

Chapter 11 : DEVELOPMENTAL SCREENING AND ADOLESCENT DEPRESSION SCREENING

Screening tools are available in Colorado to help primary care providers improve the identification of children with developmental delay by using a highly effective standardized screening test. Practices that provide standardized developmental screening at preventive care visits for Medicaid children can bill for this service and will be reimbursed an additional \$36 for this screening.

Using only clinical impressions rather than formal screenings leads to under-detection and decreases the likelihood of a child receiving early intervention services. National studies show that only 30% of children with disabilities are detected before school entrance.” (*AAPCOP Policy Statement, July 2006*). Based on Colorado’s current population, potentially 40,000 infants and toddlers in our state have disabilities, but only 6,000 children from birth to three in Colorado were referred for early intervention services last year (Part C, Colorado Department of Human Services, 2006). This raises the concern that a significant number of children are not being identified and are missing the opportunity for early intervention services during these crucial first few years of life.

In order to promote early identification of developmental concerns, the use of a standardized screening tool that meets a threshold of 70% sensitivity and specificity is now recommended at well child visits for children birth to six years of age (*AAPCOP Policy Statement, July 2006*). The perceived barriers to screening in practices include: time, staff and inadequate reimbursement. The Colorado Assuring Better Child Health and Development (ABCD) Project began three years ago in order to address these barriers. The pilot program included several primary care sites in Arapahoe, Douglas and Denver counties.

Goals of the ABCD Project

- The mission of the ABCD project is to promote early identification and referral through the use of a standardized screening tool.
- ABCD provides *free technical assistance* to practices who wish to implement a *standardized developmental screening tool* into well child checks.
- ABCD will help practices make a decision about which tool to use and train staff to use the tool.
- ABCD helps providers understand the referral process for children at risk for developmental delay.
- ABCD aims to assist practices in building relationships with local community resources.

While there are several valid and standardized developmental screening tools available, the **Ages & Stages Questionnaire (ASQ)** was selected by all of the practices participating in the Colorado pilot based on its diagnostic elements and practical application. Participating primary care offices identified several advantages of using the tool and integrating developmental screening into their practice.

Providers' Perspectives: Advantages to Using a Standardized Developmental Screening Tool

- Time efficient – The ASQ utilizes a questionnaire completed by the parent in the waiting room or an exam room
- Supports anticipatory guidance - Serves as a talking guide with parents, identifying a child's strengths as well as things the child is not doing yet.
- Practical – Scoring takes 1-2 minutes and can be done by paraprofessionals.
- Cost-efficient – The tool is affordable and the parent questionnaires may be photocopied for on-going use; practices can bill for reimbursement
- Valid and reliable – helps to accurately identify when further diagnostic assessment is recommended

To share the pilot sites' successful strategies for integrating standardized developmental screening into practice, the ABCD Project will train your office staff. If you have questions about developmental screening for your practice, would like more information about the ABCD Project or wish to schedule staff training please contact the ABCD Coordinator, Eileen Bennett 720-333-1351 or ileanben@yahoo.com).

The ABCD Project is a collaborative effort between the Colorado Department of Public Health and Environment, the Colorado Department of Human Services Part C Program, the Colorado Department of Health Care Policy and Finance, the Arapahoe County Early Childhood Council, and CCHAP. Additional support for the project has been provided by the Colorado Health Foundation, the Kaiser Foundation, the Temple Hoyne Buell Foundation, and St. Mary's Land and Mine Foundation.

Clarification – Although the ABCD program recommends the ASQ, several other standardized developmental screening tests are acceptable to state Medicaid and qualify for the Developmental Screening reimbursement. Please reference the Birth-5 Developmental Screening and Assessment Instruments link on the HCPF website at:

<http://www.colorado.gov/cs/Satellite?c=Page&cid=1218622605039&pagename=HCPF%2FHCPFLayout>.

Please note that the HCPF website lists the Denver II as an acceptable screening tool. This means actually administering the Denver II, not just having a few questions from the Denver II incorporated into the visit.

Screening for Adolescent Depression

Colorado has one of the highest rates of teen depression and teen suicide in the country. Mental health screening is recommended the American Academy of Pediatrics, the American Academy of Family physicians, the National Association of Pediatric Nurse Practitioners, the U.S. Preventive Services Task Force and the Institute of Medicine on all of our teenage patients each year. It is a required component of routine care for new plans under the 2010 health reform legislation.

The Patient Health Questionnaire Modified for Teens (PHQ-9 Modified) is a well-accepted questionnaire, used by many providers and health plans across the country. It can be used with patients between the ages of 12 and 18 and takes less than five minutes for them to complete. The PHQ-9 Modified can be administered and scored by a nurse, medical technician, physician assistant, physician or other office staff. Teens are more likely to

truthfully answer questions about depression on a questionnaire than when asked the same question by a provider.

The PHQ-9 Modified was developed by the Division of Child and Adolescent Psychiatry at Columbia and is available for free. You can download the questionnaire and a guide for implementation in your practice at [teenscreen.org](http://www.teenscreen.org). There is a guide for implementing depression screening in your practice (<http://www.teenscreen.org/library/implementation-materials-fact-sheets#PC>). It also has a **guide for when to refer and how to get reimbursed** (<http://www.teenscreen.org/library/implementation-materials-fact-sheets#PC>). There are training tools for office staff also at (<http://www.teenscreen.org/library/implementation-materials-fact-sheets#PC>)

Where to refer a teen at risk for suicide

Of course, what we all worry about is identifying a teen who is at risk for suicide, then not being able to find a mental health provider to see the teen. For teens covered by Medicaid or CHP+, figure out the county the teen's Medicaid or CHP+ card was issued in and go to the CCHAP on-line manual or "quick link" to determine who to call to make the referral.

Uninsured or Under-insured Teens at Risk for Suicide

When a teen at risk for suicide has no insurance or has inadequate mental health coverage, contact Second Wind Fund (SWF). The mission of Second Wind Fund of Metro Denver is to decrease the incidence of teen suicide by removing financial and social barriers to treatment for at-risk youth. Learn more by visiting <http://www.swfmd.org/aboutfund.html> or calling **303-988-2645**

After you make the referral, SWF will:

1. After ensuring that the student is a suicide risk, lacks financial means to pay for therapy, and is not on Medicaid, SWF assigns the student a referral number. If the student is on Medicaid, he or she is first referred to the county mental health association.
2. The counselor initiates a referral with parental permission. After given a SWF referral number, the school counselor writes the referral number on a program referral form, signs the form, and gives it to the student and/or parents.
3. The referred student is given the referral form and a list of private therapists who have agreed to see SWF clients.
4. All therapists in the SWF program are private therapists who are licensed, maintain malpractice insurance, have experience with teens at-risk for suicide, and have agreed to see SWF clients at a drastically reduced hourly rate.
5. SWF will pay for a student to visit a program therapist up to 20 times. (Eight visits are automatically approved at the time of the initial referral. More visits require additional information.)

To contact someone in your area to make a referral of a teen at risk of suicide:
SWF Metro Denver (Adams, Arapahoe, Broomfield, Denver, Jefferson, Park Counties) – call 303-988-2645

SWF Four Corners Colorado -- Lillian Ramey -- Lillian@riversagecounseling.com (covers La Plata and Montezuma Counties)

SWF Boulder County -- Faye Peterson and Kathy Valentine – fayepeterson@comcast.net and vastone2@hotmail.com (covers Boulder County) 720.212.7527

SWF Uncompahgre Plateau -- Kimberly Hamilton – Kimberly.hamilton@westernalum.org
(covers Montrose, Ouray, and San Miguel Counties)

SWF Weld County – Keith and Shannon Wawrzyniak -- kpw@dynamicfamilydesign.com
(covers Weld County)

SWF Eagle River Valley – Carrieann Angrisani, page132@hotmail.com (covers Eagle
County)

SWF El Paso and Teller Counties – Constance Gelvin, cvgelvin@aol.com (covers El Paso
and Teller Counties)

SWF Douglas County -- Lynn Pender, secondwinddc@comcast.net (covers Douglas
County) 303-895-0434

SWF Northeastern Colorado -- Maranda Miller and Jackie Reynolds, [maranda.miller@rural-
solutions.org](mailto:maranda.miller@rural-solutions.org) and Jackie.reynolds@rural-solutions.org (covers Sedgwick, Phillips, Yuma,
Morgan, Lincoln, Washington, Logan, and Kit Carson Counties)