

**From:** Holmes, Breena [breena.holmes@vermont.gov]  
**Sent:** Friday, March 25, 2016 4:32 PM  
**To:** Gingras, Jessica  
**Subject:** 2015 Proposal form, MCH Developmental Screening.doc  
**Attachments:** 2015 Proposal form, MCH Developmental Screening.doc

Here is the justification for needing the developmental screening registry. Thank you for your help!  
Have a great weekend,  
Breena

**VDH Proposals for Legislative Initiatives for 2015**  
**Internal Document**  
September, 2015

**Division Director Name:** Breena Holmes

**Date:** September 9, 2015

**Issue or Topic:** Developmental Screening Repository

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**Proposal for Legislative Initiative**

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**1. Describe your legislative proposal and the issue or problem it addresses.**

Need to authorize VDH to collect the results of developmental screen conducted on Vermont children in a central repository (Patient Profile). Repository will be available to health care providers, early care and education providers, and home visitors to view results on individual children, as well as practice-level reports (with proper permission). VDH will have the ability to provide practice-level reports, as well as report on state level data.

For more information on the project, including the Vision and Requirements, go to:  
<http://isa2004/Intranet/ITSI/ITSIntranet/default.aspx?Page=Projects/PatientProfile>

**2. Why is this proposal needed?**

Helps support the MCH goal of ensuring universal developmental screening for all Vermont children, as well as to ensure coordination of screening and services between health and early education/social service providers. The ability to provide surveillance of this nature contributes to QI efforts already underway to ensure early detection and early intervention.

**3. Is there an internal administrative process that could accomplish this change, e.g. rulemaking, budgeting, guidance, etc?**

No.

**4. What are likely to be the fiscal and programmatic implications of this for the Health Department?**

The developmental screening repository is already developed, so there will be no additional fiscal implications. Programmatically, the developmental screening repository will have significant positive implications in our ability to meet our goals and improve outcomes for children and families.

**5. What might be the fiscal and programmatic implications of this proposal for other state entities and what is likely to be their perspective on it?**

Staff employed and contracted by other state agencies (primary DCF/Child Development Division) will be encouraged (not mandated) to enter data into the repository. Although there may be some additional data entry asked of them, the positive impact this will have on their ability to serve their patients will likely outweigh any data entry burden.

**6. List the likely stakeholders, whether they will likely support or oppose the proposal, and why.**

The following types of professionals will be encouraged to use the repository (with permissions):

- Health care providers
- Early care and education providers
- Home visitors (Children's Integrated Services, Head Start, Nurse Family Partnership, Parents As Teachers)

The following organizations will use aggregated (not PHI) data to monitor the status of universal developmental screening in Vermont and provide ongoing QI:

- VDH/MCH
- UVM/Vermont Child Health Improvement Program
- DCF/Child Development Division