



ABCD Screening Academy Technical Assistance Call

# Engaging and Working with Stakeholders

June 18, 2007



ICAAP

Scott G. Allen

Executive Director

Illinois Chapter of the American Academy of  
Pediatrics

# About ICAAP

- IL Chapter, American Acad of Pediatrics
  - 2,300 physician members
  - Participant in ABCD II (2004-2006)
  - Lead in Enhancing Developmentally Oriented Primary Care (EDOPC) (2005-2008)
    - Four CME modules (Dev, S/E, Autism, PPD)
    - 50-90 presentations annually for 30-80 sites
  - Executive Director, Scott Allen
    - 9 years at national AAP, 6 at ICAAP



# Why Engage Stakeholders?

- Provides manpower
  - Assistance with program development, promotion
- Develops stronger program
  - Credibility
  - Diversity of experience, viewpoints
- Leverages resources
  - Funding
  - Infrastructure
- Prevents roadblocks
  - Needs/expectations on table



# Illinois Healthy Beginnings

- Broad, multidisciplinary effort
  - X groups on Advisory Committee
  - Met annually
  - Small leadership group for day-to-day effort
- Established subcommittees
  - policy, evaluation, provider training, resources/referral, client education

# Illinois Healthy Beginnings Partners

- **Providers**
  - ICAAP\*, IL Academy of Family Physicians\*
  - FQHCs (IL Primary Health Care Assn)
  - Hospitals/clinics (Children's Memorial, Advocate Health Care\*)
- **Policy**
  - Ounce of Prevention Fund\*
  - Illinois Maternal and Child Health Coalition
  - Voices for Illinois Children
- **State/City Agencies**
  - Medicaid (IDHFS)\*
  - EI/Part C (IDHS)
  - Early Childhood Comprehensive Systems (IDHS)
  - Mental Health (IDHS)
  - Public Health (CDPH)
- **Related systems efforts**
  - Evanston Northwestern Postpartum Depression Project
  - UIC Perinatal Depression Consultation Service
  - Illinois Children's Mental Health Partnership
- **Funders**
  - Foundations (Michael Reese Health Trust)
  - Medicaid (IDHFS)
- **Other groups**
  - Illinois Association for Infant Mental Health\*
  - Erikson Institute
  - March of Dimes
  - Managed Care

\* Served on leadership group

# Enhancing Developmentally-Oriented Primary Care

- Lead by four groups representing providers and policy
  - Illinois Chapter, AAP and Illinois Academy of Family Physicians
  - Advocate Health Care
  - Ounce of Prevention Fund
- Strong support/involvement from
  - Medicaid (as policy partner, funder)
  - Foundation community (as advocates, funder)
- Various groups engaged over time
  - Medical/health provider training programs
  - Early Intervention
  - Title V
  - Community clinic networks/state association



# Lessons Learned

- Lead agency is key

- Medicaid

- Crucial to policy, incentives, provider involvement
    - Sometimes excessively bureaucratic, unwieldy

- Provider groups

- Expertise on how screening works in practice is key
    - Can advise on evaluation strategies, policy changes, etc.

- Consider roles/contributions in advance

- Is organizational commitment possible?

- Who is your contact? Consider roles within partner groups, turnover

- Develop strategies for involvement (see next slide)

# Collaborator Roles (ex)

	Provider Groups	Hospital Clinics	Public Health	Funders	Policy Groups	Medicaid	Other Insurers	Industry
Recruitment of Faculty	<input checked="" type="checkbox"/>	x						
Recruitment of Practices	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x
Credibility	<input checked="" type="checkbox"/>		x	x	x			
Funding			x	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	x	x
Incentives		x				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	x
Policy Achievements	x				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

# Lessons Learned (con't)

- If engaging a large group
  - Work to avoid disaffection
    - Plan regular communications
    - Offer concrete opportunities for input
    - Always include an “ask”
    - Give credit where due
  - Consider subcommittees to focus on strengths
- If focusing on key stakeholders
  - Avoid ignoring everyone else
    - Regularly review who's *not* at the table
    - Don't operate in a vacuum; make sure to promote your efforts

# Partnering with Medicaid

- Assisted in program development
  - Identified pilot/demonstration sites
  - Reviewed curricula/materials, clarified billing information
- Encouraged screening/referral
  - Changed payment
    - unbundling for dev screening; PPD screening using child's number
  - Clarified screening policies
    - Publicized list of allowable screening tools
    - Confirmed same-day policy of up to 2 dev screenings, 1 risk assessment
- Promoted quality
  - Review of content of care with MCOs, FQHCs
  - Accepted input on patient education materials
- Established infrastructure
  - Use of Medicaid match to support ABCD, EDOPC
  - Support and expansion of PPD toll free hotlines for parents, providers
  - Partnered in grant applications, awareness activity



# Engaging Key Stakeholders Utah's ABCD II Experience

Lori Smith, LCSW  
Children's Mental Health Promotion Specialist  
Utah Department of Health  
June 18, 2007

# Champions

- Utah Department of Health
  - Maternal and Child Health
  - Health Care Financing
  - Children with Special Health Care Needs
- Utah Department of Human Services
  - Division of Substance Abuse and Mental Health
- Advocacy Groups and Individuals
- Community Mental Health
- Primary Care
  - Intermountain Pediatric Society- AAP affiliate
  - Intermountain Healthcare
  - Health Insight
  - University of Utah Department of Pediatrics



# Factors for Success

- Communication is critical
  - Meet and share accomplishments, future goals and challenges
  - Cheerlead, Cheerlead, Cheerlead

# Challenges/Barriers

- These are the big issues you gotta know!
  - Give a heads up before the ball drops---
    - Turfism—
      - Don't step on my grass until I am ready and if you do I won't play with you!
    - What has been done—what needs to be updated—what needs to be done
    - Lack of clear understanding of the overall project purpose.



# Utah's Accomplishments

- Stakeholder group met three times— not too many nor too few.
  - Introduced the ABCD project, discussed plans and identified sub-committees
  - Updated on initial plan, accomplishments and plan for the future
  - Updated on activities, challenges and goals



# Sub-committee Groups

- **Screening tools**

- Infant social emotional delay
- Toddler social emotional delay
- Maternal depression

- **Measurement activities**

- Practice audits to chart progress on screening goals

- **Updating Medicaid provider manual**

- Included recommended tools and made case for screening

- **Assessing System Capacity**

- Identified target capacity areas
- Developed survey tool

- **Mental health training needs assessment**

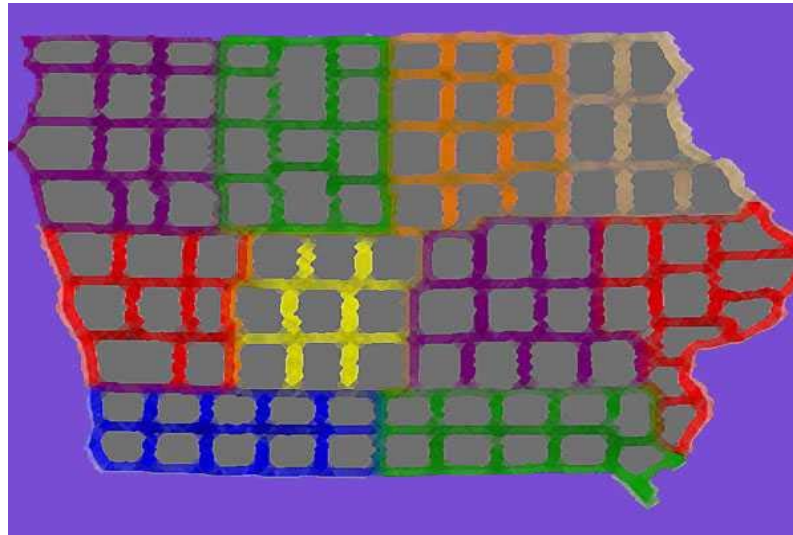


# Key to Success

- **Enthusiasm is Contagious!**

ABCDII - Iowa's *Care for Kids* Healthy  
Mental Development Initiative

# Engaging Stakeholders



Carrie Fitzgerald, Child and Family Policy Center

# Project Layout



- EPSDT Collaborative Board
- Clinical Panel
- Work Groups
- Project Coordinator
- Inter-agency team

# The EPSDT Collaborative Board Members



- Prevention Of Disabilities Policy Council  
Chair
- American Academy of Pediatrics, Iowa  
Chapter
- Center for Disabilities and Development
- State Medicaid Director
- Iowa Academy of Family Physicians
- Child Health Specialty Clinics
- State MCH Title V Director

# Board Role



## Board Responsibilities

- 1) Oversee the project.
- 2) Receive recommendations from the Panel about desired system standards for screening, assessment, referral and intervention for at risk children.
- 3) Identify and assess Medicaid barriers to the implementation of the desired system standards.
- 4) Review the project evaluation and recommend changes to Medicaid policies to implement an effective statewide system of care.

# Clinical Panel Membership

- Pediatrician
- Family Physician
- MCH Title V Agency, community level
- Nurse Practitioner Association
- Social Worker Association
- Early ACCESS, Part C
- State legislator
- Physician Assistant Association
- Iowa Psychological Association
- Iowa Medical Home Initiative Project
- Parent Representatives
- Community Empowerment – state and local reps



# Panel Role



## Panel Responsibilities

- 1) Recommend minimum systems and best practice standards for Level 1 Services.
- 2) Define Level II Services and minimum system standards.
- 3) Recommend screening and assessment tools and appropriate anticipatory guidance materials.
- 4) Identify potential service delivery models for use in the pilot sites.
- 5) Assist in identifying Medicaid barriers to implementation of an early mental health system of care.
- 6) Review demonstration site experiences and evaluations and recommend system changes

# Identified State Issues



1. Low rates of developmental/mental health screenings and anticipatory guidance
2. Difficulty in locating and connecting families with appropriate interventions
3. Identifying gaps and barriers in providing low-level intervention services for at-risk children and their families

# Work Groups



- Created in response to identified issues and to issues submitted by the Panel
- Members on and outside of the Panel and Board were asked to serve on work groups
- No one turned down a request to serve on the work groups
- Five work groups were created

# Work Groups (2)

1. Prevention and Early Identification Work Group
  - Developed the screening standards
2. Referral Work Group
  - Agreed to statewide plan for referrals
3. Medicaid Barriers Work Group
  - Reviewed barriers in billing, coding and referrals
4. Interventions Work Group
  - Established recommendations for interventions/services based on screening results
5. Evaluation Work Group
  - Designed, implemented, analyzed evaluation plan



# Work Groups Membership



Members included early childhood experts

Community service providers

Physician practice staff, including billing and coding staff

Physicians, nurses, and parents

# Stakeholder Importance



- Because our membership in the Panel and Work Groups were broad, many constituent groups were involved and included in the entire project process
- We sought out publicity: submitted articles to many state-wide newsletters, presented at association meetings and conferences, and encouraged collaboration at all levels
- Stakeholders always felt represented and engaged.
- Stakeholders carried our messages to constituent groups and policy makers