



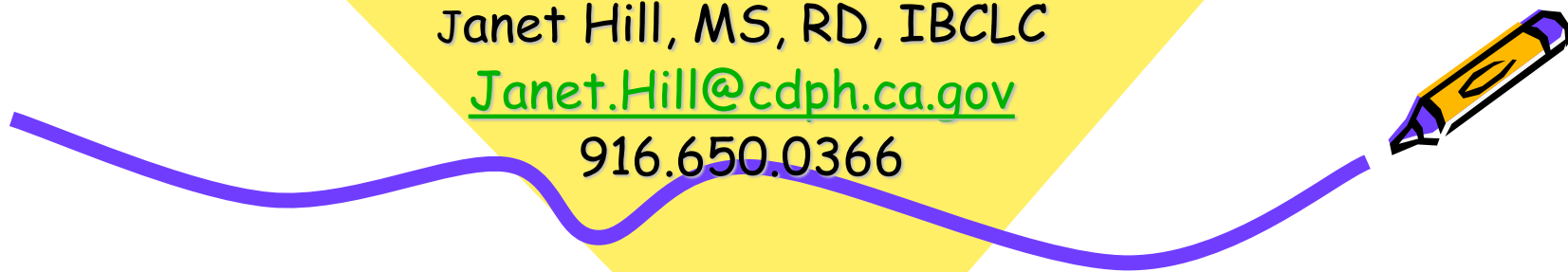
ABCD Screening Academy Initiative

California's Project 2007-2008

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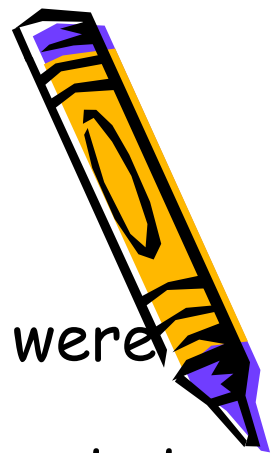
PREPARING OUR CHILDREN TO LEARN

Earlier the Better!



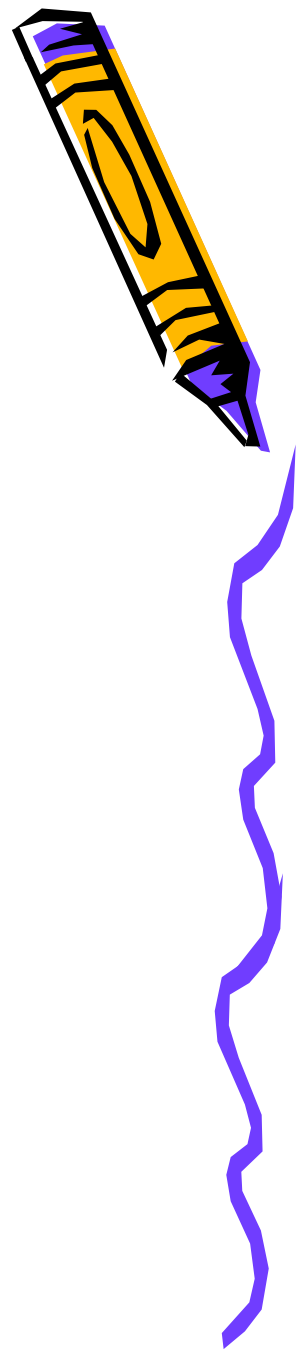
ABCD Screening Academy

- 18 states along with Puerto Rico and the DC were selected
- 15 month project, started in May 2007 and ended August 2008
- Technical assistance grant, no funding, but access to experts
- Core Team: MCAH (lead), Medi-Cal, AAP, First 5 CA and CHDP
- Stakeholders: State Departments, First 5 County Commissions, Family Resource Centers Network, Associations of Regional Center Agencies (ARCA), Infant Development Association, UCLA, Early Identification and Intervention Collaborative of Los Angeles, etc.



AAP Policy Statements

- AAP recommends using validated developmental screening tools:
 - At least three times before a child's third birthday: at the 9 month, 18 month, and 24 - 30 month well-child pediatric visits
 - When needed
 - Preschoolers (3-5): need regular developmental screenings
 - Provides an algorithm of how to screen and provides a list of recommended tools



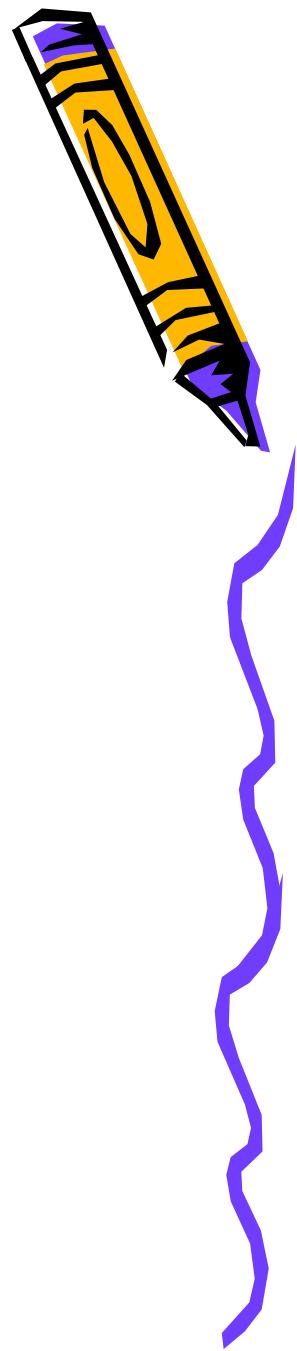
ABCD Screening Academy

2 Pilots -Los Angeles and Orange Counties-
to identify where policies are needed and to spread
the practice. Physicians listen to other physicians...

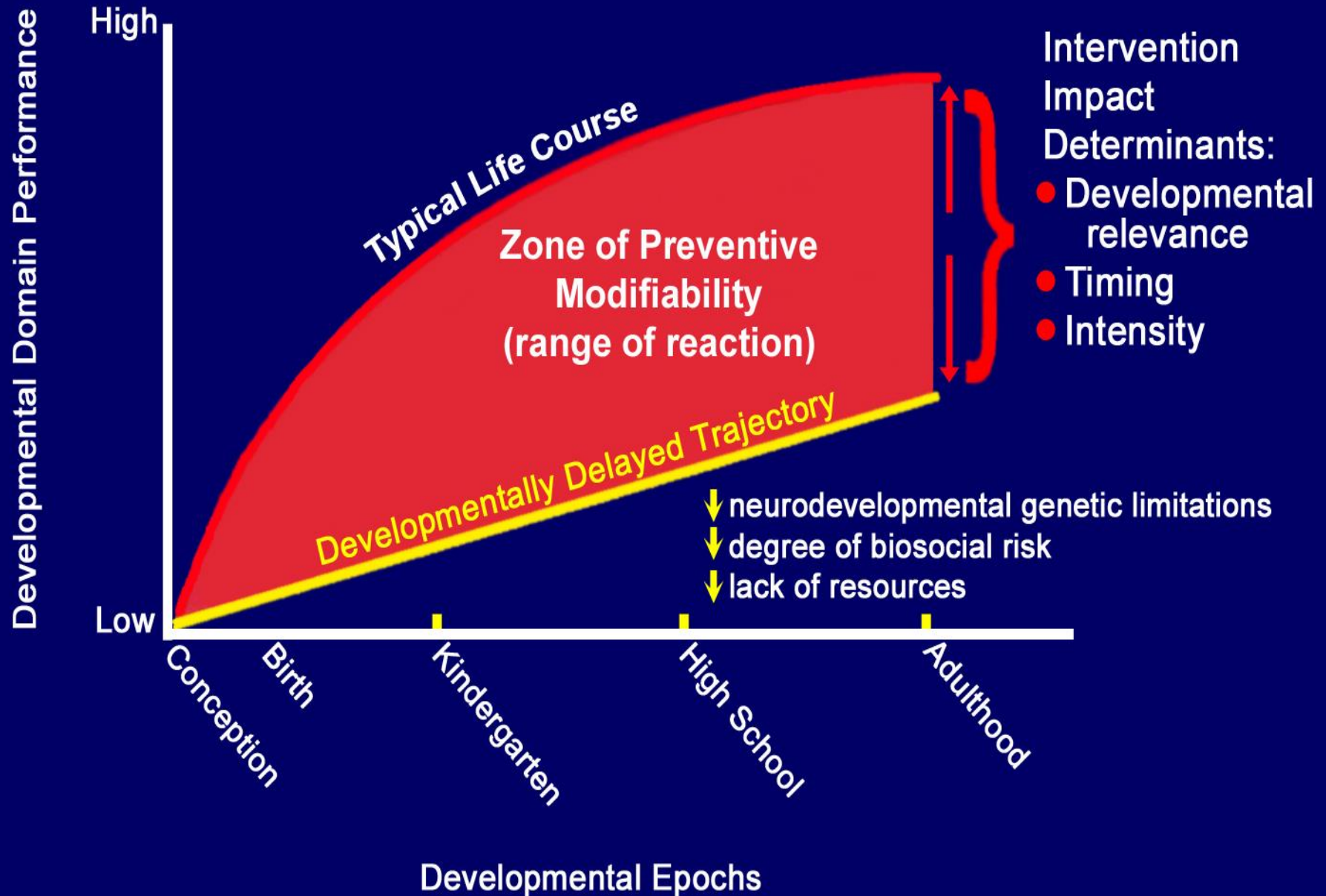
- Los Angeles- Early Developmental Screening and Intervention Initiative (EDSI) which has over 15 provider sites (F5LA-UCLA)
- Orange County- Piloting various models of implementing developmental and S/E tools:
 - CalOptima: Healthy Families managed care plan
 - CHDP- county clinics
 - AAP - provider offices
 - Help Me Grow- works with parents to test and score, then sends results to MD



Why did we need ABCD Screening Academy Initiative (early identification and intervention) ?



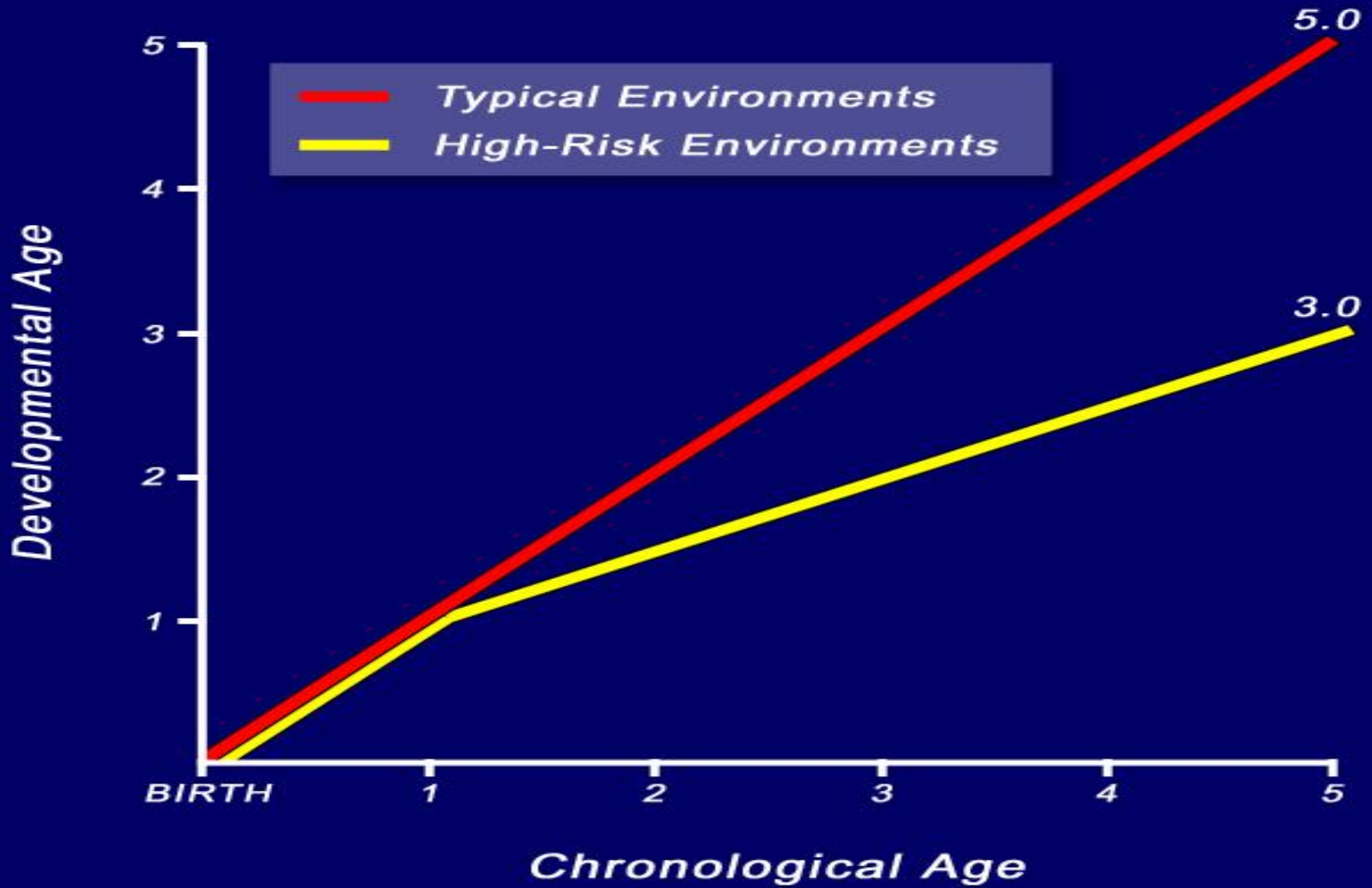
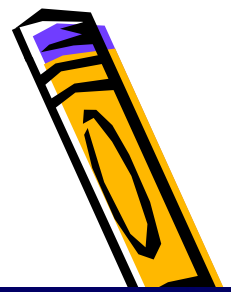
RANGE OF REACTION FOR EXPERIENCE-DRIVEN NEURODEVELOPMENT



adapted from Ramey & Ramey, *American Psychologist*, 1998

The Impact of Early Environments on Children's Developmental Competence

Georgetown University Center



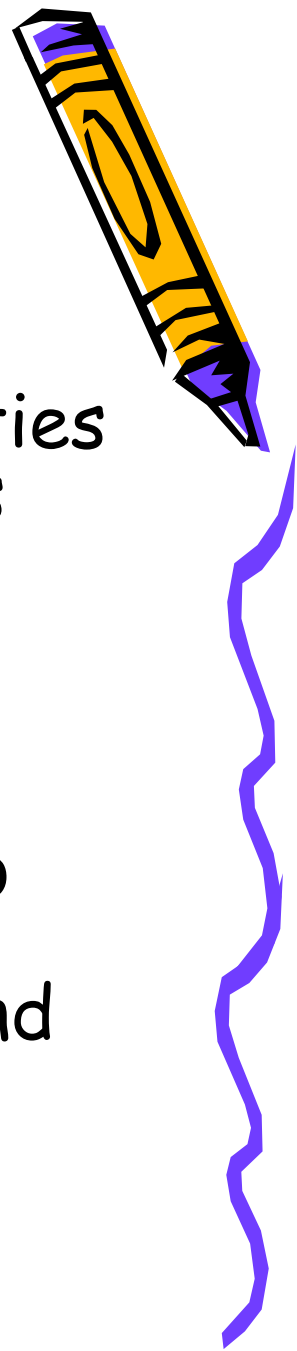
Current State of Affairs: Providers are Ill-prepared



- 17% children have developmental or behavioral disorders
- But 70% of children with developmental disabilities, & 80% of children with mental health problems are NOT identified until school entry
- Most parents want guidance from their health care provider about their child's development
- Surveys by AAP show that 2/3 of pediatricians feel inadequately trained in assessing children's developmental status
- Less than 20% of pediatricians use validated screening tools on a routine basis



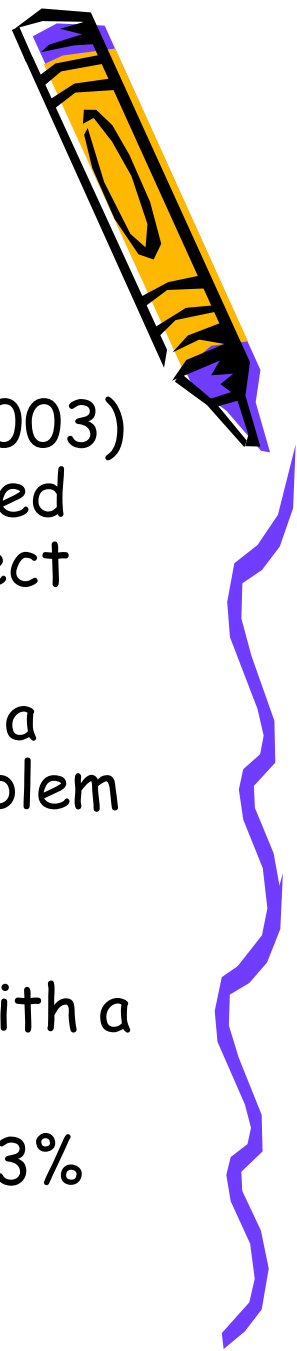
Current State of Affairs: IDEA Part B & C



- IDEA Part B- Individuals With Disabilities Education Act (IDEA) Part B addresses the educational needs of children with disabilities from birth to the age of 21
- IDEA Part C- requires a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for infants and toddlers with disabilities and their families (Early Start)



Current State of Affairs: CAPTA

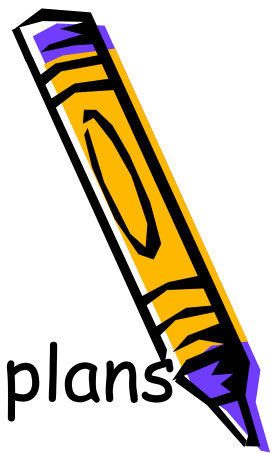


- Child Abuse Prevention and Treatment Act (2003) requires that a child under the age of 3 involved in a substantiated case of child abuse or neglect be referred to early intervention services
- A foster care child is 4x's more likely to have a disability, serious behavioral or emotional problem than a child living with one or both parents.
- 21% of children in foster care have learning problems, compared to 4% of children living with a parent
- 22,000 children under 3 in Early Start, with 13% from Child Welfare= UNDER identification



Barriers to early identification and referrals/treatment

- No reimbursement in most managed care plans
- Too many mandates / no time to do screenings
- Access- how? Confusion-IDEA Part B, Part C, Low Incidence, Lanterman Act
- Capacity issues- Community may not have capacity for treating these children
- Transfer and flow of information is difficult, given HIPPA, FERPA, and other institutional privacy rules.....



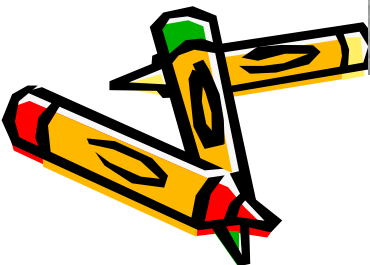
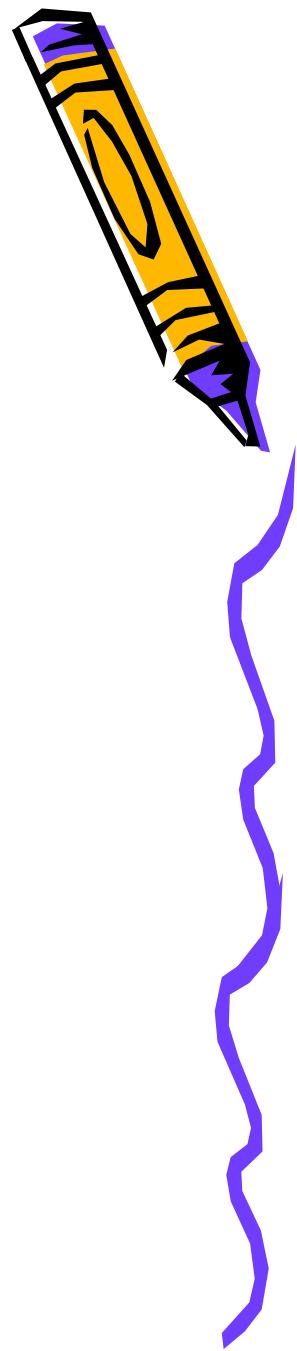
Some problems and barriers to early identification and referrals/treatment con't



- 80% of providers feel that their experience is good enough to catch delays and disabilities (actually 70-80% is missed)
- Providers don't want to tell parents bad news, so they tell them, "let's wait and see...."
- Community works in silos- health providers, Regional Centers, early child care and education, schools, etc.



Lessons Learned



Health Providers Can Help

Routine, standardized screening in pediatric settings

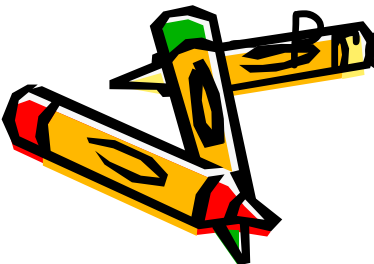
- Is brief
- Improves existing detection rates by 3-4 times
- Detects problems earlier when interventions are more effective



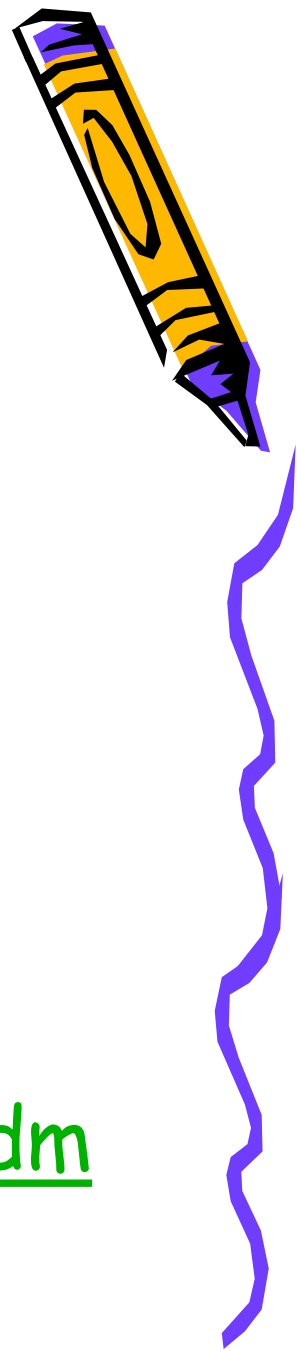
Pediatric Providers can Help



- Routine, standardized screening in pediatric settings
 - Tracks children's developmental progress across a range of critical domains- from movement and mental health to language and learning
 - Provides guidelines and talking points for anticipatory guidance
 - Promotes healthy development



Three General Developmental Tools Stood Out from the Rest



- ASQ (Ages and Stages Questionnaire)

<http://www.agesandstages.com>

- PEDS (Parent's Evaluation of Developmental Status)

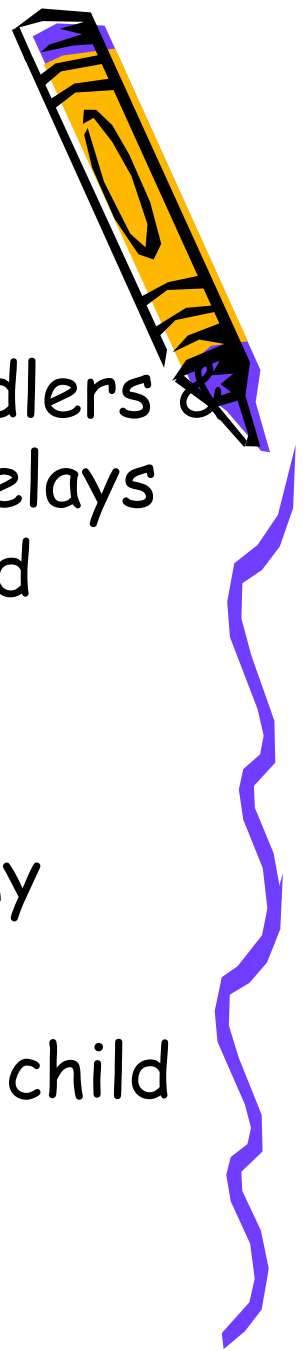
<http://pedstest.com>

- PEDS-DM (PEDS: Developmental Milestones) <http://pedstest.com/dm>



Why? They cover all developmental domains &:

- Are accurate—at least 70% of infants, toddlers & preschoolers with & without disabilities, delays or developmental problems—backed by solid research
- Are short, low cost, easy to use and score
- Rely on parents, so appropriate across many cultures
- Can be completed in many settings—health, child care, home visit, pre-school, online...

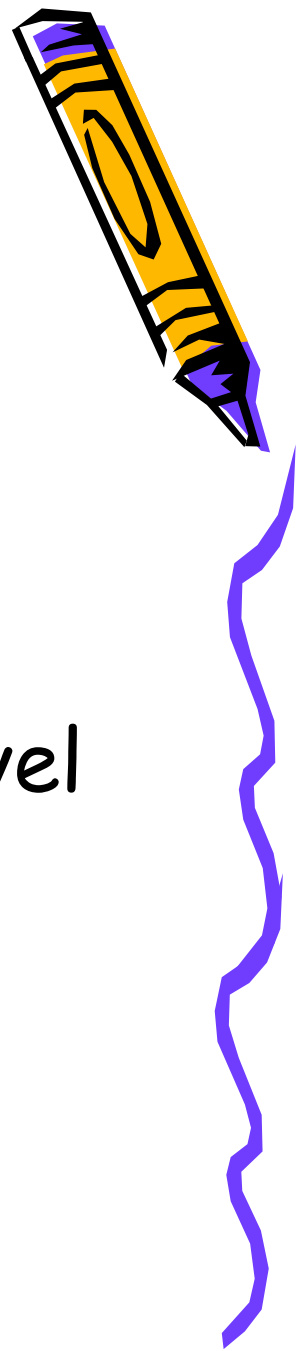


Why?

- Great way to communicate with parents, make most of well-child visits, and complies with state and federal requirements (high quality)- IDEA, Head Start, CAPTA...
- Billable under CPT Code #96110 for fee-for-service medical settings (over \$50 for each screening)
- Compatible with electronic medical records (EMR)
- Either already available online or will be shortly



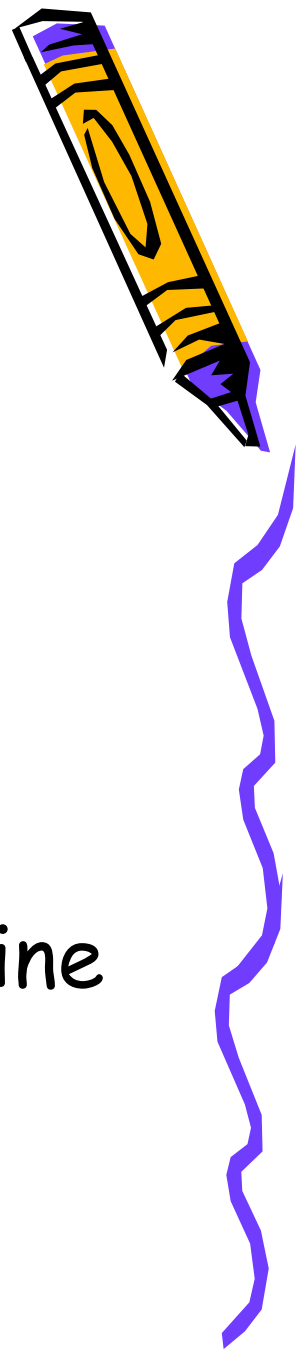
Differences-



- Ages they cover
- Amount of time to administer and score
- Available languages and reading level
- The questions they ask and their "feel"
- Costs



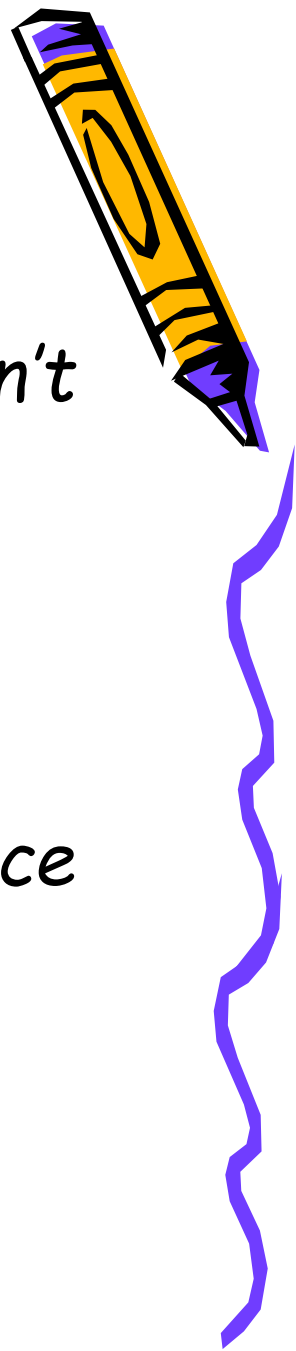
Social-emotional/behavioral Autism tools



- ASQ-SE for social-emotional
- M-CHAT- for autism
- AAP early mental health policy statement and toolkit coming
- ASQ 3rd edition will be out Spring 2009. 2 and 9 mos added, plus online capabilities and other upgrades



Providers convinced that using screening tools work....



- *"I actually identified kids that I wouldn't have identified without the tool."*
- *It helped focus the discussion with parents around the particular developmental needs of their child."*
- *I thought it would add time to the office visit, but it actually increased the efficiency of our office flow."*
- *I can't go back now even without reimbursement.."*



Model communities for early identification & intervention



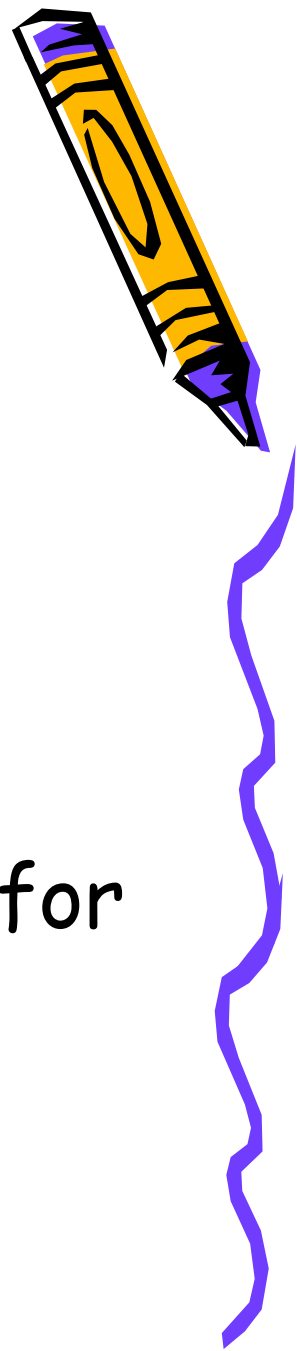
Communities where Regional Centers work together with other providers and with families:

- Alameda and San Bernardino- children of drug exposed moms screened (Screening, Assessment, Referral and Treatment-SART)
- LA- Child welfare/ foster care work groups

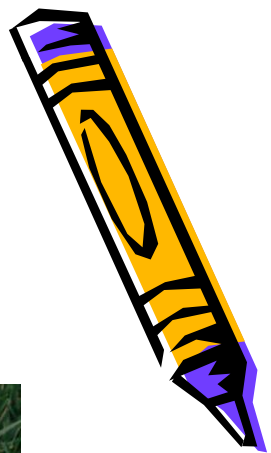


Model communities for early identification & intervention

- Orange County- highest rate of referrals to Early Start in CA
- San Francisco- Round table
- San Diego- Universal screening
- Santa Clara-county funds available for prevention & early intervention
- Sonoma- Special Needs Project



Accomplishments- It's about Helping Families



Families struggle to get help

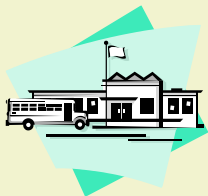
Take a look at how a family in Los Angeles County is impacted by multiple services



AGENCIES - PROGRAMS & SERVICES



Education



- Public Schools
- ESEA, Title I
- School Lunch & Breakfast
- Head Start
- IDEA
- After-School Programs
- Textbook Funding
- Tests & Achievement
- Teacher Issues
- GED

Health & Food



- Medi-Cal – EPSDT
- Healthy Families Parent Expansion
- Child Health & Disability Program
- Expanded Access Primary Care
- Trauma Case Funding
- Co-payments for ER Services
- Child Lead Poisoning Prevention Program
- HIV/AIDS Prevention & Education
- Breast Cancer Screening
- Food Stamps
- WIC

Social Services



- TANF
- GAIN, CAL Learn, Cal WORKS, etc.

Child & Family Services



- Child Care – CCDBG, SSBG, Cal WORKS Child Care, etc.
- After-School Programs – 21st Century Learning Centers, etc.
- Promoting Safe & Stable Families
- Child abuse & Neglect Programs
- Foster Care – Transition, Independent Living, Housing, etc.
- Adoption Assistance, Adoption Opportunities

Mental Health & Probation



- School-Based MH Services for Medi-Cal Kids
- Probation Officers in Schools
- Cardenas-Schiff Legislation
- Health Care Through Probation
- Mental Health Evaluations
- Juvenile Halls

Which Agencies Could Help This Family?



Mom



Dad



9 year old



5 year old



Baby 1 1/2



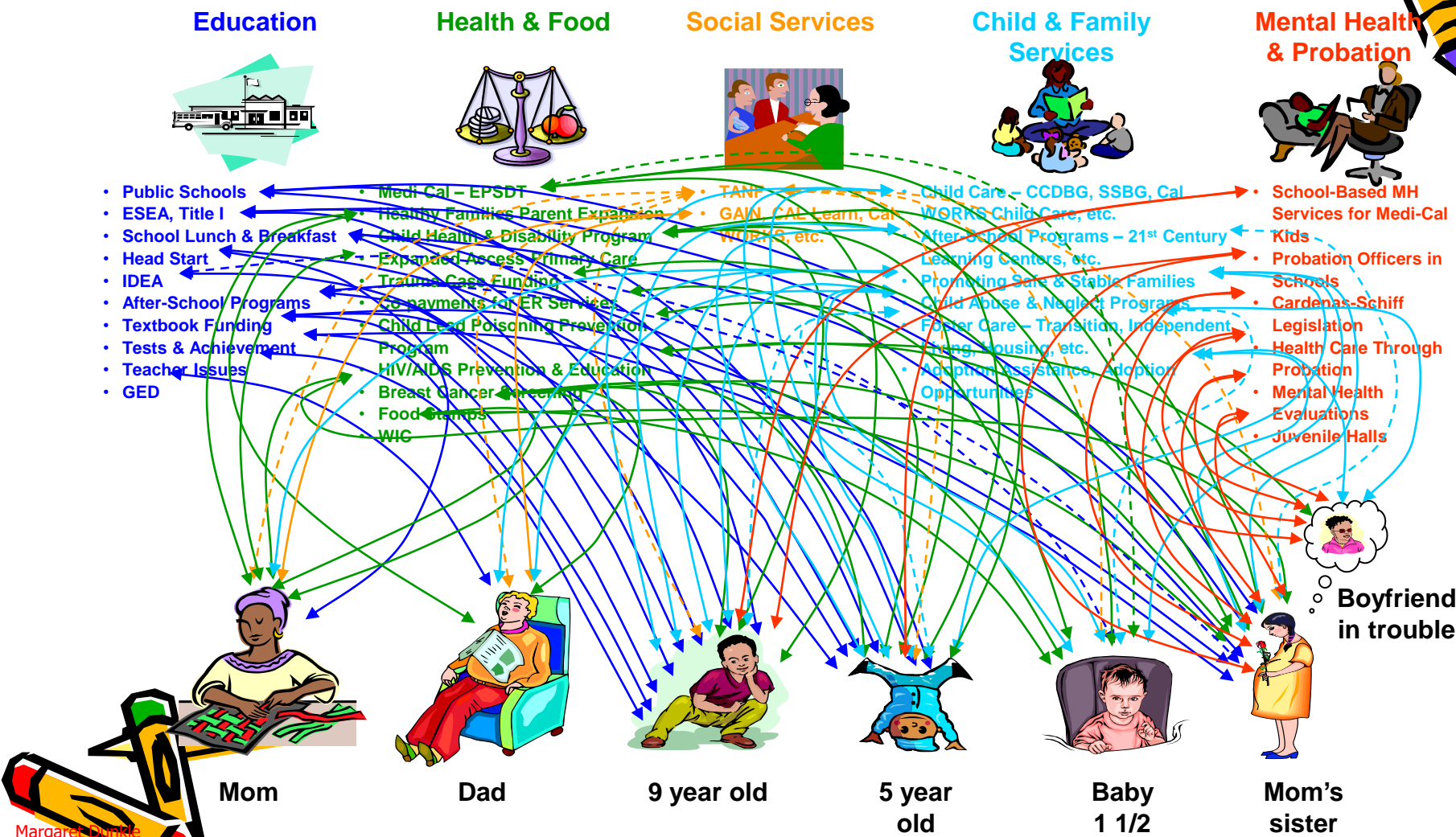
Mom's sister



Boyfriend in trouble

Understanding Systems That Affect Families

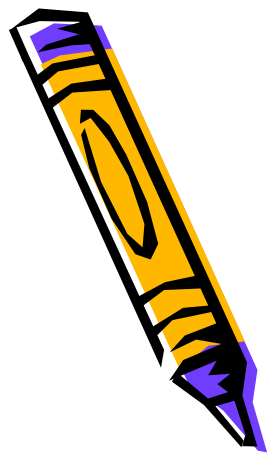
A Look at How 40+ Programs Might Touch One Los Angeles Family



Accomplishments- Logic Model

- Developed long term logic model for achieving optimal development for young children

[http://ww2.cdph.ca.gov/programs/eccs/
Pages/default.aspx](http://ww2.cdph.ca.gov/programs/eccs/Pages/default.aspx)



ABCD SA Logic Model



1. Incentives and Motivation

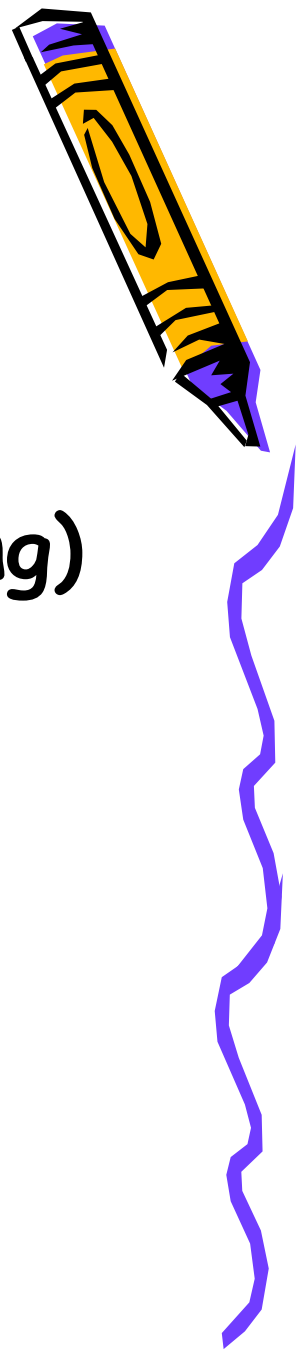
- Recognized and agreed upon tools
- Link payment with quality
- Expectations for care

2. Shared Vision and Engagement

- Public and professional messages for key audiences



ABCD SA Logic Model



3. Community Supports for Recognition & Response (Screening)

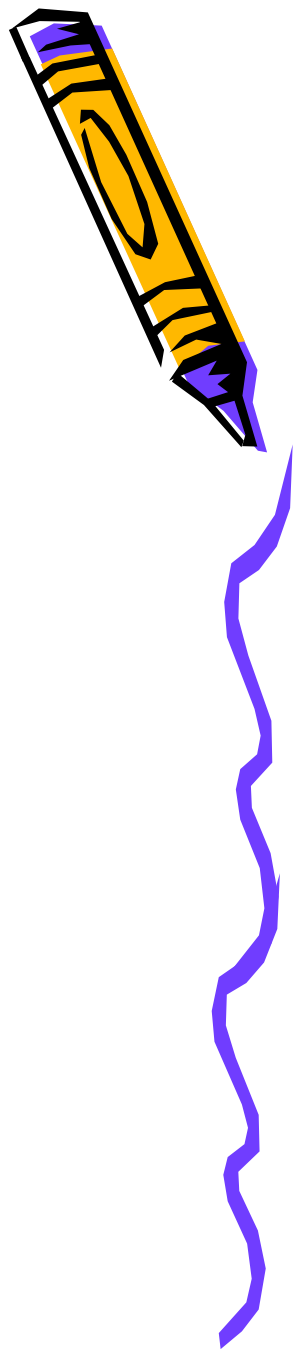
- Community approach to promotion and monitoring
- Maximize limited resources, knowledge, and/or capacity



ABCD SA Logic Model

4. Promoting Leadership and Coordination

- Improve synergies among state programs to make it easier for providers to understand and link parents with available resources
- State agencies jointly identify/address service gaps



ABCD SA Logic Model

4. Promoting Leadership and Coordination con't

- State agencies (CDE, DHS, DPH, DMH, DDS, etc.) articulate linkages between systems
- Explore how state agencies could encourage local agencies to do more effective outreach to providers (e.g., shared outreach visits to clinician offices, shared materials about early childhood resources)
- Identify ways that current state agencies screening group can address recognition & response

• Identify service gaps

• Address gaps, including via policy changes



ABCD SA Logic Model

5. Capability and Capacity for Care

- Workforce development

6. Promote Continuous Learning Culture

- Promote continuous self-reflection and learning

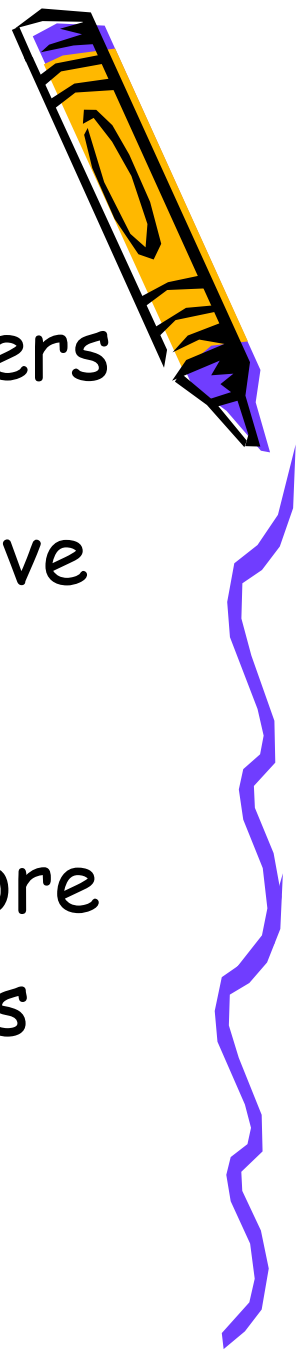
7. Performance Measurement (Gauging Success)

- Consensus on measures and reporting

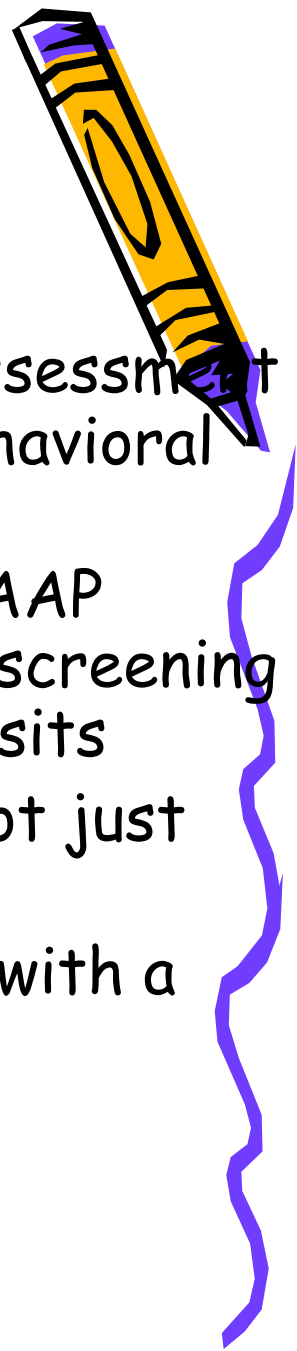


CHDP Recommendations

- Send out letter encouraging providers to use screenings tool, provide information on how to bill and receive reimbursement (FFS)
- Modify PM 160 to include what screening tool was used and the score
- Make Health Assessment Guidelines available electronically with links



CHDP Recommendations: Health Assessment Guidelines (HAG)



Provided recommendations to CHDP on the Health Assessment Guidelines: Developmental and social-emotional/behavioral chapter

- Guidelines be consistent with AAP Guidelines, use AAP algorithms for developmental and social-emotional screening and adhere to recommended AAP periodicity for visits
- Screen with a tool for all children at these ages, not just for children with a recognized risk
- Clarify that CHDP providers should refer children with a concern in any developmental domain for assessment/evaluation/follow up



CHDP HAG

Recommendations

- Provide brief description of eligibility criteria and services for children under 36 months through the Regional Center system
- Include brief mention of Preschool Education for children ages 3-5
- Provide list of resources and referrals to be included, e.g. Bright Futures, referrals to Early Start, local schools, community resources...



CHDP HAG: Screening Tools



- Encourage an autism specific screening tool should be used at 18 through 30 months
- Provide a pared down list of AAP approved tools by listing only screening tools with at least 70% accuracy (specificity and sensitivity)
Physicians want guidance on what works and is easiest to use
- Screening tools should cover all of the developmental domains + cover a wide age range



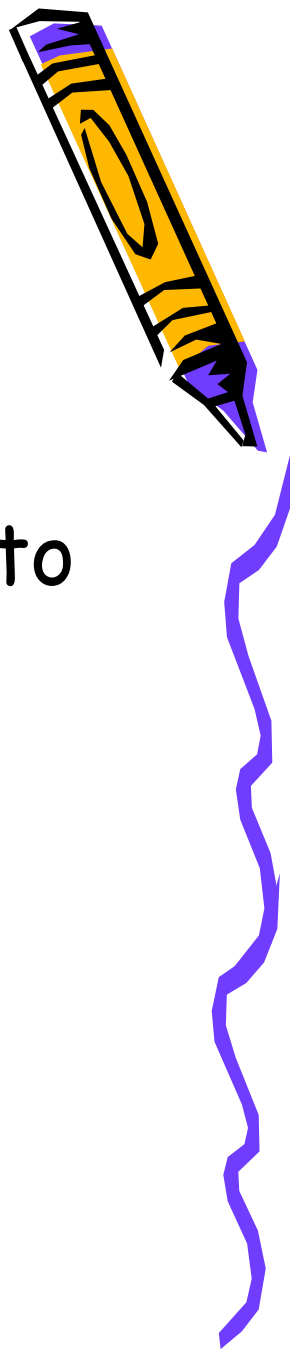
CHDP HAG: Screening Tools Table

- Result: user friendly Screening Tools Table that starts with the "Big Three"- ASQ, PEDS and PEDS-DM.
- Divided remaining tools into categories: social-emotional/ behavioral, autism, language and cognitive, motor, and "other specialized".
- Added ASQ-SE



Accomplishments: Statewide Screening Collaborative

- Created Statewide Screening Collaborative- more than 15 state departments and outside programs to implement the logic model= create "common language, tools, etc."
 - Enhance state capacity to promote and deliver effective and well-coordinated health, developmental and early mental health screenings throughout CA



Statewide Screening Collaborative



Objectives:

1. Improve synergies among state programs involved in recognition and response (screening) activities
2. Adopt common language, standard tools and screening protocol (for families and children that affect health childhood development)



Statewide Screening Website

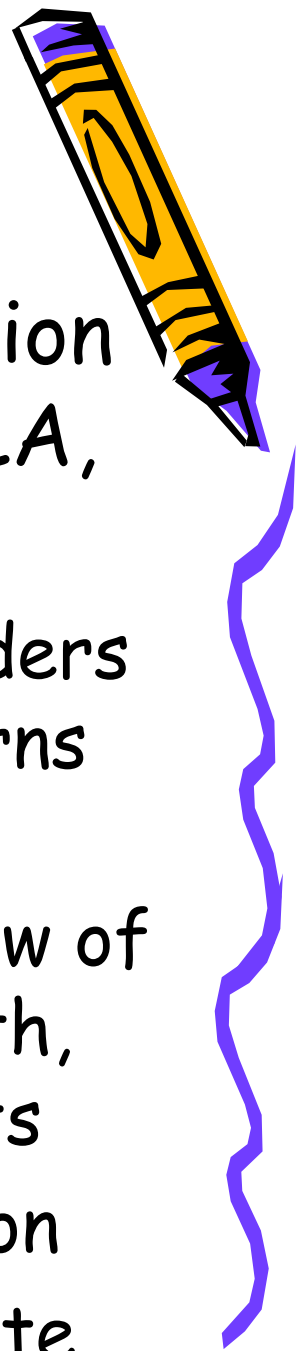
Developing website for the Statewide Screening Collaborative partners to use



- Click on counties to find resources (@First 5 Association)
- 0-36 months and 3-5 years of age portals
- Links for providers across many sectors, e.g. health, early childhood education, child care, schools, social services (foster care), etc.
- To begin 2009



Early Intervention Communication Toolkit



- Developing Community Communication Toolkit with AAP, IDA, ARCA, UCLA, First 5 CA & Association, etc.
 - Foster communication amongst providers when there are developmental concerns about a child
 - Forms and resources to facilitate flow of information across sectors, e.g. health, ECE, schools, foster care, and parents
 - 0-36 months and 3-5 years orientation
 - To be housed on the Screening website



Accomplishments: Helping families...

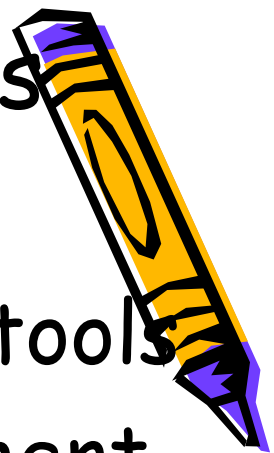


- Negotiating state discount for ASQ, ASQ-SE, PEDS and PEDS-DM. Other tools may follow
- Identified model communities that have Regional Centers working together with other providers and with families

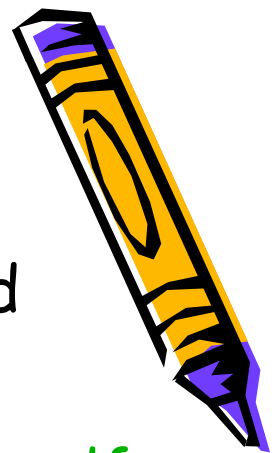


How Programs and Communities can help families...

- Know and use high quality screening tools
- Use results to move child to assessment and diagnosis, if indicated
- Share results with others
- Accept results of others (including parents) if high quality screening tools, e.g. ASQ, PEDS, etc. were used
- Don't make parents go through duplicate efforts to screen the child



Resources



- A compendium of developmental screening and assessment tools with an emphasis on social emotional development, 0-5 years of age
<http://www.nectac.org/~pdfs/pubs/screening.pdf>
- How to implement effective validated screening in primary care
<http://www.developmentalscreening.org>
<http://www.dbpeds.org>
- Resources for office, provider and parents to implement screening
http://www.nashp.org/_docdisp_page.cfm?LID=2A7898BB-5310-11D6-BCF000A0CC558925
<http://www.medicalhomeinfo.org/Screening/DPIP%20Follow%20Up.html>



Resources

- American Academy of Pediatrics policies
- <http://aappolicy.aappublications.org>
- CDC Resources and other links on Developmental Screening
<http://www.cdc.gov/ncbddd/child/devtool.htm>
- Does Early intervention work?
<http://che.georgetown.edu>



Thank you!

