Child_20201001

Page 1

1. ASQ Screening Completed?

If Yes → Enter Date ASQ Screening scored and discussed with parent.

If No → Complete Questions 1a&b.

☐ Yes, completed

☐ No, not completed

Date ASQ Screening scored and discussed with parent:

Complete Questions 2-4.

1a. If No, reason why ASQ Screening was not completed:

☐ Child has a previously identified developmental delay (an ASQ screening is not required)

☐ No, other reason

1b. Date Question 1a was answered:

2. Age level of ASQ Questionnaire used (Months):

If Other → Answer Question 2a.

☐ 9 Months

☐ 10 Months

☐ 12 Months

☐ 18 Months

☐ 24 Months

☐ 30 Months

☐ Other AGE-ADJUSTED level used

2a. Other AGE-ADJUSTED level used (Months):

3a. Communication: Screening Completed?

☐ Yes

☐ No

Communication Domain Score:

3b. Gross Motor: Screening Completed?

☐ Yes

☐ No

Gross Motor Domain Score:

3c. Fine Motor: Screening Completed?

☐ Yes

☐ No

Fine Motor Domain Score:

3d. Problem Solving: Screening Completed?

☐ Yes

☐ No

Problem Solving Domain Score:

3e. Personal-Social: Screening Completed?

☐ Yes

☐ No

Personal-Social Domain Score:

4. Do ASQ Screening scores indicate child is at risk for developmental delay?

If Yes → Complete ASQ at Risk for Developmental Delay - Referral Tracking & Follow-Up.

☐ Yes

☐ No

Save & Continue → Cancel

9

NFP ASQ screenings for MIECHV

- 10 months
• conducted between child's age 9 months 0 days through 10 months 30 days
- 18 months
• conducted between child's age 17 months 0 days through 18 months 30 days
- 24 months (optional)
• conducted between child's age 23 months 0 days through 24 months 30 days

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10

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10

Developmental Screening Data Collection for NFP: ASQ Questionnaire

ASQ (ASQ-3) Questionnaire

Infant ID Infant Name • Infant DOB

Client ID Client Name DOB

Date Nurse Home Nurse Home Visitor Name

☐ No contact with client at this time

Check one: ☐ Infancy ☐ Toddler ☐ 24 Months (optional)

(if applicable) Age-Adjusted Level of ASQ Questionnaire Used: _____ Months

1. Please provide Ages and Stages scores for the child:

Communication: ☐ Child not eligible for screening in this subscale at this time because child is receiving services

Parent declined further screening

Gross Motor: ☐ Child not eligible for screening in this subscale at this time because child is receiving services

Parent declined further screening

Fine Motor: ☐ Child not eligible for screening in this subscale at this time because child is receiving services

Parent declined further screening

Problem Solving: ☐ Child not eligible for screening in this subscale at this time because child is receiving services

Parent declined further screening

Personal-social: ☐ Child not eligible for screening in this subscale at this time because child is receiving services

Parent declined further screening

2. Was a referral to services made?

☐ Yes

☐ No (If no, please indicate the reason)

☐ Referral not needed at this time

☐ Monitoring prior to referral

If Child scores 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of black and gray, complete MIECHV ASQ Referral Tracking & Follow-up Form. Also record referrals to EI on Use of Government and Community Services form.

ASQ (ASQ-3) Questionnaire

Infant ID Infant Name • Infant DOB

Client ID Client Name DOB

Date Nurse Home Nurse Home Visitor Name

☐ No contact with client at this time

Check one: ☐ Infancy ☐ Toddler ☐ 24 Months (optional)

(if applicable) Age-Adjusted Level of ASQ Questionnaire Used: _____ Months

2. Was a referral to services made?

☐ Yes

☐ No (If no, please indicate the reason)

☐ Referral not needed at this time

☐ Monitoring prior to referral

If Child scores 2 or more domains in gray (monitoring), or 1 or more domains in black (at-risk), or a combination of black and gray, complete MIECHV ASQ Referral Tracking & Follow-up Form. Also record referrals to EI on Use of Government and Community Services form.

We do not use #2 to track referrals; nurse home visitors must complete the ASQ Referral Tracking form if the child scored positive

11


Adjusting age for premature infants*:

Screening still occurs during the MIECHV time points, but is adjusted based on number of weeks premature


*Follow the ASQ-3 tool guidance for age-adjusting

Example: infant is 9 months 14 days old at home visit and is due for the MIECHV 9 or 10-month ASQ screening. The infant was born 4 weeks premature. Conduct ASQ screening between infant's age 9 months 0 days through 10 months 30 days, using the 8-month ASQ screening form to account for its prematurity

12



Ensure screening occurs during the time window provided in the client schedule and noted on the data collection form



Remember to indicate if an age-adjusted ASQ questionnaire is being used

Tips for ensuring developmental screenings count

13

13


Developmental Screening Resources

Developmental Screening Resources (For Parents, Early Childhood Professionals, Primary Care):

https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HEALTHSCREENING/ABCD/Pages/abcd_toolkit.aspx

Remote ASQ screening resources:

<https://instituteofsp.org/covid-19-rapid-response-resources-screening>




14

**Performance
Measure 18:
Completed
Developmental
Referrals**

Measure Definition	FY 2019
Percent of children positive screens for developmental delays who receive services in a timely manner	37.1%* (23*/62**)

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15

When to complete the ASQ Referral Tracking and Follow-up form

1. for a child screened by a MIECHV home visitor...
2. using the ASQ for a MIECHV-timed screening...
3. who scored 2 or more in the grey (“monitoring”) and/or 1 or more in the black (“at-risk”) zones
4. And does not have a previously identified developmental delay

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16

Three ways to complete a developmental referral

Completing any one or more of the following types of developmental support will meet the criteria for this measure:

1. Received individualized developmental support from a home visitor.
2. Received a referral to Early Intervention services and received an evaluation or individualized service plan within 45 days of that referral.
3. Received a referral to another community service and received services from that provider within 30 days of that referral.

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17

17

Completed Developmental Referrals Data Collection form: ASQ Referrals Tracking and Follow-up form for EHS/HFA and NFP Programs

ASQ REFERRAL TRACKING & FOLLOW-UP – INDEX CHILD *For Children who Screened at Risk for Developmental Delay* Please complete this form with Referral and/or Service Dates as updates occur and enter in THEO (EHS/HFA) or send to State (NFP)

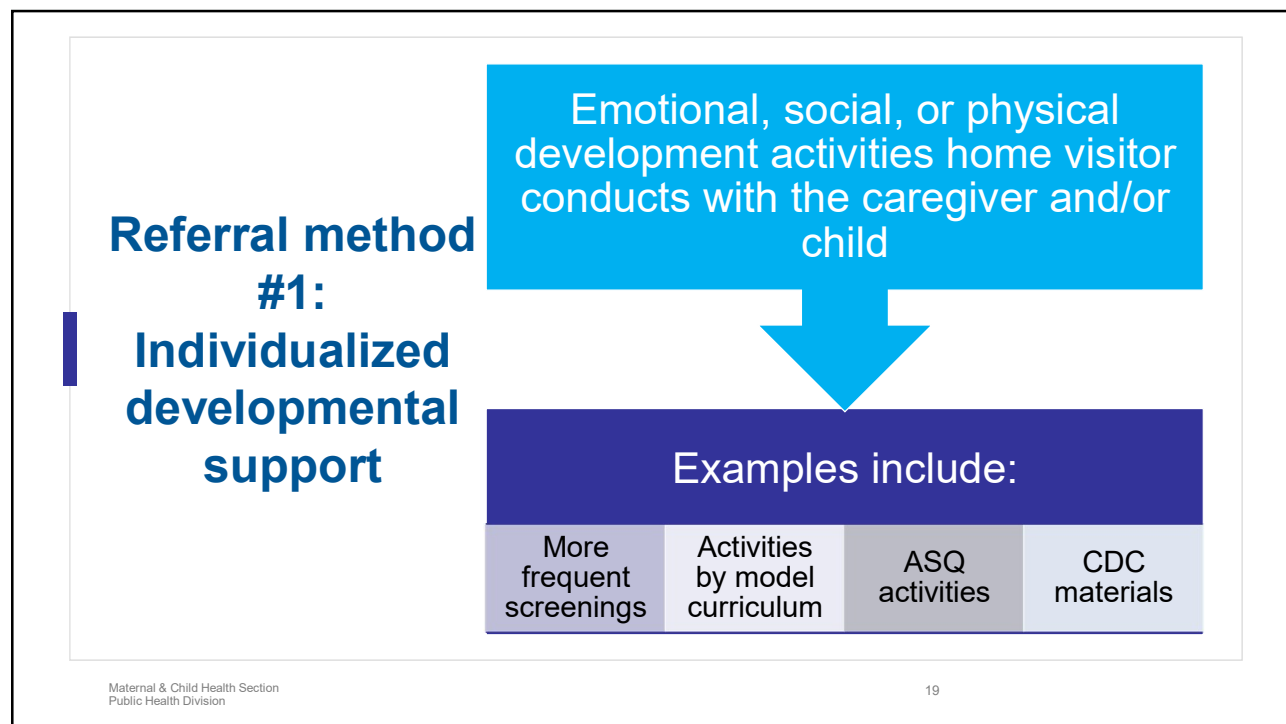
To count towards the Developmental Referral performance measure: Children screened positive for being at risk must receive at least one of the supports/services below (according to timelines found in Follow-Up information).

	FOLLOW-UP	INFORMATION
Type of Service	Date Provided	About Individualized Developmental Support
1) Individualized Developmental Support	/ / 20	Individualized Developmental Support can be done at any time by a home visitor and counts as a completed referral regardless of whether the client is also referred to Early Intervention or another community service. Examples of this include activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date Service Referral Contacted	Date Service Started/Received	About Another Community Service
2) Another Community Service: Type: _____	/ / 20	/ / 20	A community services must be started or received within 30 days of initial contact to count towards the measure. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date EI Referral Contacted	Date of EI Evaluation	About Early Intervention Services
3) Early Intervention Services	/ / 20	/ / 20	An EI evaluation must occur within 45 days of initial contact to count towards the measure.

18



19

Individualized Developmental Support, cont.

- Can be done at any time by a home visitor and counts as a completed referral, regardless of whether the client is also referred to Early Intervention or another community service.
- Enter the date the support was provided; it may be the same day as the screening took place or a future home visit

Type of Service	FOLLOW-UP Date Provided	INFORMATION
1) Individualized Developmental Support	/ / 20	<p>About Individualized Developmental Support</p> <p>Individualized Developmental Support can be done at any time by a home visitor and counts as a completed referral regardless of whether the client is also referred to Early Intervention or another community service. Examples of this include activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.</p>

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20

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20

Referral Method #2: Community Service



Includes referrals made to a community service other than Early Intervention, that provide support to enhance a child's development.



A community service must be started or received within 30 days of initial contact to count towards the measure.



Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports.

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21

21

Referral Method #2: Community Service

Enter the date the community service was contacted; it may or may not be the same day the screening took place

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
	Date Service Referral Contacted	Date Service Started/Received	About Another Community Service
2) Another Community Service: Type: _____	/ / 20	/ / 20	A community services must be started or received within 30 days of initial contact to count towards the measure. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports.

Follow up with client during next visits to find out if/when client received the community services; enter information in THEO

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22

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22

Referral Method #3: Early Intervention Services



EI services can be contacted by the home visitor, client or other person on behalf of the client



The referral can be made on the same day as the screening or at a later date



An Early Intervention evaluation must be completed within 45 days of initial contact to count towards the measure

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23

23

Referral Method #3: Early Intervention Services

Enter the date Early Intervention was contacted; it may not be the same day as the screening

Type of Service	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
	Date EI Referral Contacted	Date of EI Evaluation	
3) Early Intervention Services	/ / 20	/ / 20	<p>About Early Intervention Services</p> <p>An EI evaluation must occur within 45 days of initial contact to count towards the measure.</p>

Follow up with client during next visits to find out if/when client received an EI evaluation; enter information in THEO

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24

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24

ASQ-Developmental Referral Tracking & Follow-up Survey in THEO for EHS/HFA Programs

To count towards the Developmental Referral performance measure: Children screened positive for being at risk must receive at least one of the supports/services below (according to timelines found in Follow-Up information).

	FOLLOW-UP	INFORMATION
Type of Service	Date Provided	About Individualized Developmental Support
1) Individualized Developmental Support	/ / 20	Individualized Developmental Support can be done at any time by a home visitor and counts as a completed referral regardless of whether the client is also referred to Early Intervention or another community service. Examples of this include activities by model curriculum, ASQ activities, and CDC materials to target the developmental skill or domain for which there was a concern or positive screen.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date Service Referral Contacted	Date Service Started/Received	About Another Community Service
2) Another Community Service: Type: _____	/ / 20	/ / 20	A community service must be started or received within 30 days of initial contact to count towards the measure. Examples may include referrals to health or mental health services, speech, occupational or physical therapy services, parent-child groups, parent classes or early literacy supports.

	INITIAL REFERRAL CONTACT	FOLLOW-UP	INFORMATION
Type of Service	Date EI Referral Contacted	Date of EI Evaluation	About Early Intervention Services
3) Early Intervention Services	/ / 20	/ / 20	An EI evaluation must occur within 45 days of initial contact to count towards the measure.

CLIENT SURVEY

TEST SURVEYS, EHS child

ASQ at Risk for Developmental Delay - Referral Tracking & Follow-Up_20201001

ASQ Referral Tracking & Follow-up

1. Individualized Developmental Support - Date Provided:

2a. Another Community Service Type:

2b. Another Community Service - Date Service Referral Contacted:

2c. Another Community Service - Date Service Started/Received:

3a. Early Intervention Services - Date EI Referral Contacted:

3b. Early Intervention Follow-Up - Date of EI Evaluation:

Save & Continue

Cancel

25



Always document individualized support provided by the HV – this counts!!



Set a calendar or paper reminders to check back in with client and to update survey in THEO or send to OHA

Tips for completing developmental referrals

26

26

Thank You!

For more information about Oregon MIECHV Program's data collection,
please contact:

Tina Kent, MIECHV Data Manager: TINA.M.KENT@dhsosha.state.or.us

Drewallyn Riley, CQI Coordinator: Drewallyn.b.riley@dhsosha.state.or.us

For THEO Application Support: theo.support@state.or.us

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