Universal Screening Panel Report

September 2019

Introduction

Iowa has been working diligently on the care and nurturance of its most vulnerable citizens for over 150 years[1]. The goal of providing "safe, healthy, and successful lives *with their families and friends*" shows the value and importance of social emotional behavioral health to the community.

The Iowa Children's System State Board convened the Universal Screening Panel[2] (herein the Panel) in the spring of 2019 to provide recommendations based on Board consensus to develop a universal screening plan for Iowa's children. The Strategic Plan[3] of the State Board provides a vision, mission, reason to act, and core value statements as a guide for the Universal Screening Panel's work.

It is strongly recommended that implementation of universal screening is approached as a learning process with opportunities to reflect, improve, and correct in response to lessons learned as it unfolds. The Panel recommends three broad goals for the implementation of universal screening in Iowa:

1. Provide public education about the critical need to attend to social and emotional behavioral health and well-being.
2. Implement universal screening informed by Panel tool and practice guidance, capitalizing on existing efforts and the natural opportunities to engage families.
3. Provide enhanced family support, targeted training, and funding support and throughout the state.

Using parameters and guidelines that can be found in the needs assessment section of this report, the Panel developed the following set of specific recommendations for the implementation of universal screenings:

- Universal screening activities use existing programs of strength, supply strong communication tools, and activates care coordination functions of the Children's System;
- Leverage the strength of the Iowa EPSDT (Early, Periodic, Screening, Diagnosis, and Treatment) program, 1st Five, Children's Health Insurance Program[4], and Department of Education activities including the use of the MTSS framework for supplying and broadcasting the message of social emotional behavioral health and well-being;
- Public education about universal screening as a proactive strategy for maximizing healthy social emotional behavioral development and building family and community strength;
- Provide screening in the environments naturally engaging with families: healthcare and schools, as well as innovative strategies like placing healthcare clinics in or alongside schools, daycares, early childhood programs;
- Provide families, in various contexts, with resource navigators who serve to support, educate, and accompany families through the identification of need to intervention and resolution. Examples of resource navigators are found in 1st Five[5] and Scott County[6];

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[1] https://idph.iowa.gov/Portals/1/Files/LPHS/LBOH%203_history.pdf

[2] Membership found in Appendix/Additional Resources

[3] https://dhs.iowa.gov/sites/default/files/ChildrensStateBoard_StrategicPlan_Nov2018.pdf?071120191534

[4] https://dhs.iowa.gov/hawki

[5] http://www.iowapeds.org/home/about-us/programs/1st-five-initiative/

- Provide training for all screeners/practitioners and to use existing stakeholders and relationships (Systems of Care, AAP Iowa, EPSDT, Family Physicians, 1st Five, and the Department of Education including Areas Education Agencies) to ensure broad capacity, competence, and networks are developed;
- Training includes specific training and support about choosing best screening tools for the various contexts in which screening will happen;
- The State Board endorses the Practice Parameters and Suggested Matrix of Tools supplied here and institutes a robust periodic review of suggested tools;
- A diligent analysis of barriers to universal screening including funding, payment, personnel, and referral network adequacy. Education and healthcare communities presently manage extraordinary expectations often with competing demands and limited time. Removal of impediments and creating efficiencies for these providers is strongly recommended. Additionally, equity across insurance types (and for the uninsured), in access to quality care, and of service and provider capacity is a significant concern and removal of these barriers will be necessary.

Background

Social and emotional behavioral health (SEBH) affects how we think, feel, communicate, act, and learn. It includes the process by which children and adults acquire and effectively apply the knowledge attitudes, and skills necessary to understand and manage emotions set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Flexible and competent social and emotional behavioral health is developed through responsive and nurturing caregiving and relationships. It contributes to resilience, how we relate to others, respond to stress and emotions, and make choices[7]. Families need essential resources, support, and attentive care in order to nurture children's health: mind and body.[8]

The consequences of inadequate care and insufficient resources on the brain development of young children can be dire to individuals and the community. Toxic stress and adverse childhood experiences[9], especially in the early years, impact a person's overall health, ability to maintain healthy relationships, make wise choices, and meaningfully contribute to their community. Many parts of the community that touch families – childcare and education, healthcare, housing, nutrition, and economic support – are essential for helping families to nurture and support optimal social emotional behavioral health. Iowa's Innovation Model[10] and investment in community health is an excellent

A toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

[6] https://www.scottcountyiowa.com/health/care-kids/developmental-screenings
[7] https://www.cdc.gov/hrqol/wellbeing.htm
[8] https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html
[9] https://www.iowaaces360.org/
[10] https://dhs.iowa.gov/ime/about/initiatives/newSIMhome/social-determinants-health

example of committed leadership and resources in addressing the social determinants of health (aka *unmet social needs*).

The Innovation Model describes five unmet social needs:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

Unmet social needs are the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. These social structures and economic systems include the social environment, physical environment, health services, and structural and societal factors. Social determinants of health are shaped by the distribution of money, power, and resources throughout local communities, nations, and the world. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health

Unmet social needs should remain a consideration in system design and implementation of universal screening. Panel members cited how identifying an unmet social need and lacking a viable option for addressing the need frustrates the opportunity to stabilize a vulnerable family. The 1st Five[11] program was highlighted as a powerful engine for connecting families to resources that can meet material needs while simultaneously attending to social and emotional health of all members of the family. Learning environments are a powerful place to strengthen social emotional behavioral health. The Iowa Department of Education has employed the Multi-Tiered System of Support (MTSS[12]) framework to help ensure that students are provided a rich and attentive context in which to learn and grow. Iowa educational innovators like Scott County Kids[13] use universal screening to appropriately identify and attend to needs that impact students' learning and social/emotional health. The MTSS framework supports accurate knowledge about the needs of individuals, schools, and communities in support of the sound allocation of resources.

Needs assessment

The Panel initiated its work with an assessment and review of the present practices and opportunities for universal screening across Iowa and national practices and guidance. At present, schools, healthcare professionals, and the early childhood community supported by the Department of Health provide excellent structure to build upon.

The Panel gathered, shared, and reviewed information about the areas of strength in Iowa's efforts to attend to children's social and emotional needs. Innovative and strong efforts include the work of Scott County Kids[14], Iowa 1st Five[15], and the medical home model many pediatric

[11] http://www.iowapeds.org/home/about-us/programs/1st-five-initiative/
[12] https://educateiowa.gov/pk-12/learner-supports/multi-tiered-system-supports-mtss
[13] https://scottcountykids.org/
[14] https://scottcountykids.org/
[15] http://idph.iowa.gov/1stfive

practices employ[16]. Each of these is unique in its attention to sensitive and timely engagement with families, evidence-based practices of identifying needs and strengths, attention to unmet social needs, and deliberate coordination of care in the service of attending to needs. Paramount in successful implementation and efforts at sustaining universal screening is the role of care coordination and communication between and among families, practitioners, educators, and service providers. The Panel recommends ensuring universal screening activities use existing programs of strength, supply strong communication tools, and activates care coordination functions of the Children's System.

The Panel was charged with and responded to the following parameters for universal screening:

Screenings shall be:

- *Accessible to all children in Iowa;*
- *Administered at key developmental stages of childhood by qualified individuals after informed consent is given by the child's parent or guardian;*
- *Developmentally, age, gender, and culturally appropriate for the child or adolescent being screened;*
- *Linked to appropriate assessments and services;*
- *Valid and reliable in identifying children and adolescents in need of further assessment;*
- *Administered at multiple locations including, but not limited to schools, primary care clinics, and detention centers.*

Children and youth in Iowa are commonly screened through schools and healthcare providers. In the educational setting, panel members evaluated the tools used across early childhood and through high school and found them to be useful and appropriate. Screening in healthcare satisfies the objective of EPSDT and is detailed in Iowa's robust EPSDT program found here: http://www.iowaepsdt.org/ .

The Panel advocated for the following guidelines for universal screening:

- Build on the existing system of already established screenings;
- Screening tools are simple, easy to administer checklists or questionnaires used for identifying biological and environmental factors that put some children at a higher risk for social emotional behavioral health conditions;
- Screening tools are intended to be predictive in nature for assessing strengths and areas of concern;
- Screening tools identify the need for a referral for an appropriate, in-depth assessment to determine if social emotional behavioral health services are needed;
- Periodic screenings are essential for the early detection of social emotional behavioral health conditions since conditions can present at different stages of development.

Matrix of suggested tools

The matrix of suggested tools and practice parameters are the basis for a universal screening program in Iowa. The Panel developed a matrix of suggested tools (found in Appendix) having evaluated each for:

[16] https://medicalhomeinfo.aap.org/national-state-initiatives/State-Profiles/Pages/Iowa-State-Profile.aspx

a. Appropriateness: the fit of the tool to the screening context, the purpose, and the need of screening;
b. Technical adequacy: the validity, reliability, and accuracy of the screening tool;
c. Usefulness: the tool generates new and useful information supplemental to existing information;
d. Feasibility: the ease of implementation and clarity of the referral pathway of the tool;
e. Beneficial properties: the cultural sensitivity and responsiveness and the absence of harm of the tool.

There is no single tool appropriate for all children or screening situations. All the tools chosen through expert consensus of the Panel are presently used in Iowa, typically in educational or healthcare settings. The Panel cautions that the on-going process of suggesting screening tools should include a rigorous evaluation of psychometric properties, usefulness, cultural sensitivity, and supporting evidence of effectiveness.

The recommended tools are the best choices to ensure that tools used in Iowa are appropriate to the child with regard to age, gender, ethnicity, cultural background, sexual orientation, disability, or any other factor that would influence the developmental appropriateness of the instrument being administered. The tools are research-informed and evidence-based to ensure validity and reliability in identifying children and adolescents in need of further assessment.

The Panel recommends the following screening tools:

- Modified Checklist for Autism (M-CHAT)
- Survey of Wellbeing of Young Children (SWYC)
- Patient Health Questionnaire (PHQ)
- Ages and Stages Questionnaires (ASQ)
- Strengths and Difficulties Questionnaire (SDQ)
- Social Academic Emotional Behavior Risk Screener (SAEBERS)
- CRAFFT (Car, Relax, Alone, Forget, Friends, Trouble)

Practice Parameters

Practice parameters are outlined by the Panel's guidance on the following questions:

- When screenings will occur;
- Where screenings will be provided;
- Who will provide screenings; and;
- What will be included in the screenings.

The existing screening practices within Iowa provide a framework and sound rationale for adopting the EPSDT-approved Bright Futures periodicity schedule (found in Appendix/Additional Resources). This schedule has been married with the recommended schedule of screenings in Iowa schools.

WHEN

The Panel recommends including key events in the periodicity schedule detailed here for healthcare and education. These are the two places that encounter children most frequently however the Panel encourages inclusion of all available settings (childcare and home visiting, for example) in universal screening efforts. For both, there is an expectation of on-going monitoring of development and the periodicity noted here is intended for the use of screening tools.

Primary and Pediatric care:

- Developmental screening (note this includes screening for Autism): 9, 18, 30, and 36 months;
- Yearly developmental monitoring until age 21;
- Annual screening of substance use and depression screening beginning (minimally) age 12.

Educational setting: Minimally an annual screening with attention to the following vulnerable times in a child's life:

- School entry: Kindergarten or 1st grade
- 4th grade
- 6th grade
- 9th grade

WHERE

The Matrix of tools includes information about where screenings typically occur. Multiple opportunities for screening, i.e.: healthcare, school, early childhood setting, ensure that families and youth engage comfortably and frequently in optimizing social and emotional health, a breadth of practitioners are involved in collaborative monitoring of social emotional behavioral health with families, and that screening occurs with more vulnerable families who are often not as routinely interacting with professionals.

Essential to the implementation of sustainable universal screening practices is the link to follow up care. Healthcare, ideally as a health home that coordinates care and communication for families, is the place where most children will be encountered. Healthcare providers will make appropriate follow up recommendations for care for area(s) of concern identified from any screening practice employed[17].

WHO

Screenings should be provided by professionals and paraprofessionals appropriately supported and trained in screenings and the referral network. Appropriate training is determined by the screening setting and tool. Efficient and accessible communication tools across settings (for example school and physician), and clear referral pathways for areas of concern ensure adequate support of screeners. Screeners should have clear parameters for obtaining consent, engaging families in the process of screening and discussing area for growth where found, and be appropriately aware of and connected to pathways to care for addressing concerns.

The Panel encourages the broad use of paraprofessionals in early childhood settings particularly where their utility and expertise are proven (in Head Start and home visiting programs for example.)

The Panel also strongly encourages engagement with the primary care community of providers who see most children and youth in healthcare settings and influence families' engagement with supportive services and interventions when these are needed. The development and spread of health homes throughout Iowa would serve to strengthen the universal screening network.

[17] This practice is also best for the 12,000 estimated home-schooled children in Iowa.

Equally, the role of the Area Education Agencies[18] in early access to screening and care are an asset to this effort.

WHAT WILL BE INCLUDED

The Matrix reflects the Panel's recommendation that screenings be appropriate for the age, developmental needs, and culture of the child and family. Screenings should gather information about a child's developmental status, social emotional behavioral strengths and needs, unmet social needs, and cultural context to supply information about area for growth when identified. Areas of specific attention like substance use, domestic violence, and depression in the family are also recommended.

Conclusion

The Panel's recommendations aim to light the pathways to health for Iowa families. The Panel is grateful for the opportunity to provide valuable guidance in promoting social emotional behavioral health early and wisely in Iowa. Promoting the social emotional behavioral health of children through universal screening as recommended here capitalizes on the existing strengths of the health, education, and healthcare communities. The care and nurturing of social and emotional health of Iowa children strengthens schools, families, and communities.

[18] http://www.iowaaea.org/

Definitions and terms

Adverse Childhood Experiences (ACEs): The original study evaluated 10 types of adverse childhood experiences:

- Abuse: physical, sexual, psychological
- Neglect: emotional, physical
- Household dysfunction: substance abuse, divorce, mental illness, battered mother, and criminal behavior

The ACE Study revealed that adverse childhood experiences are common. Nearly two-thirds of participants reported at least one ACE and more than one in five reported three or more ACEs. The study also linked childhood trauma to a range of health and social outcomes including:

- Alcoholism
- Chronic obstructive pulmonary disease
- Depression
- Illicit drug use
- Ischemic heart disease
- Liver disease
- Smoking
- Adolescent pregnancy
- Sexually transmitted diseases
- Intimate partner violence
- Health-related quality of life

In addition, as the number of ACEs increase, so does the level of risk for each of these health issues in a strong and graded fashion

EPSDT (Early, Periodic, Screening, Diagnosis and Treatment): A program for children who are enrolled in Medicaid. The focus of this program is to assure that eligible children ages birth through 20 years receive preventive health care services, including oral health care. In Iowa, the EPSDT program is called Care for Kids. EPSDT Care for Kids services are free to children enrolled in Medicaid. Care for Kids: http://www.iowaepsdt.org/.

The acronym EPSDT stands for:

- Early
  - Children should receive quality health care beginning at birth and continuing throughout childhood and adolescence including the identification, diagnosis and treatment of medical conditions as early as possible.
- Periodic
  - Children should receive well child check-ups at regular intervals throughout childhood according to standards set by the American Academy of Pediatrics. Health care may be provided between regularly scheduled check-ups.
- Screening
  - Children should be screened for health and developmental problems. Services shall include health history, developmental assessment, physical exam, immunizations, lab tests, health education, dental exam, and vision and hearing screenings.
- Diagnosis
  - Children should receive further evaluation of health or developmental problems identified during check-ups that may require treatment.

- Treatment
  - Children should receive treatment for health or developmental problems identified during check-ups.

Following the Iowa EPDST Care for Kids Periodicity Schedule, screenings provide the opportunity to identify concerns through comprehensive assessment of the child and family; and develop a care plan that is responsive to the family's strengths, needs and choices.

Screening: The use of a standardized tool to identify risk and determine the need for further evaluation. Screening includes:

- Determining whether your child has any health concerns
- Offering ways to keep your child from developing health concerns
- Providing support for your child's overall health and well-being
- Talking through health information and offering advice

https://brightfutures.aap.org/Bright%20Futures%20Documents/BF_Family_Tipsheet.pdf:

Surveillance (AKA monitoring): A longitudinal, continuous process based on clinical judgement that includes eliciting and attending to concerns, maintaining a history of findings, making observations, and identifying risk and protective factors.
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Definitions-of-Key-Terms.aspx

Toxic Stress: Prolonged exposure to adverse experiences that activate the stress response system, potentially disrupting a child's development and increasing the risk of poor health outcomes into adulthood.
https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Screening/Pages/Definitions-of-Key-Terms.aspx

Unmet Social Needs (AKA social determinants of health): The social determinants of health (SDH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems (https://www.who.int/social_determinants/en/). SDH include the opportunity to work, access quality childcare, healthcare, and education, have safe housing, and access to food and nutrition.

APPENDIX
Working Matrix

BLUE: SCHOOLS GREEN: HEALTHCARE	Tier 1 or 2	Tool	ACCESSIBILITY	ADMINISTRATION DETAILS	AGES	CULTURAL SENSITIVITY
🟢	1	**M-CHAT:** (screening tool for autism in toddlers)	Free online; instant score https://m-chat.org/	Quick online administration by any caregiver	16 to 30 months	Translations underway: https://mchatscreen.com/m-chat/translations/
🟢	1	**SWYC: Survey of Well Being of Young children:** The SWYC covers 3 domains of functioning (Behavior and Emotion, Family Risk Factors, and Development), and it is composed of 6 questionnaires: Preschool Pediatric Symptom Checklist, Baby Pediatric Symptom Checklist, Family Questions, Parents Observation of Social Interaction, Developmental Milestones, and Parent's Concerns. It is comprehensive, including cognitive, language, motor, and social-emotional development as well as family risk factors (parental depression, conflict, or substance abuse, and hunger).	Free: SWYC was created in order to provide a screening instrument that is free of cost and easily accessed by parents, pediatricians, preschool teachers, nurses, and other professionals involved in child care and education	10 minutes or less https://www.floatinghospital.org/-/media/Brochures/Floating-Hospital/SWYC/SWYC-Manual-v101-Web-Format-33016.ashx?la=en&hash=E0C2802F003ED312E9D5268374C540A112151FB3	1 to 66 months	Spanish, Khmer, Burmese, Nepali, Portuguese, Haitian-Creole, Arabic, Somali and Vietnamese.
🟢	1	**Patient Health Questionnaire (PHQ):** The PHQ, a self-administered version of the PRIME-MD, contains the mood (PHQ-9), anxiety, alcohol, eating, and somatoform modules as covered in the original PRIME-MD. The GAD-7 was subsequently developed as a brief scale for anxiety. The PHQ-9, a tool specific to depression, simply scores each of the 9 DSM-IV criteria based on the mood module from the original PRIME-MD. The GAD-7 scores 7 common anxiety symptoms.	Free https://www.phqscreeners.com/select-screenere:	Seems most useful for parents	0-13 years	
🟢	1	**ASQ:** General psychosocial screening Sensitivity: 63% to 94% for emotional symptoms, Specificity: 88% to 98% conduct problems, hyperactivity/inattention, peer relationship problems, and pro-social behavior (not included in score); a separate scale assesses impact of symptoms on global functioning.	About .50c per screen	Parents, caregivers, teachers, clinicians10 min; 25 items; self-administered for 11-17	1 month to 5.5 years	40 languages
🟢	2	**ASQ-SE2 & 3:** "highly reliable, parent-completed tool with a deep, exclusive focus on children's social and emotional development, it's easier than ever to screen important areas of social-emotional competence, pinpoint behaviors of concern, and identify any need for further assessment or ongoing monitoring."		10–15 minutes to complete, 1-3 minutes to score; https://agesandstages.com/free-resources/articles/using-asq-3-and-asqse-2-together/	1-72 months	40 languages
🔵	1	**SDQ:** 1) Emotional symptoms; 2) conduct problems; 3) hyperactivity &/or inattention; 4) peer relationship problems; 5) prosocial behavior. Used in research and clinically worldwide	$.25/screen Additional information: https://www.cebc4cw.org/assessment-tool/strengths-and-difficulties-questionnaire/ https://depts.washington.edu/dbpeds/Screening%20Tools/Strengths_and_Difficulties_Questionnaire.pdf https://www.nctsn.org/measures/strengths-and-difficulties-questionnaire-child-report	Self-screener; Parent, teacher, clinician, youth	3-16 years	Abundant languages available
🔵	1	**SAEBRS:** The SAEBRS is a brief tool supported by research for use in universal screening for behavioral and emotional risk. The measure falls within a broad class of highly efficient tools, suitable for teacher use in evaluating and rating all students on common behavioral criteria (Severson, Walker, Hope-Doolittle, Kratochwill, & Gresham, 2007). The SAEBRS is designed for use in the K-12 setting	$7 a student	1-3 minutes; Online portal	5-18 years	Multiple languages
🟢	2	**CRAFFT:** (screening tool for substance-related risks)	Free - https://www.integration.samhsa.gov/clinical-practice/sbirt/CRAFFT_Screening_interview.pdf; https://www.integration.samhsa.gov/clinical-practice/sbirt/adolescent_screening,_brieft_intervention_and_referral_to_treatment_for_alcohol.pdf	6 questions; designed for primary care	ages 14-20	Spanish, Portuguese, Hebrew, French, Czech, Khmer, Russian, Vietnamese, Haitian Creole, Laotian, Chinese, and Japanese

APPENDIX
Membership

Member	Agency
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Grant funds provided by Mid-Iowa Health Foundation were used to support the Panel and their work.