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# VERMONT DEVELOPMENTAL AND BEHAVIORAL SCREENING GUIDELINES AND PREFERRED TOOL LIST

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## *Introduction*

Developmental and behavioral screening is a whole-population strategy to improve child health outcomes. Screening, together with routine developmental surveillance, provides an opportunity to monitor if a child is learning age-appropriate skills and identify any developmental or behavioral concerns as soon as possible, enabling intervention during the most critical periods of development. When young children are not screened systematically, opportunities for early identification, intervention, and treatment are delayed. Early identification of children at risk for developmental delays is an integral function of the primary care medical home. The American Academy of Pediatrics (AAP) [recommends](#) conducting developmental surveillance at every health supervision visit and conducting general developmental screening using evidence-based tools at 9, 18, and 30 months, or whenever a concern is identified. In addition, autism-specific screening is recommended at ages 18 and 24 months, and social-emotional screening is recommended at regular intervals.

## ***Preferred Tool List and Universal Developmental Screening Registry***

In Vermont, primary care providers are required to use a standardized screening tool. Preferred screening tools are included in Vermont's universal developmental screening (UDS) [registry](#), a statewide data collection and communication system for screening results. As part of the *Help Me Grow Vermont* system, the registry allows screening results to be securely shared between medical homes, early care and education, and other community service providers to improve early identification of risks and delays to ensure that children and families are linked to appropriate services and developmental supports. Preferred tools include:

- [Ages & Stages Questionnaires®, Third Edition \(ASQ-3™\)](#)
- [Ages & Stages Questionnaires®: Social-Emotional, Second Edition \(ASQ:SE-2™\)](#)
- [Modified Checklist for Autism in Toddlers, Revised with Follow-Up \(M-CHAT-R/F\)](#)
- The [Survey of Wellbeing of Young Children](#) (SWYC), a cross-cutting tool, will be included in the UDS registry in future (following final validation studies).

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The SWIC includes developmental milestones, emotional/behavioral development, and family risk factors. At certain ages, a section for autism-specific screening is also included.

**Bright Futures  
Periodicity Schedule  
and screening tool  
compendium** Please refer to AAP [screening tools](#) and [periodicity schedule](#). For in-depth profiles and psychometric information about these quality screening tools, reference the national [Birth to 5: Watch Me Thrive!](#) published [compendium](#) of screening tools for young children and Child Health Care Providers [User Guide](#).

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*If you are a child health care provider, educator, or other human service provider and would like access to this registry, please contact us at [AHS.VDHudsregistry@vermont.gov](mailto:AHS.VDHudsregistry@vermont.gov)*

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**The Importance of  
Developmental  
Screening** Research and science have demonstrated that childhood experiences, positive or negative, can have a major impact on long term growth, development, and health. National statistics indicate that as many as one in four children through the age of five are at risk for a developmental, behavioral, or social delay. In Vermont, 7 out of every 10 children have one or more factors that put them at risk for a developmental delay. Risk factors include high rates of maternal depression and perinatal mood disorders, increased rates of childhood poverty, housing and food insecurity, transportation barriers, and rural isolation. Although the percentage of children with a developmental or behavioral disorder has been increasing, overall national screening rates have remained low - less than 50% of pediatricians use valid and reliable screening tools. As part of Healthy Vermonters 2020 and the Maternal and Child Health strategic plan, considerable work has occurred over the past decade in Vermont to advance developmental screening in medical home settings. In 2016, data from the Vermont Blueprint for Health shows the rate of developmental screening has significantly increased among Vermont children ages zero to three from 48% in 2013 to 58% in 2016. However, a disparity exists between children insured by Medicaid (55%) and those insured by commercial insurance (66%). Differences also exist in screening rates among Health Service Areas (HSA), and Middlebury (74%), Burlington (74%), and Brattleboro (73%) have the highest rates. And a survey of 46 primary care practices by Vermont Child Health Improvement Program (VCHIP) found developmental screening rates at only 33% for all three recommended screens.

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*Help Me Grow is a system strategy to increase surveillance and screening of children across various settings and link children and families to existing services and resources.*

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**What is Help Me Grow?** [Help Me Grow](#) is a system model for improving access to existing resources and services for expectant parents and families with young children through age eight. *Help Me Grow* promotes the healthy development of children by supporting families, providers and communities to link children and families to the services and supports they need.

**Why Help Me Grow matters** Experts agree, early detection and connection to services lead to the best outcomes for children with developmental or behavioral challenges. But, too often, children don't get connected to services they need at an early age when the benefit of those services is greatest. Many initiatives in Vermont provide services to young children, but families, child health providers, early care and education providers and others don't always know these programs exist or how to connect with them.

**How Help Me Grow Works** *Help Me Grow* works to promote cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and strengthen [protective factors](#) among families so that all children can grow, learn and thrive to their full potential. This is achieved through the implementation of four interdependent core components:

1. **Family & Community Outreach** to bolster healthy child development through families and facilitate provider networking and collaboration.
2. **Child Health Provider Outreach** provides training to support early detection and intervention, use of the Help Me Grow contact center, and use of [Vermont's Universal Developmental Screening Registry](#).
3. **Centralized Phone Access Point/Contact Center** serves as the hub to link children and their families to community-based services and answer caregivers' questions about their child's development and behavior. **Dial 2-1-1 ext. 6, text HMGVT to 898211, or email at [info@helpmegrowvt.org](mailto:info@helpmegrowvt.org).**
4. **Ongoing Data Collection & Analysis** for continuous system improvement to identify systemic gaps and bolster advocacy efforts.

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*Revised Bright Futures guidelines, 4<sup>th</sup> edition, now recommend that physicians incorporate developmental observances by child care and early childhood professionals into surveillance*

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**Developmental Screening by Early Care and Education Providers** Seventy-one percent of Vermont’s children under the age of six, and 78% of children between the ages of six and 17, have all available parents in the labor force. Thus, a significant number of children are being cared for in early learning settings during critical years of development. As early care and education programs play an increasingly significant role in promoting children’s optimal healthy development, *Help Me Grow*, in partnership with the Vermont Child Health Improvement Program (VCHIP) and Vermont Birth to Five, has provided quality improvement developmental screening training to over 500 providers. Training includes on-site coaching to promote ongoing monitoring of child development, including periodic developmental screening, referral to appropriate services, and access to services to support each child’s developmental progression in the context of a collaborative and well-coordinated system of care. Providers are also trained to enter screening results into the UDS registry for system coordination and to streamline the process for families.

**Next Steps** Vermont is committed to ensuring that all children benefits from intentional, coordinated, and early attention to their growth and development by:

1. Continue training for both child health professionals and early care and education providers in the selection and implementation of appropriate, psychometrically valid developmental screening tools, in alignment with [AAP Bright Futures Guidelines](#).
2. Strengthen partnerships with Vermont’s ACOs to leverage opportunities to focus on improving developmental screening rates.
3. Continue to promote use of Vermont’s UDS registry for sharing screening results across community, education and medical home settings.
4. Standardize high-quality training on developmental promotion, referral, and linkage, including use of the UDS registry, as a foundational component of the professional development system for all early care and education providers.
5. Embed health promotion practices into Vermont’s Quality Improvement and Rating System.
6. Continue coordination of systems to improve collaboration.

**For More  
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**Data issues**

Data from the Vermont Blueprint for Health and the VCHIP CHAMP Summary Report do not represent all Vermont children, based on attribution and sampling methodology.

**Data Sources**

[Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, Pediatrics, 2006](#)

[VCHIP Final Report: Developmental and Autism Screening in Primary Care](#)

[Vermont Blueprint for Health Community Profiles](#)

[2016 National Survey of Children's Health \(NSH\)](#)

[VCHIP CHAMP Network Data Summary Report Findings](#)

[How Are Vermont's Young Children 2017 Report](#)



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