

# **ASSURING BETTER CHILD HEALTH & DEVELOPMENT (ABCD) IN MINNESOTA: 2003-2012**

ABCD Alumni Webinar  
December 3, 2012

# ABCD in Minnesota

- ▣ ABCD II (Great Start): 2003-2006
- ▣ ABCD Screening Academy: 2007-2009
- ▣ ABCD III (Communities Coordinating for Healthy Development): 2009-2012

# Innovations and Lessons: ABCD II

- ▣ Agreement on standardized developmental and mental health screening tools for children birth – 5
  - Prior and continuing work of Interagency Developmental Screening Task Force
- ▣ Large system pilot partners: Children's Hospital and Clinic (St. Paul); CentraCare (St. Cloud)
  - Foundation of partnerships with Children's Physician Network, MN chapter of AAP

# Innovations and Lessons: ABCD II

- ▣ Common screening tool for infant and early childhood mental health: Ages and Stages – Socioemotional
  - Used by Head Start; early childhood screening; child welfare; EPSDT Child and Teen Checkups; Follow Along program
- ▣ Experimentation with cultural issues, presentation mode
  - Revised Spanish and Hmong translations; electronic tablets

# Innovations and Lessons: ABCD II

- ▣ Addressed barrier to screening caused by dearth of referral resources
  - Retooled children's mental health work force through repeated, regional trainings on DC:0-3R
  - Introduced evidence-based children's mental health interventions
  - Created monthly clinician supervision forum which continues
  - Partnership with Title V agency to survey statewide resource development, link to health care homes

# Innovations and Lessons: ABCD II

- ▣ Led to infrastructure investments in early childhood mental health
  - 2007 state grant funds
  - Development and support of Infant and Early Childhood Mental Health certificate program at University of Minnesota
  - Expansion of training on interventions
  - Continuation of Head Start partnership

# Innovations and Lessons: ABCD II

- ▣ Closer working relationship between state Medicaid and mental health authorities
  - Developed codes for reimbursement of standardized developmental and mental health screening instruments
  - Together, with Title V partner, developed provider training on screening
  - Began work on maternal depression screening

# Innovations and Lessons: ABCD II

Unsolved issues remaining:

- ▣ Screening in clinic dependent on champion, who might change positions or assignments
- ▣ Stringent disability definition in early intervention (Part C) program; referrals based on screening unproductive
- ▣ Bridging professional groups still needed to create comfort with referrals and follow-up



# Innovations and Lessons: Screening Academy (SA)

From 2 to 11 pilot clinic sites

- ▣ New partner: health plans
- ▣ Began learning collaboratives for sites to share lessons with one another
- ▣ Introduced quality improvement processes, e.g. PDSA cycles, focused on increasing screening and referral

# Innovations and Lessons: SA

- ▣ Medicaid standardized screening coverage policy across fee-for-service and MCO-contracted services
  - Included 3 years of MCO contract incentives until capitation adjusted to include
  - Included maternal depression screening as well as developmental and mental health

# Innovations and Lessons: SA

- ▣ Focus on training:
  - Further development of training contract with MDH for EPSDT training, to focus on standardized instruments and appropriate referrals
  - Across both MDH and DHS, realized goal of “everyone on the same training page” (Susan Castellano, Maternal and Child Health program manager)

# Innovations and Lessons: SA

Developments which bolstered care for young children and their families:

- ▣ Relationship with MN chapter of AAP led to founding of Minnesota Child Health Improvement Project (MnCHIP), with ABCD as first joint project
- ▣ Early intervention eligibility rules revised to include more conditions, including several mental health diagnoses

# Innovations and Lessons: SA

Remaining issues:

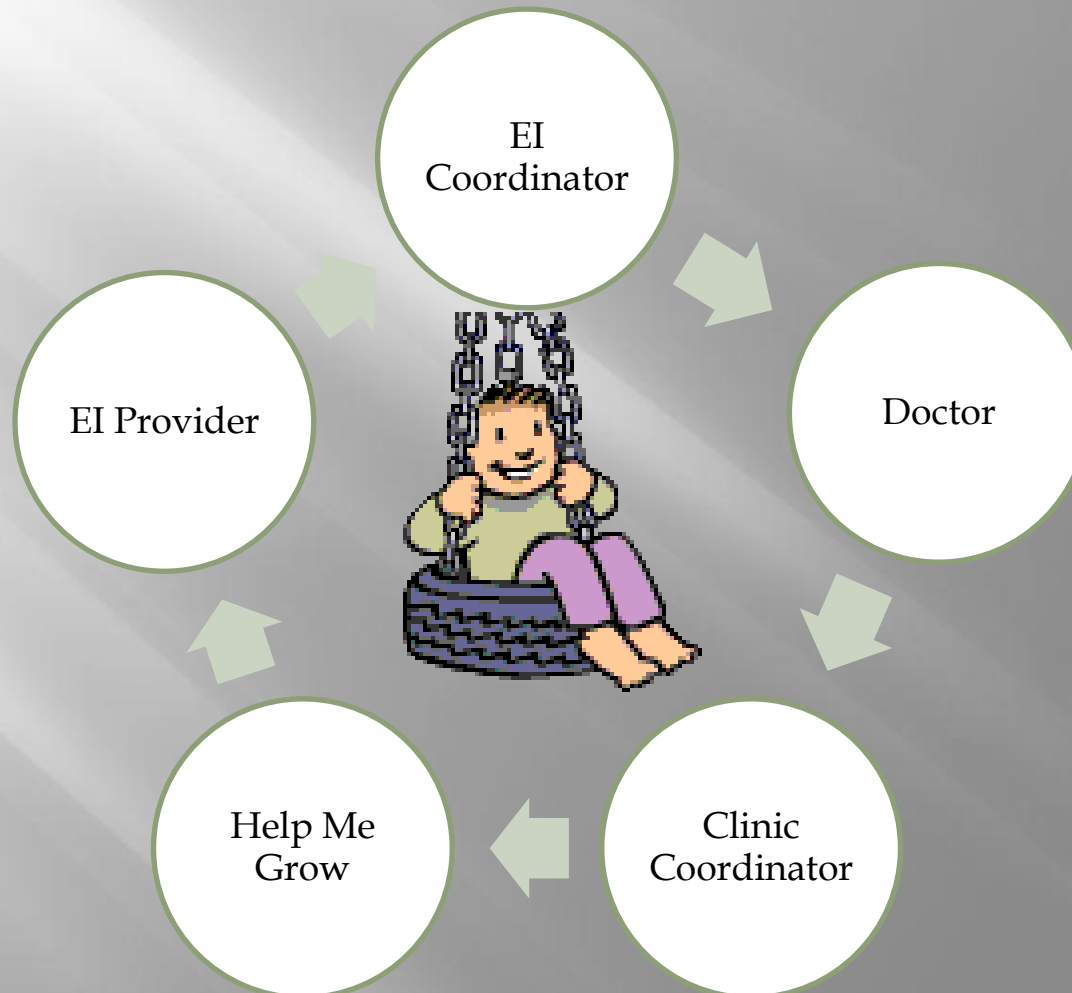
- ▣ Continued variability in screening, often related to work flow issues
- ▣ Spread strategies needed to be developed

# Innovations and Lessons: ABCD III

Impetus for ABCD III application came from one of the Screening Academy teams

- ▣ Was also a HRSA medical home site, and now a health care home
- ▣ Community had proactive early intervention team, interested in enhancing communication with health care providers
- ▣ Volunteered for “next step” in care coordination

# Communities Coordinating for Healthy Development



[www.dhs.state.mn.us/CCHD](http://www.dhs.state.mn.us/CCHD)

# Innovations and Lessons: ABCD III

## Project goals:

- ▣ Care coordination: Information flows between clinic and other community providers
- ▣ Standard methods and forms for referral and feedback between Early Intervention and clinic
- ▣ Increase appropriate children referred to EI
- ▣ Families experience coordinated care



# Innovations and Lessons: ABCD III

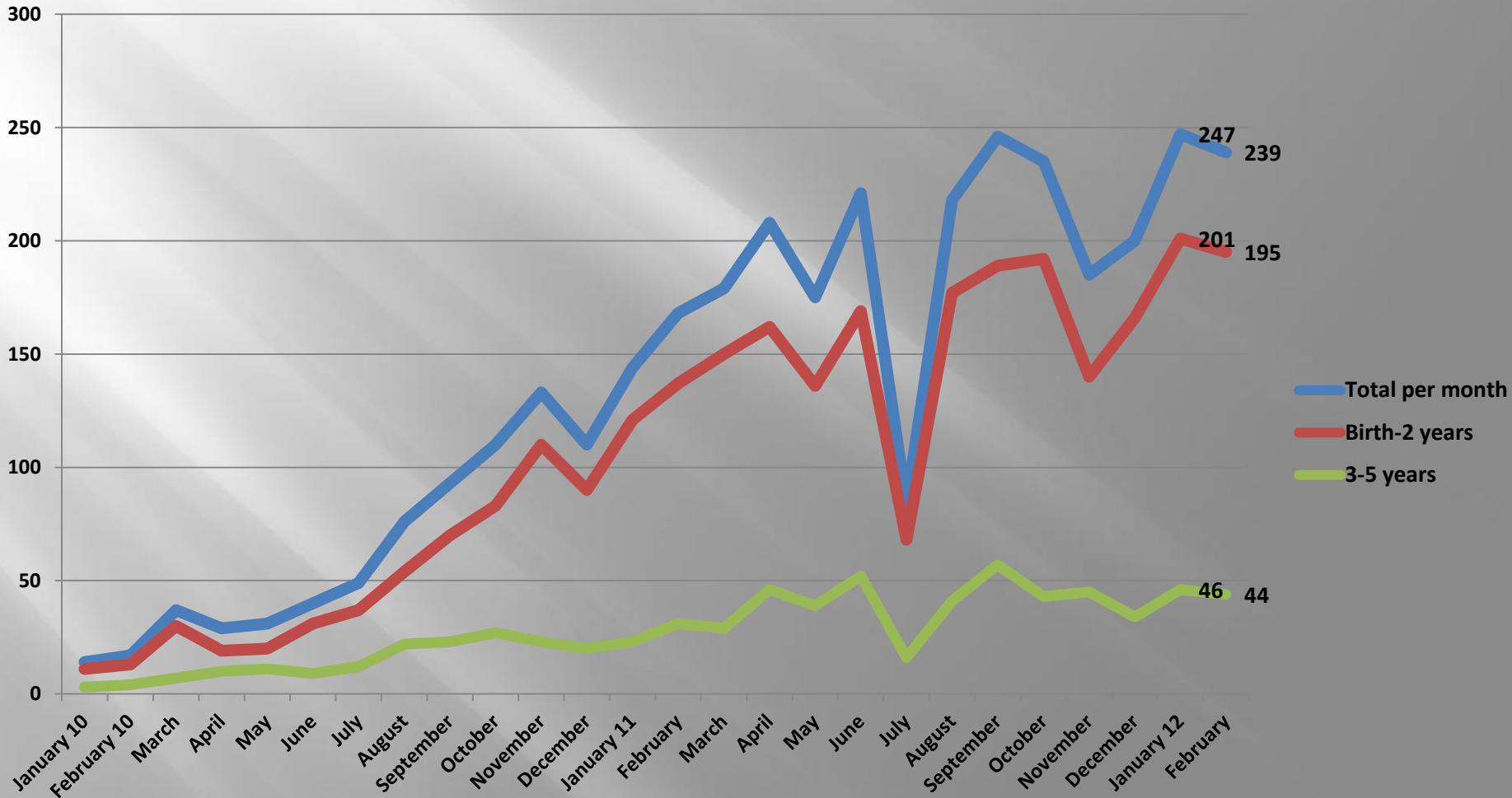
- ▣ 4 sites/teams (metro urban, metro suburban, Rochester, Duluth)
- ▣ Team: at least one clinic and one early intervention site
- ▣ Other community-based providers include public health, WIC, Head Start
- ▣ Teams meet monthly, develop PDSA cycles for team and in each setting to implement change

# Innovations and Lessons: ABCD III

- ▣ Standard form to release/obtain consent
- ▣ Standard for and web site clinics can use to refer to Early Intervention
- ▣ Standard fax back forms for Early Intervention to provide results to clinic
- ▣ Development of a complementary system for using both on-line (state) and direct (local) referrals

# Increased Referrals to Early Intervention

Referral Numbers thru Feb, 2012



# Innovations and Lessons: ABCD III

Development and coordination of state policy:

- ▣ “Tremendous” new relationship among Early Intervention lead agency (MDE) and other state agencies (MDH, DHS) in facilitating access to EI services
- ▣ Helps improve EPSDT services and meet federal requirements to coordinate among state agencies

# Innovations and Lessons: ABCD III

Contributions to Health Care Home:

- ▣ Access Database for tracking child's referral and follow-up: required element
- ▣ Work with Health Care Home certification staff to promote CCHD in their materials
- ▣ Project meets 2<sup>nd</sup> year certification requirements to coordinate with a community partner
- ▣ Care coordination issues differ between EI and medical referrals

# Innovations and Lessons: ABCD III

## Development of Tool Kit

- ▣ Process descriptions
- ▣ All relevant forms
- ▣ Use of database
- ▣ Quality improvement examples and procedures
- ▣ Can be used by either EI or clinic to start team discussion/construction

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