

Iowa's ABCD II Healthy Mental Development Project
"The ABCD II Project"

Introduction:

Iowa has a long and productive history regarding children's health and their well-being. Over a century ago, public and private agencies and organizations, working with health-care practitioners began to assist Iowa families to raise healthy and achieving children. However, while making significant scientific advancement in children's health in recent decades, the process has uncovered many yet unanswered questions regarding how to improve those interactions. One unresolved question relates to how the early development of quite young children, and their families, can be coordinated and improved.

Improvement was noted over a decade ago when, through a combination of national, state, and private efforts, Iowa engaged in a number of initiatives to provide services to young children and their families. They included an Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) program, *Care for Kids*; designated local empowerment areas that combine state and local funding to improve the well being of families with young children; creation of a Governor's Children's Cabinet; and, a Health Resources Service Administration (HSRA) Early Childhood Comprehensive Systems Planning Grant. Furthermore, Iowa's Part C Early Intervention (EI) program (Early ACCESS) is focusing on improving the identification of eligible children with developmental needs from birth to three years and standardizing services and access across Iowa. Also during this same time, Iowa nurses, physicians, social workers, and early childhood educators received more intense training in infant and toddler mental health, behavior, and development issues. In addition, Iowa initiated two community-based pilot projects intended to coordinate the services received by families who have children with mental health diagnoses. All such efforts set the stage for a major advancement in Iowa's statewide concern and creation of needed services dedicated to the mental health of young children and their families.

As a continuation of such statewide efforts, the ABCD II project was initiated in April 2004 through a grant from the National Academy for State Health Policy and the Commonwealth Fund. **This project intends to establish standards within the Medicaid system for preventative healthy mental developmental services for all Iowa Medicaid eligible children; developmental services for children at risk for developmental, emotional, or behavioral problems; and, to eventually initiate a process to implement such services throughout the state of Iowa.** The first project year (2004) was spent in planning. The second, starting July 2005, will implement the process in two demonstration sites, Dubuque (urban) and Pella (rural). The third (2006) will be devoted to reviewing the project evaluation, crafting Medicaid policies based on lessons learned from the project, and promoting statewide implementation.

Six Iowa entities oversee the project: the Iowa Department of Human Services; the Iowa Prevention of Disabilities Policy Council; the Iowa Department of Public Health; the Iowa Child Health Specialty Clinics; the University of Iowa's Center for Disabilities and Development; and the American Academy of Pediatrics, Iowa Chapter. Many Iowa child health-care professionals, acting individually or as representatives of their professional associations, as well as family members, university faculty, and representatives of other child-oriented associations, served as members of project committees that recommended project standards and procedures.

Anticipated Questions and Answers Regarding the ABCD II Project

1. Why is a new child health project needed at Dubuque Medical Associates?

Medical Associates has a long and respected history for providing excellent child-care in Dubuque and surrounding communities. However, as stated in the introduction, considerable evidence now exists that contemporary child-care must now increase its concern for the social, emotional, and behavioral development of infants and young children as it continues to meet the children's general health needs.

2. Is there evidence that such a new approach is needed?

A number of national studies (see suggested reading list) have documented that many infants and young children are not seeing their physicians and other health care providers as often or as regularly as they previously did. In-depth reviews of parents indicates that one of the major reasons for this relates to current health care practices as placing less emphasis on developmental areas, such as behavioral and emotional concerns of the child, the exact areas that parents feel they are in need of most assistance. Estimates suggest that approximately 12%-16% of children experience developmental problems, yet only one-third are identified by pediatric practices before school entry.

3. Will the ABCD II project increase a family's cost to receive Medical Associates Services?

No. This project is funded by both a federal agency (NASHP) and a privately funded foundation (Commonwealth Fund). They are assisting Iowa to establish standards and procedures to guide Iowa's private and public Child Health Practice personnel to improve the emotional and behavioral health of young children through participation in the EPSDT portion of the Medicaid program. There is no increased cost to families.

4. Can all children and families in Dubuque Pediatric Associates participate in ABCD II?

Though the project can only evaluate the results of the project with Medicaid eligible families, due to access to records, all children birth through forty-seven months will be served under the project protocols.

5. Why is the ABCD II project a part of Medicaid's EPSDT program?

Both have the primary purpose of;

- Identifying child and/or family barriers standing in the way of the development of optimal emotional and behavioral health in infants and toddlers,
- Creating a plan of treatment to reduce or eliminate those barriers, and,
- Implementing that plan of medical, dental and behavioral services through coordination of that plan with community medical, social, and child care programs and associated facilities.
- **EPSDT supports and funds the Care Coordinator at Dubuque VNA who will serve as the main referral resource for this project. The EPSDT program has a vested interest in developing and enhancing a system that promotes healthy development for young children.**

6. What is a barrier to a child's development?

Barriers are found in the:

- Child, such as in recurrent URIs leading to a hearing problem,
- Family, such as depression in the mother, or mental illness in other family members, or in,
- Community services, such as an early childhood program that has not yet recognized its need to coordinate its program with other community services.

7. How are such "barriers" identified?

The first need is to recognize that each factor (child, family, community) may contribute equally, or in part, to inhibit a child's development. Traditional medical services looked primarily to the child as the source of the majority of developmental difficulties – however, contemporary child health care now recognizes that the family, and community (e.g., preschool, educational, public health) programs also can create barriers to a child's optimal developmental progress. Each is identified through periodic, comprehensive, and objective reviews of the needs and strengths of the child, the family, or the services provided by the community program.

8. What is the difference between a family with a "barrier" and a family "at risk" to have a barrier?

Families may be identified as having a specific barrier to a child's emotional or behavioral development. For example, a nurse or a physician observes the parent's inappropriate interaction with the child during an office visit at Medical Associates. In other instances, during an interview, if a parent reported that they sometimes feel depressed and overwhelmed with parenting – this would be identified as a risk factor that must be carefully monitored over time. If the parent reported such feelings occur very frequently, the response would indicate the need for intervention soon, possibly by quickly referring the parent(s) to a mental health program.

9. What work will be done to eliminate/improve the barriers at a community level?

During the course of this demonstration project, the ABCDII consultants will stay in close contact with the local EPSDT Care Coordinator, the Early ACCESS staff in Dubuque, and staff from Medical Associates (Mary Nauman). These individuals will convey information about community resources and services for families. Specific barriers and gaps will be identified and assessed. Families will receive follow-up contact to determine if they received the services to which they were referred. At the state level, this information will provide data for planning and funding, program design, and recommendations to changes in Medicaid policy.

10. Will this project add time to our well-child exams?

It might. While we know that staff at Medical Associates does a thorough job of serving children and families, this project does require a more comprehensive look at some issues, particularly developmental, social emotional, and behavioral. We hope these steps won't add excessive time to your appointments, and that is specific feedback we hope to gather from you.

11. What other aspects of the ABCD II project are unique from most well child examinations?

We all know the all too frequent saying “let’s wait until the next exam” when we find a child who is not accomplishing a developmental task at the expected age. There is now ample evidence this approach does not optimally serve either the child or family. Developmental norms have been established by scientific scrutiny of thousands of children – of different socio-economic, racial and cultural backgrounds- and very reliable age standards have been formulated to guide all clinicians as to when specific tasks are usually accomplished. In the ABCD II project, certain developmental skill levels have been underlined. ***THEY INDICATE THAT THIS IS THE AGE THAT A CHILD SHOULD BE REFERRED FOR FURTHER EVALUATION – NO FURTHER DELAY IS ACCEPTABLE.*** Also, the Iowa Child Health Maintenance Forms include questions on maternal depression and several questions about family stress. Concerns about maternal depression might indicate a need to apply the Edinburgh Postnatal Depression Scale.

12. How then, do you take into account the special considerations needed to judge the developmental expectations of an infant or toddler who was born either too early or too small?

The Iowa Child Health Maintenance Form indicates at the start not only the child’s age but their gestational age, which up to two years of age, should be considered in deciding whether a child should be exempt from not accomplishing an “underlined” development skill. If prior to age two, the difference between the child’s gestational age in weeks and 40 weeks is less than 10% of their chronological age in weeks, then he or she should be considered as having passed the developmental task under consideration. Usual pediatric criteria should be applied if there is concern the child experienced intrauterine growth retardation.

13. Where are “further evaluations” accomplished, when a child requires additional evaluation(s) because they did not accomplish an expected developmental skill?

Many such evaluations can be accomplished by Associates nurses or physicians; some by referral to other pediatric physicians, psychologists, or other specialists in the Dubuque area, and others by Early ACCESS or specialized community personnel. On occasion, Iowa Child Health Specialty clinics, or services available from the University of Iowa Hospitals and Clinics might be utilized.

14. Is there a specific process to guide such evaluations?

The process should be guided by traditional medical protocols. Screening, followed by diagnostic efforts to determine the exact cause and identification of the problem, followed by outline of a plan of treatment. Sound familiar? It’s the familiar EPSDT – Early, Periodic, Screening, Diagnosis and Treatment approach.

15. That process sounds as if it could be complicated, and expensive. Who pays for the additional evaluations?

If the child is enrolled in Medicaid, all further tests are paid for by traditional Medicaid payment rates and schedules. If not, traditional child health insurance, the SCHIP program, or other programs such as Title V services may cover reimbursement. There is a definite need to assist families to sort out their financial responsibilities, **PRIOR** to participating in the evaluatory procedures. Staff from Medical Associates and/or the EPSDT Care Coordinator will be able to assist families in becoming familiar with possible payment sources.

16. How will we know if this new system works?

Staff from ABCDII designed a project evaluation plan. In order to meet the requirements of our national funders, we have to answer three questions at the end of this demonstration project:

- What percentage of children, 0-3, received the developmental screening at their well-child exams?
- What percentage of the children who screened positive were referred for further evaluation or intervention based on the screening results?
- What percentage of the children who screened positive received intervention or treatment based on the screening/referral results?

ABCDII staff will review charts, of the children on Medicaid, to determine our baseline data, that is, how these questions would be answered before this project started. After the project has been up and running for a month or two, we will start reviewing charts to gather the new data.

17. How long will the project run?

Our evaluation requires that we need collect data on at least 200 children. At Medical Associates that could happen quickly. However, we know that real systems change takes time especially as we work with the community agencies and referral systems. Once we get started, we will want to hear from Medical Associates, through Mary Nauman, how things are going, what barriers you've identified within the project, what works well, and where we should focus our technical assistance efforts. We don't have a pre-determined amount of time to finish this project; in fact, Medical Associates can continue to use the Health Maintenance Forms and utilize the referral systems indefinitely.

18. Will there be other opportunities for us to increase our “attitudes, skills, and knowledge” about screening for emotional and behavioral issues in infants and children as the project progresses?

Yes. There are plans for nurses, pediatric psychologists, developmental pediatricians and others to hold workshops and discuss the issues you feel are necessary to improve your abilities. Mary, through her daily contacts with you, will assist us to determine what specific new information you would like.

19. This may sound like a quite selfish question, but what's in all of this for me?

First of all, probably a little more work. But on top of that, the opportunity to help the Iowa Medicaid system determine what are reasonable and high quality standards to apply across the state regarding health care of infants and children; the chance for you to learn new skills and become a part of the “cutting edge” of child health care professionals who are responding to the challenge to improve our current system of care for very young children; and most of all, to know that you are assisting Iowa families who are desperately seeking ways to assist their children to learn self-control and emotional health.

20. What's left for me to do to prepare for the ABCD II project?

Review the suggested reading list and pick out one or two articles that intrigue you about the subject. Mary will help you secure them. No one expects you to read all eleven articles, but there is good information in each, some more technical and statistical than you may desire, but all have solid information that has been reviewed and is accepted as “gospel” at the current time. We suggest you start with Ed Schor’s article in Pediatrics, RETHINKING WELL-CHILD CARE, followed by David Bergman’s article on screening for behavioral problems. After that, review your current approach to the family sitting across from you during an interview. Are you “listening to” and “observing” all the clues that are being presented, or are you “hearing and seeing” only those clues you have become familiar with in your practice to date? Good luck, we all need it, and thank you for your willingness to participate.