

# WELLNESS CHECK-UP

Boosting Social-Emotional Screening  
in New Mexico



**“Society can either invest in combating the effect of adversity on families now, or pay later.”<sup>1</sup>**

# A SCREENING STORY

*Rosa was taking Maria, her 14-month old toddler, to a new pediatrician. She was a little nervous about the visit and not just because this was a new doctor. Rosa was also worried because Maria was not walking. Before Rosa and Maria saw the doctor, the nurse went over a brief questionnaire with Rosa. Prompted by the questionnaire, the nurse noted that Maria was not yet walking.*

*The pediatrician came into the room and introduced himself to Rosa and Maria. He said that he was glad Rosa and the nurse had taken the time to go over the questionnaire because it helped him learn how Maria was doing from her mom's perspective, especially since he would not be able to see everything Maria could do during their short office visit. As an aside, he mentioned that the tool he used was validated,*

*meaning the tool provided him with important information about Maria's needs. Based on Rosa's answers, the doctor had a better idea about what to focus on in his exam. He also said he was glad they could talk together about Rosa's answers.*

*The pediatrician asked a few follow up questions and learned that Maria was standing up a lot by herself and could take steps when she was holding her mom's hand. Based on this information, the doctor alleviated Rosa's worry about this aspect of Maria's development. But since the test also asked questions about the household, he also could see that Rosa had indicated that she herself had depression.*

*The pediatrician gently asked her about whether she was getting support for her depression. She told him that she was not in counseling or under a doctor's care. He explained to Rosa how important it was for her to take care of herself and he gave her information about how babies do best when their parents have the support they need. Before the visit was over, the nurse came in and gave Rosa information about local mental health providers.<sup>2</sup>*

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# EXECUTIVE SUMMARY

**Connecting families with useful and timely behavioral supports is an essential public health issue. In the same way that we promote vaccinations, car seats, and anti-SIDS campaigns for young children, we need to boost comprehensive early childhood screening that includes the developmental and social-emotional needs of infants and young children.** If parents do not receive the necessary social-emotional support early and consistently, young children are at risk for adverse childhood experiences, or ACEs. The more ACEs a person experiences as a young child, the more she is susceptible throughout her life to risky health behaviors, chronic health conditions, low life potential, and ultimately early death. When stressful experiences are not mitigated early, the problems of childhood become the problems of adulthood.

Poor mental health is costly for individuals, communities, and states. The five most expensive child behavioral health disorders in New Mexico — PTSD, mood disorders, ADHD, adjustment disorder, and oppositional defiant disorder — cost the state more than \$68 million in 2015. The estimated cost of Complex Trauma in the United States as a whole is \$258 million a day. It makes sense to fund preventive, upstream remedies that save money for New Mexico. Screening connects families to early intervention services, which provide a positive

return on investment through redeployment of resources from higher-cost, restrictive services, to lower-cost, home- and community-based services and supports. In other words, promotion of robust social-emotional screening is not just the right thing to do, it saves our communities millions of dollars as well.

Focusing on Medicaid's EPSDT provisions as a primary lever to promote quality, comprehensive screening is a common sense solution. Medicaid's program for children emphasizes the importance of screening right in its title: Early and Periodic Screening, Diagnostic, and Treatment. EPSDT is a powerful benefit in federal law. The purpose of EPSDT is to identify and preventatively address health and mental health problems early, before they become serious conditions that are more costly. EPSDT is a "no excuse" entitlement, which means its provisions are not funding-dependent or optional. If a child qualifies for EPSDT services, states must provide them, regardless of their state plan (the roadmap for Medicaid submitted to the federal government) and regardless of the services the state offers to adults.

Most children in New Mexico are on Medicaid or are Medicaid eligible. Ensuring that Medicaid EPSDT includes social-emotional components and access to mental health services will have a wide-ranging positive impact on all our young people. Leveraging Medicaid is one of the best ways to reach young children and their families. Even parents who are not engaged in other service systems take their infants and young



children for well-child appointments, making the pediatrician's office a natural hub for positive mental health and wellness.

A screening usually consists of a trained screener using a validated tool to ask the primary caregiver a series of questions to track a child's development relative to children of the same age.

**Screening can take place in almost any place frequented by young children, including a doctor's office, at a home visit, and in schools.** A screening typically takes between ten and twenty minutes, including scoring. Children whose development falls significantly below that of their cohort are highlighted for further attention and, when appropriate, referred for necessary services.

The two main areas of screening for young children are developmental and behavioral. Developmental screening is designed to pick up delays in speech, cognition, and physical tasks that could indicate developmental delay or disability. Social-emotional screening detects behaviors that indicate concerns regarding attachment, self-regulation, or even long-term mental health conditions. There are several common social-emotional screens used throughout the United States and around the world. Examples of high quality screens include the Ages and Stages Questionnaire (ASQ and ASQ:SE), the Survey of Well-being of Young Children (SWYC), and Bright Futures.

In direct contradiction to federal requirements, New Mexico does not require or ensure that all components of the EPSDT screen are completed,

including social-emotional and developmental screening. There is no state-mandated standard form used for EPSDT screens that ensures that the social-emotional needs of children are evaluated and there is no list of approved screening tools providers can use. A vetted menu of evidence-based tools, easily accessible and cost effective, would add consistency and rigor to the practices of providers and community stakeholders, and would bring New Mexico into compliance with EPSDT requirements.

Other states have reformed their children's behavioral health systems through advocacy around the Federal requirements of EPSDT. For example, Massachusetts requires providers to use certain tools to conduct EPSDT screens so that social-emotional health is included. Florida is another leader in identifying the social-emotional needs of young children. Florida has focused on developing diagnostic and treatment service definitions and treatment codes that promote early intervention to address social-emotional concerns and to reduce the over/misdiagnosing of infants and young children.

Too often, the assumption in New Mexico is that there are not sufficient mental health resources to support children and their caregivers. **EPSDT offers tools to create strong linkages between families and providers. The push for screening is also an opportunity to advocate for stronger mental and physical health systems for all children in New Mexico.** By becoming more sophisticated in using the system we have and the

tools currently available, we can develop needed resources from the ground up.

While New Mexico has a long way to go in protecting the long-term social-emotional and developmental health of its children, improving children's access to services that address social-emotional needs through Medicaid has the potential to affect large numbers of children in New Mexico. There are over 300,000 children in New Mexico enrolled in Medicaid, comprising more than ten percent of the state's population.

**Screening is a brief, inexpensive intervention that connects children to services across systems, including services available through education, health, and the community.**

To be sure, there are currently obstacles to a vibrant screening model. These include pressure on providers to see large numbers of children, lack of knowledge about which tools to use, the expense involved in using certain tools, concern that screenings will take too long, concern that screenings will identify a need for services difficult to link families to or which may not exist, cumbersome paperwork requirements, fear of litigation, lack of proper provider certification, regulatory confusion, lack of MCO engagement, political instability, and other barriers. Yet a workable path exists to a strong screening regime that overcomes these obstacles.

**As part of a unified effort to improve early childhood outcomes in New Mexico, the state should, at a minimum<sup>3</sup>:**

- Strengthen regulatory mandates for social-emotional screening to bring our policy in line with federal EPSDT requirements, current research, and best practices.
- Encourage HSD and MCOs to create a list of affordable, vetted, accessible, efficient screening tools that specifically includes social-emotional screening factors, and require that all components of the EPSDT screen be completed and documented.
- Support pediatricians to manage concerns regarding limited time to conduct screens and make referrals, expense of screening tools, and lack of clarity around screening by providing them with vetted resources, training, and publically available screening tools.
- Create a central position within HSD to oversee comprehensive screening, including social-emotional screening under EPSDT. Assign dedicated HSD personnel to focus on system development, coordination, leveraging dollars, and fiscal efficiency.
- Require universal home screening for newborns using a model similar to Durham's Family Connects. Broaden any screening pilots already in existence in New Mexico through maximizing private/public funding dollars and support.
- Require MCOs to improve access to care coordination so that families are promptly linked to services once social-emotional needs are identified.