

Depression, IPV, and Developmental Delays: expectations for screening and referral

The requirements for screening and referring for developmental delays, depression, and intimate partner violence (IPV) are complicated. There are OEC requirements for when to screen for each of these. At the same time, screening and referrals account for 6 benchmark measures, which operate under a different set of rules.

- The documents titled “*Data Collection by Child’s Age*” and “*Data Collection by Enrollment Timing*” show the **OEC’s requirements** for when to screen for each of these.
- The document titled “*Definitions of Measures in Benchmark Report*” shows **the definitions for each of the six measures as they appear in the benchmark report** in ECIS.
- This document gives more detail about the 6 screening and referrals benchmark measures, including who is included and excluded from the measures, and what to do when a caregiver or child is already receiving relevant services.

	Expectation for screening	Expectation for referral
Caregiver receiving treatment for depression at the time the screen is due	<p>Expectation is that the caregiver will still be screened within 3 months (or within 3 months of the child’s birth if parent is enrolled prenatally) <i>even if</i> they are already receiving treatment for depression at enrollment.</p> <p>✚ The benchmark report is looking for a date of screening that is within 3 months of enrollment/baby’s birth, and the screening instrument used.</p>	<p>Expectation is that the caregiver does <i>not</i> need to be referred if they are screened for depression and are positive, if they are already receiving services.</p> <p>✚ If a caregiver is already receiving services at the time of the initial screen, be sure to enter “yes” for receiving depression services in the depression popup, so that the caregiver will be excluded from the referral measure.</p> <p>✚ Note that the benchmark measure for depression referrals only considers the initial screen done within 3 months (of enrollment or baby’s birth respectively). If a caregiver screens positive later in their enrollment, a referral is expected, but later referrals are not included in the benchmark measure.</p>

<p>Caregiver receiving services for IPV at the time the screen is due</p>	<p>Expectation is that the caregiver will still be screened within 6 months of enrollment <i>even if</i> they are receiving services at enrollment.</p>	<p>Expectation is that the caregiver will still be referred if they are screened for IPV and are positive for risk, even if they have already been referred or are already receiving services. It's important to note that 'receiving referral information' means that the caregiver was provided information about IPV community resources. A referral to a caregiver already receiving services can be a short discussion/confirmation of the services that they are receiving.</p>
<p>Child receiving services for a developmental delay at the time the screen is due</p>	<p>Child does not need to be screened if they enter the program already receiving services for a delay.</p> <ul style="list-style-type: none"> ✚ Reminder that the benchmark measure only includes screens done at 9, 18, 24, and 30 months. ✚ If a child is not screened because of an existing delay, that information must still be entered for the 9, 18, 24, and 30 month screens. ✚ Specifically, in the ASQ popup, "No" must be entered under "ASQ completed", and the "Reason not completed" must be chosen. 	<p>*If* the child is screened despite already receiving services, and if the result is a possible delay, then the expectation is that they will be referred for services <i>even if</i> they are already in treatment. Per HRSA, if the child is receiving one type of service, they can receive a second type. Note that individualized activities with the home visitor is a service recommended by HRSA (and 'counts' in the benchmarks).</p>

Additional notes about Depression, IPV, and Developmental Screening

Regarding Depression

---If a caregiver screens positive (and is not receiving treatment already), then the referral measure is looking for a completed referral. The caregiver will continue to be included in the referral measure (in subsequent reporting periods) until and unless there is a completed referral for depression.

---If a caregiver screens positive for depression but a second screening indicates no depression, then the caregiver is not expected to be referred (and will be removed from the depression referral measure).

Regarding IPV

---As is the case with depression screening, if an IPV screen is positive and the caregiver does not receive a referral, that positive screen will continue to cause the caregiver to be included in the referral measure until and unless there is a referral. Note that for IPV, the referral measure simply asks whether referral information was shared (see definitions).

---*Unlike* depression screening, if a second screening is negative, it does not negate the expectation for referral. Every positive screen is expected to be followed up with a referral.

---Note that all caregivers should be screened, men and women, and even if they are not in a romantic relationship (see FAQ #139 below).

Developmental Referrals

--- As is the case with depression and IPV screening, when-ever there is a positive screen entered, the referral measure will look for a corresponding referral, and the child will continue to be included in the referral measure until and unless there is a referral.

--- All positive ASQ screens are required to have corresponding referrals, not just the specific screens that are required by HRSA (9, 18, 24 and 30).

---Like IPV referrals (and unlike depression referrals), if a second screening is negative, it does *not* negate the expectation for a referral. Every positive screen is expected to be followed up with a referral.

For all three types of referrals, if the family refuses a referral, the caregiver/child is still included in the measure. In other words, family refusal is not a basis for exclusion from the measure.

From HRSA's FAQ's

Depression Screening

76. Do we need to screen primary caregivers who are already receiving treatment for depression?

A: Yes; awardees must screen all primary caregivers for depression regardless of whether they are receiving mental health services when they enroll in home visiting. (NOTE: This does not impact the previous decision that primary caregivers who are already receiving recommended services for depression do not need to be referred again after a positive screen for depression after enrollment in home visiting services).

(10/19/17)

Depression Referrals

157. Should the denominator definition include “within 3 months of enrollment or within 3 months of delivery”?

A: For consistency with the depression screening measure the denominator for completed referrals should be the number of primary caregivers enrolled in home visiting who had a positive screen for depression within 3 months of enrollment (for those not enrolled prenatally) or within 3 months of delivery (for those enrolled prenatally) and were referred for services. This has been clarified in the performance measures, which can be found at the following website: <https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-technical-assistance/performance-reporting-and-evaluation-resources>. (5/6/16)

159. Can we exclude those who have already been referred to depression/mental health treatment services by another provider prior to screening?

A: For those participants who screen positive for depressive symptoms but are already receiving services for depression, the program does not need to provide a referral. If the program does not make a referral, the participant does not need to be counted in this measure. (5/6/16)

160. What do we do if a primary caregiver screens positive for depressive symptoms and then a subsequent screening does not indicate depressive symptoms? Can the primary caregiver be counted in the numerator?

A: A primary caregiver that screens positive for depressive symptoms is included in the denominator until they receive one or more service contacts. However, if a primary caregiver subsequently screens negative for depressive symptoms after initially screening positive, the awardee *may* remove them from the denominator. In these instances, they would never count in the numerator, but instead be removed from the denominator without ever being counted in the numerator. (10/19/17)

161. Will participants continue to be included in the denominator if they refuse a referral to services?

A: Participants should be included in the denominator if they refuse a referral and will remain in the denominator until they receive services at which point they will also be included in the numerator. (5/19/16)

IPV Screening

175. With regards to the denominator, can we exclude those who have already received a referral or are receiving services prior to home visiting?

A: Programs are expected to screen all primary caregivers for IPV within 6 months of enrollment. If a primary caregiver screens positive for IPV after enrollment, the program is expected to provide referral information regardless of whether or not the primary caregiver previously received

a referral for services prior to enrolling in the home visiting program. Primary caregivers should be included in the denominator even if already receiving services at enrollment. (5/6/16) (updated 10/19/17)

139. Home visitors are confused about using the IPV screening when the person is not in an intimate partnership. Do we exclude participants who are not in an intimate partnership?

A: All primary caregivers should be screened for IPV, regardless of their relationship status. The definition of IPV includes any “person with whom one has a close personal relationship” and can be found at <https://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/>. (5/6/16)

Developmental Screening

167. If an index child screens positive for developmental delays but is already enrolled in services to address the developmental delays, do we have to provide another referral?

A: If an index child screens positive for developmental delays, that child must be included in this measure, regardless if s/he is already enrolled in services. One of three conditions must be met by the program to be counted in the numerator. If an index child is already enrolled in developmental delay services and is later rescreened at one of the AAP recommended ages, s/he may still receive a referral for one of the other services specified in the three conditions. For example, if an index child is already receiving early intervention services (condition b), then the program may provide individualized developmental support from the home visitor (condition a).

If an index child is already enrolled in developmental delay services and is **not** rescreened at one of the AAP recommended ages, that child *may* be excluded from the denominator if s/he was not rescreened or provided a referral while enrolled in the program. (5/6/16) (updated 10/19/17)

128. Do we need to screen index children who have previously screened positive or been identified as having developmental delays?

A: Awardees should screen index children for developmental delays at each AAP-recommended age interval. However, if a child screened positive for developmental delays during a screening conducted during a previous reporting period or through a screening conducted prior to enrolling in home visiting, that child may be excluded from additional screenings. Children that are excluded from the denominator due to already being identified as having a developmental delay through a previous screening are not counted as missing. Children that are not screened but have not been previously identified as having a developmental delay are included in the denominator but not the numerator. *(NOTE: This does not impact the previous decision that children screening positive for developmental delays who are already receiving services must be referred to appropriate services as outlined in the numerator of the developmental screening referral measure).* (10/19/17)

170. Some awardees are screening at more than just the AAP-recommended time points. Should all positive screenings be included in this measure, or just those from the AAP-recommended intervals?

A: Yes; all positive screenings can be included for this measure, even if they were not within the AAP-recommended intervals as noted in Measure 12. (9/27/16)