



Assuring Better Child Health and Development (ABCD II): Illinois' *Healthy Beginnings*

Overview of ABCD II and the Pilot Project

Advisory Committee

October 19, 2005



Purpose of ABCD II

- To strengthen primary care services and systems that support young children's healthy mental development
- Sponsor: The Commonwealth Fund
- Technical Assistance: National Academy for State Health Policy (NASHP)
- Funding: Michael Reese Health Trust



Background

- Three-year project that began in Jan. 2004
- Focus on social emotional development and screening and referral for children under age three
- Illinois is one of five states selected
- Medicaid is the lead agency
- *Healthy Beginnings* is Illinois' ABCD II Project



Partners in Healthy Beginnings

- Ounce of Prevention Fund
- Illinois Chapter of the American Academy of Pediatrics (ICAAP)
- Illinois Academy of Family Physicians (IAFP)
- Advocate Health Care
- Erikson Institute
- Illinois Department of Human Services
- Illinois Association for Infant Mental Health
- Children's Memorial Hospital



Healthy Beginnings' Key Strategies

- Develop and implement provider training on social emotional development, screening and referral, and perinatal depression screening and referral
- Identify resources for referral
- Clarify Medicaid policy and implement policy changes as needed



Healthy Beginnings' Key Strategies

- Implement pilots to test how training and referral protocols can be incorporated in primary care practices
- Evaluate the project for lessons learned and to inform future efforts that will lead to changes in statewide policy and practice in Illinois



Healthy Beginnings' Timeline

- Year One – planning
- Year Two – establishing the pilots
- Year Three – continuing the pilots and collecting data, as well as offering the training to 40 additional primary care practices



Healthy Beginnings' Pilot Sites

- Kane County – suburban setting
- Macon County – rural setting
- Chicago – Humboldt Park – urban setting
- Chicago Department of Public Health (CDPH) Lead Screening Program

These pilot sites incorporate three federally qualified health centers (FQHC), two family physician practices, one family physician practice with a residency program, two pediatric practices and two health departments



Overview of the Provider Training

Scott Allen and Sarah Baur
Illinois Chapter of the American
Academy of Pediatrics



Two Pilot Models

- Coordinated Community Model – Primary Care
- Outreach Model – Hardest to Reach



Coordinated Community Model

- Primary care practices attempting to incorporate:
 - SE screening and referral of children under age three
 - Perinatal depression screening and referral
- Coordinating the community to support the practices
 - County Health Departments
 - AOK: Early Childhood Networks
 - EI Child and Family Connections (Part C)
 - Mental Health Resources



Pilots: Outreach Model – Hardest to Reach

- CDPH Lead Screening Program
 - Outreach to children who do not have a medical home and/or have not had a lead screening
 - Targeting priority areas in Chicago and children under age three
 - Received training and are actively conducting the ASQ, ASQ: SE and Edinburgh screening tools and referral process



Two Pilot Sites' Experiences

Macon County and
CDPH Lead Screening Program



Plans for Year Three

- Continue the pilot project
- Provide the training to 40 primary care practices
- Complete the data evaluation
- Project wrap-up and final report re:
 - Lessons learned
 - Next steps and resources required for reasonable expansion of best practices identified to promote children's healthy mental development in primary care



Lessons Learned

- Expertise – it is important to have the experts at the table to make recommendations regarding best practices
- Buy-in from leadership in the primary care practices is important for follow through on project implementation
- Resources may be available at the local level, but they may not be coordinated



Lessons Learned

- A coordinated community approach is necessary to:
 - identify resources, barriers and gaps
 - resolve issues in a timely manner
 - improve communication among partners
 - avoid duplication and assure services
- Training on ASQ-SE needs to be coordinated with training on general developmental screening



Challenges

- Providers are slow to implement social emotional screening because of periodicity schedule of four times in the first two years of life
- Providers are reluctant to screen for perinatal depression because of liability concerns, and complexity of referral
- Identification of 40 additional sites to receive the training



Break-out Discussions

Given the challenges presented on the previous slide, what is your advice regarding:

- Overcoming the challenges
- Preparing for year three roll-out



Connections to Other Initiatives

- Enhancing Developmentally Oriented Primary Care (EDOPC)
- Bureau of Early Intervention Social Emotional Component
- University of Illinois at Chicago (UIC) Perinatal Depression Project
- Evanston Northwestern Healthcare's Jennifer Mudd-Houghtaling Postpartum Depression Program

Michael Reese Health Trust

Peer Review
