New Release: Developmental Screening Title V National Performance Measure Resources

June 23, 2015
3:30PM-4:30PM, ET

Audio will be broadcast via your computer.
If you are having audio trouble, chat the “Chairperson” or e-mail mmurillo@amchp.org.
Housekeeping Notes

Audio
• Audio will be broadcast through your computer.
  – For assistance, chat to the Chairperson (AMCHP) or contact mmurillo@amchp.org.

Recording & Resources
• Resources and a recording of today’s webinar will be available within a few days.

Q&A
• Q&A will be held after presentations.
• Submit your questions at any time via the chat box.

Survey
• Please complete the post-webinar survey. Your feedback is very valuable to us!
Agenda:

• Overview: Title V MCH Block Grant Transformation
• Background: SPHARC Developmental & ASD Screening Project
• New Resources:
  – Example Strategies and Strategy measures
  – Case Example
  – National Landscape & State Matrix
• Next Steps/Upcoming Technical Assistance:
  – Strengthening the Evidence-Base for MCH
• Q&A
Title V MCH Block Grant Transformation
Goals of MCH Transformation

- Tell a more cohesive and comprehensive Title V story
- Demonstrate vital leadership role of Title V
- Position state and national MCH priorities as centerpiece of application
New Performance Measure Framework

National Outcome Measures

National Performance Measures

Evidence-Based or Evidence-Informed Process Measures
State Priorities

• State Priorities

• Linkage of State Priorities with National Performance Measures

• Linkage of State Priorities with State Performance Measures and Outcome Measures (next year)
New National Performance Measure

• NPM #6- Percent of children, ages 9 through 71 months, receiving a developmental screening using a parent-completed screening tool
Contact Information

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Purpose:

• To provide ongoing technical assistance and facilitate cross-state learning to increase the capacity of states, particularly Title V programs, in developing and implementing systems of care for children and youth with autism spectrum disorders and other developmental disabilities (ASD/DD) through resource development, technical assistance and peer learning.
Environmental Scan: State Developmental & ASD/DD Screening Activities

**Purpose:** To develop a qualitative data set of state screening activities

- Strategies & key components
- Insight into state capacity
- Foundation for tools & resources to share best practices

**Initial Publication:**

- High level themes
- Types of information available
- State highlights
Environmental Scan Methodology

- **Qualitative analysis**
  - ATLAS. ti 6.2

- **185 source documents:**
  - HRSA Grant Narratives
  - Act Early Systems Grant Reports/Summit Plans
  - State Plan/Taskforce Report/Guidelines/Resources
  - TVIS key word search

- **Code categories:**
  - Screening tools
  - Guidelines/Recommendations
  - Screening process
  - Screening coordination efforts
  - Family Involvement
  - Health equity
  - Data collection/Quality
  - Funding
  - Challenges
What’s in the Data Set?

- **Challenges and barriers** to comprehensive, effective developmental screening systems
- **Strategies and activities** states are implementing to increase screenings and improve systems for screening and early identification
- How states are **coordinating systems** of screening and care
- How states are **tracking, measuring, collecting and using data**
- Efforts to address **health equity**
- Efforts to **involve and engage families**
- State **guidelines and recommendations** (including **evidence-based practices** and/or **screening tools**)  
- Strategies for **funding and sustainability** of developmental screening efforts
Building on the Scan...

• ..and feedback from State Grantees, MCHB Autism Screening and Referral, Diagnosis, and Services Workgroup, Title V Focus Group, and more

• AMCHP developed new set of resources:
  1. Resources for Title V Action Planning: Developmental Screening Strategies and Measures
  2. Case Example
  3. National Landscape & State Matrix
1. Resources for Title V Action Planning: Developmental Screening Strategies and Measures (NPM#6)

- Highlights strategies, measures and tools to help Title V and other state programs develop action plans to implement and improve screening and early identification systems.

- Organized around common challenges and barriers

- Includes:
  - Sample strategies
  - Sample strategy measures
  - Example data sources
  - Additional resources
Organized around Common Challenges

**Provider/Practice Level**
- Lack of training, lack of time during visits, costs/inadequate reimbursement, etc.

**Policy & Public Health Coordination**
- Lack of coordination between state level efforts, duplications, silos; lack of meaningful partnerships, collaboration; lack of data to drive policy changes, etc.

**Family & Community**
- Lack of public awareness of developmental milestones; lack of services or access to services; long wait times; cultural and linguistic barriers, etc.

**Data & Information Systems**
- Lack of data systems to track screening and follow-up; siloed data collection; inability to link data systems; need for more research, etc.

**Low state rates of screening at recommended times**
<table>
<thead>
<tr>
<th>Challenge/Need Area</th>
<th>Sample Strategies</th>
<th>Sample Measures</th>
<th>Example Data Sources/Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider / Practice Level</strong></td>
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</table>
| a) Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures Guidelines. | a) #/% of annual well-child visits at 9, 18 and 24 months where a validated developmental screening tool is administered, scored and documented in participating practices  
  • #/% of practices that adopt/achieve recommended screening protocols | a) Quality improvement run charts/monthly reports  
  b) Training participant records; pre-post test data | |
| b) Provide intensive technical assistance to help practices establish a screening process, a data entry process, and a referral process for secondary screening and full diagnostic evaluations, and to improve ability to address family needs. | b) # of primary care practices that received training and support for conducting developmental screening according to the AAP Bright Futures Guidelines | | |

Other Relevant Programs/Resources
- Head Start/Early Head Start
- EPSDT
- Child Find Program
- HRSA State Autism Implementation Grants
- Project LAUNCH
- Bright Futures
- Promoting Healthy Development Survey
- MIECHV CoIIN
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<thead>
<tr>
<th>Challenge/Need Area</th>
<th>Sample Strategies</th>
<th>Sample Measures</th>
<th>Example Data Sources/Resources</th>
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</table>
| Family and Community Supports | a) Conduct an education and awareness campaign for families and communities on the importance of developmental screening  
   b) Engage family and community leaders in the development and implementation of activities to increase screening rates  
   c) Partner with the Family to Family (F2F) to provide resources for families about signs and symptoms of ASD/DD, developmental milestones, and services that exist in their community. | a) # families that receive campaign resources  
   o # of hits or downloads to campaign website/materials  
   b) % increase in knowledge of the system and parent perception that the system has improved  
   c) # of families who receive information, support, and systems navigation from the F2F specific to ASDs or early and continuous screening  
   o Increase in family/community awareness of importance of screening and resources available | a) Education and awareness campaign program data; website analytics  
   b) Training participant records; pre-post test data  
   c) State F2F program data  
   Other Relevant Programs/Resources:  
   - Learn the Signs. Act Early. materials (publically available)  
   - HRSA Family to Family HIC  
   - Family Voices resources/tools on family engagement  
   - CAHPS Clinician & Group Survey |
Other Resources

- Other AMCHP and partner resources and publication that include examples of developmental screening strategies

- Appendix on “Select Federal and National Program Screening Objectives & Measures”
<table>
<thead>
<tr>
<th>Agency/Org</th>
<th>Program Name</th>
<th>Objective/Measure</th>
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</table>
| ACF       | Head Start/Early Head Start   | - # all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns  
|           |                               |   o Of these, # identified as needing follow-up assessment or formal evaluation to determine if the child has a disability  
|           |                               | - The instrument(s) used by the program for developmental screening               |
| CMS       | CHIPRA/Child Core Set Measures | DEV-CH: The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday *(Data source: Claims Data or Medical Chart Review Data / NQF #1448)* |
| CMS       | EPSDT                         | (Annual performance report form CMS-416)  
|           |                               | - Number of children provided child health screening services  
|           |                               | - Number of children referred for corrective treatment                             |
| Dept. of Ed. (OSEP) | Race to the Top: ELC     | Progress in this area is reported in six areas: standards, screening and referral, promoting child development, training educators, healthy children, and leveraging resources. Screening/referral performance measures are:  
|           |                               |   - # of Children with High Needs screened  
|           |                               |   - # of Children with High Needs referred for services who received follow-up/treatment |
2. Case Example: Pulling it All Together

• Illustrates how a (hypothetical) state Title V program could use existing tools and resources developed by AMCHP in developing an action plan to address developmental screening rates.

• Uses the CYSHCN National Systems Standards as a framework

• **CAVEAT:** Many of these tools are still in DRAFT form.
  – If you use them, you are piloting them.
## Case Example: Outline & Tools

<table>
<thead>
<tr>
<th>National CYSHCN Standards</th>
<th>The standards are evidence-based and can be used as a framework to assess how programs are structured to serve CYSHCN and their families.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards In-Depth Assessment Tools (for the Screening, Referral &amp; Assessment domain) and Directions.</td>
<td>This tool can help states see where they have the most capacity and/or best opportunities to have impact in a specific area. This can help them develop objectives for an action plan.</td>
</tr>
<tr>
<td>SPHARC Example Strategies and Measures</td>
<td>Examples from this document can be used to help states develop/select strategies and measures to achieve their objectives.</td>
</tr>
<tr>
<td>Worksheet: Developing Objectives, Strategies and Measures – NPM#6</td>
<td>This worksheet shows how the NPM, CYSHCN Standards, Objectives, Strategies and Measures all tie together. A blank template is included in the appendices.</td>
</tr>
<tr>
<td>Five-Year State Action Plan Table Example</td>
<td>This example is included to show how everything ties together in an action plan template.</td>
</tr>
</tbody>
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Standards for Systems of Care for Children and Youth with Special Health Care Needs

A Product of the National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Project

http://www.amchp.org/AboutAMCHP/Newsletters/member-briefs/Documents/Standards%20Charts%20FINAL.pdf
Screening, Assessment and Referral

Health Plans
- SA1. Consistent identification mechanism for CYSHCN upon enrollment and transfer
- SA2. Prompt initial assessment of CYSHCN after enrollment; conducted with family or caregiver
- SA4. Documented plan and process for follow-up with state and/or hospital when newborn screening results are not received
- SA5. Periodic screening for physical, oral, mental, developmental and psychosocial needs in accordance with Bright Futures Guidelines
- SA6. Coordination and sharing of periodic screening and results

Primary Care
- SA4. Documented plan and process for follow-up with state and/or hospital when newborn screening results are not received
- SA5. Periodic screening for physical, oral, mental, developmental and psychosocial needs in accordance with Bright Futures Guidelines
- SA6. Coordination and sharing of periodic screening and results
- R1. Referrals are made to all needed services and agencies and follow-up provided to ensure connections and coordination
- R2. Screening, referral and follow-up protocols and documentation methods in place

State
- SA3. Timely sharing of Newborn Screening information with providers and parents; follow-up services are arranged and documented
- SA5. Periodic screening for physical, oral, mental, developmental and psychosocial needs in accordance with Bright Futures Guidelines
**In-Depth State Systems Assessment for Specific Domains**

**SAMPLE: Screening, Assessment and Referral**
(sample responses are highlighted)

State: __Name of State_____
Date: __Enter Date You Are Completing the Assessment______________

Type of Agency Completing this Tool:  
- [X] Title V  
- [ ] State Medicaid  
- [ ] CHIP  
- [ ] Health Plan/Insurer

- [ ] Provider (please specify: _________)  
- [ ] Family/Consumer  
- [ ] Other (please specify: ______________________)

When providing answers in this assessment tool, please do so from the perspective of the organization or system in which you work or are affiliated.

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
<th>Column C</th>
<th>Column D</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Standards</strong></td>
<td><strong>Within my organization, there are policies and procedures in place for this standard:</strong></td>
<td><strong>What agencies/entities in your state have the authority to implement and/or ensure this standard? (Check all that apply.)</strong></td>
<td><strong>Please rate your organization’s authority to implement or improve policies and procedures that support this standard.</strong></td>
</tr>
<tr>
<td><strong>(Structure and Process)</strong></td>
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<tr>
<td>1. Promptly after enrollment in a health plan, all CYSHCN are provided a documented initial assessment that is conducted in collaboration with the child’s family or caregiver.¹</td>
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</tbody>
</table>
| - [ ] Yes  
  (IF YES) How effective are those policies and procedures?  
  - [ ] 1 Not effective  
  - [ ] 2 Somewhat effective  
  - [ ] 3 Very effective  
| - [ ] No (Enter “0” for score, below.)  
  - [ ] Not applicable to my organization | - [ ] Title V  
- [ ] State Medicaid  
- [ ] CHIP  
- [ ] Health Plan/Insurer  
- [ ] Provider (please specify)  
- [ ] Family/Consumer  
- [ ] Other (please specify) | - [ ] 0 None  
- [ ] 1 Weak  
- [ ] 2 Moderate  
- [ ] 3 Strong  
| State Legislature | | | |

Enter Score: [

Enter Score: [1]
In-Depth State Systems Assessment for Specific Domains

DRAFT Standards for Systems of Care for CYSHCN – IN-DEPTH State Systems Assessment Tool for Screening, Assessment, and Referral

2. Regardless of the entity conducting a screening and referral, protocols and documentation methods are in place for the primary care provider, medical home or other such entity to follow-up with the child and family in areas including: assessment of follow-up received, barriers to care, and, where feasible, assistance in addressing barriers to obtaining needed follow-up.⁶

<table>
<thead>
<tr>
<th>X Yes</th>
<th>Title V</th>
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<tbody>
<tr>
<td>(IF YES) How effective are those policies and procedures?</td>
<td></td>
</tr>
<tr>
<td>X 1 Not effective</td>
<td>X State Medicaid</td>
</tr>
<tr>
<td>☐ 2 Somewhat effective</td>
<td>X CHIP</td>
</tr>
<tr>
<td>☐ 3 Very effective</td>
<td>X Health Plan/Insurer</td>
</tr>
<tr>
<td>X Provider (please specify)</td>
<td>X Primary Care Providers; state chapter of AAP; pediatric subspecialists</td>
</tr>
<tr>
<td>X Family/Consumer</td>
<td>X Other (please specify)</td>
</tr>
</tbody>
</table>

[Checkboxes for 0 None, 1 Weak, 2 Moderate, 3 Strong]

Enter Score: 1

Optional: Why?

As a convener of entities serving CYSHCN in our state, we could use our multi-stakeholder, statewide CYSHCN collaborative to focus on this issue to improve the consistency of implementation of this standard across providers and organizations serving...

State Department of Education
Office of Child Care; Early intervention; state F2F HIC; other community organizations

Enter Score: 2

SUMMARY: SCREENING, ASSESSMENT and REFERRAL

Effectiveness Indicator:
Total of Scores from Column B (Policies and Procedures) column: 7 / 24 = 0.29

Organizational Influence Indicator:
Total of Scores from Column D (Ability to Implement and Improve) column: 14 / 24 = 0.58

Additional Notes: None
<table>
<thead>
<tr>
<th>Score Ranges:</th>
<th>Organizational Effectiveness Indicator</th>
<th>Organizational Influence Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.00 to 0.33</td>
<td>Low; closer to zero - little or no ability to impact this Domain unless you partner with the entity or entities that have authority/ability to influence domain. Closer to 0.33 – if Influence Indicator is high, consider what your organization can do internally in this Domain.</td>
<td>No or weak influence or authority without building or strengthening partnerships with entities that have authority/ability to influence domain. Refer to Column C and reflect on the existing or possible partnerships.</td>
</tr>
<tr>
<td>0.34 to 0.65</td>
<td>Moderate; consider ways in which you may be able to strengthen the effectiveness of policies and procedures for each standard in this Domain.</td>
<td>Moderate. Consider ways in which you may be able to use your organization’s authority to strengthen the effectiveness of policies and procedures for each standard in this Domain.</td>
</tr>
<tr>
<td>0.66 to 1.00</td>
<td>High; reflect on what factors have led to your organization’s success in this area and consider a submission to AMCHP’s Innovation Station.</td>
<td>Strong; if Effectiveness Indicator is less than 0.66, consider ways in which you may be able to strengthen the effectiveness of policies and procedures for each standard in Domain.</td>
</tr>
</tbody>
</table>
Developing Objectives from the Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Objective</th>
</tr>
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<tbody>
<tr>
<td>SA5: All children, including CYSHCN, receive periodic, developmentally appropriate, and recommended comprehensive screenings (to include screening for physical health, oral health, mental health, developmental, and psychosocial needs, and cultural and linguistic needs, preferences or limitations) as part of a well-child visit or other preventive visit and in response to triggering events such as hospitalization, trauma, or sudden onset of new symptoms, in accordance with Bright Futures Guidelines.</td>
<td>1. Increase the percentage of pediatric primary care clinicians in the state who conduct developmental screenings for their patients according to Bright Futures guidelines by FY2020.</td>
</tr>
<tr>
<td><strong>SA6:</strong> Developmental Screening efforts, results and referrals for further assessment are documented, relayed to the child’s medical home and family, and, to the extent feasible, coordinated among all screening entities, including but not limited to clinical care settings, medical homes, child care settings, and schools.</td>
<td>2. Increase the percentage of pediatric primary care clinicians in the state who document screening results and referrals (including results from child care, home visiting, etc.) in the patient’s medical record by FY2020.</td>
</tr>
<tr>
<td>National Performance Measure (NPM)</td>
<td>CYSHCN Standard DOMAIN</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>#6 Developmental Screening (Percent of children, ages 9 – 71 months, receiving a developmental screening using a parent-completed screening tool)</td>
<td>Screening, Assessment and Referral (Children are screened early and continuously for special healthcare needs.)</td>
</tr>
</tbody>
</table>

**CYSHCN Individual STANDARDS**

**SAR 5:** All children, including CYSHCN, receive periodic, developmentally appropriate, and recommended comprehensive screenings (to include screening for physical health, oral health, mental health, developmental, and psychosocial needs, and cultural and linguistic needs, preferences or limitations) as part of a well-child visit or other preventive visit and in response to triggering events such as hospitalization, trauma, or sudden onset of new symptoms, in accordance with Bright Futures guidelines.

**SA6:** [Developmental] Screening efforts, results and referrals for further assessment are documented, relayed to the child’s medical home and family, and, to the extent feasible, coordinated among all screening entities, including but not limited to clinical care settings, medical homes, child care settings, and schools.

**OBJECTIVE:** Increase the percentage of pediatric primary care clinicians in the state who **conduct developmental screenings** for their patients **according to Bright Futures guidelines** by FY2020.

**STRATEGIES:**
- A) Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures guidelines.
- B) Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.
- C) Partner with other entities (AAP, Medicaid/EPSDT, MCOs, etc.) to develop and disseminate resources for pediatric primary care providers on how to improve screening rates and resources on services within the state.

**MEASURES:**
- #/% of annual well-child visits at 9, 18 and 24 months where a validated developmental screening tool is administered, scored and documented in.
- # of providers that receive training in cultural competence/considerations led or developed by Title V staff.
- # resources developed.
- # resources disseminated and # of practices receiving resources.

**OBJECTIVE:** Increase the percentage of pediatric primary care clinicians in the state who **document screening results and referrals** (including results from child care, home visiting, etc.) in the patient’s medical record by FY2020.

**STRATEGIES:**
- A) Strengthen partnerships between our Title V program and entities who administer or lead programs that coordinate, finance and/or developmental screening (state AAP chapter, Medicaid/EPSDT, MIECHV) at the state, local and community level.
- B) Partner with the F2F to provide resources for families about signs and symptoms of ASD/DD, developmental milestones, how to talk to providers and services that exist in their community.
- C) Promote the integration of developmental screening and referral results into EMRs through provider outreach, education and software stipends.

**MEASURES:**
- # and type of partnerships to promote early childhood screening.
- # of families who receive information, support, and systems navigation from the F2F.
- # and type of collaborations with the F2F to develop and/or disseminate resources.
- # of practices that integrate developmental screening into their EMR.
- # and type of activities that are led or convened by Title V to promote integration of developmental screening in EMRs.
<table>
<thead>
<tr>
<th>Domains</th>
<th>State Priority Needs</th>
<th>Objectives</th>
<th>Strategies</th>
<th>NOMs*</th>
<th>NPMs*</th>
<th>Evidence-Based or – Informed Strategy Measures</th>
<th>SPMs</th>
</tr>
</thead>
</table>
| Child Health | Improve the percentage of children screened early and continuously age 0-5 for developmental delay. | 1. Increase the percentage of pediatric primary care clinicians in the state who **conduct developmental screenings** for their patients **according to Bright Futures guidelines** by FY2020. | 1a. Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures guidelines.  
1b. Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.  
1c. Partner with other entities (AAP, Medicaid/EPSDT, MCOs, etc.) to develop and disseminate resources for pediatric primary care providers on how to improve screening rates and resources on services within the state. | #13, #19 | NPM #6: developmental screening | States will develop and insert ESMs in the second year of the application. (FY2017). For this example, measures State X identified include:  
• #/% of annual well-child visits at 9, 18 and 24 months where a validated developmental screening tool is administered, scored and documented in participating practices  
• # of providers that receive training in cultural competence/considerations led or developed by Title V staff  
• # resources developed  
• # resources disseminated and # of practices receiving resources | States will develop and insert SPMs in the second year of the application. (FY2017, due July 2016). Click here for examples screening/early identification related SPMs from the 2013-2014 block grant narratives. |
3. National Landscape & State Matrix

• Snapshot of grants/programs that have a focus on developmental and/or ASD screening

• Not exhaustive, but focuses on:
  – national or multi-state reach
  – have specific objectives and/or measures related to developmental and/or autism screening

• Matrix of states that have/had these programs
National Landscape: Developmental Screening

Screening, Referral and Response

- ACA: Bright Futures Guidelines, AAP
- Birth to Five: Watch Me Thrive
- CDC
- ACF
- DOE
- SAMHSA
- Help Me Grow
- Medicaid: EPSDT
- Healthy People 2020
- Title V MCH Block Grant National Performance Measure
- CYSCRN National Standards
- National Surveys
- NASHP/ABCD

ACF, ACF, CDC, DOE, SAMHSA, Help Me Grow, NASHP/ABCD, CYSCRN National Standards, National Surveys.
Federal Landscape

- **ACF**
  - Head Start/Early Head Start
  - Autism & Dev. Disabilities (ADDM) Network

- **CDC**
  - Learn the Signs. Act Early.

- **CMS**
  - CHIPRA / Child Core Set
  - EPSDT

- **Dept. of Educ.**
  - Child Find
  - Race to the Top

- **HRSA**
  - Title V
  - State Autism Implementation Grants
  - CYSHCN Systems Integration (D70)
  - ECCS
  - F2F
  - Healthy Start
  - MIECHV
  - Training: LEND & DBP

- **SAMHSA**
  - Project LAUNCH

**Birth to Five: Watch Me Thrive!**
HRSA Programs

- Title V
- State Autism Planning/Implementation
- CYSHCN State Systems Integration (D70)
- Early Childhood Comprehensive Systems
- Family to Family HICs
- Healthy Start
- MIECHV (Home Visiting)
- Training Programs: LEND & DBP
<table>
<thead>
<tr>
<th>National Surveys &amp; Objectives</th>
<th>Other Related Programs &amp; Initiatives</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CAHPS (AHRQ)</td>
<td>• UCEDDs (AIDD/ACL)</td>
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<tr>
<td>• Healthy People 2020</td>
<td>• Developmental Disability Councils</td>
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<td>• Promoting Healthy Development Survey</td>
<td>• Preschool Development Grants</td>
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<td>• National Survey for Children’s Health</td>
<td>• Parent to Parent Training Centers</td>
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<td>• Autism Speaks: Early Access to Care</td>
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<td>• Easter Seals</td>
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## State Matrix: Select Federal and National Programs with a Developmental and Autism Screening Focus

May 2015

- has or had this grant/program
- denotes screening focus for programs with certain tracks, if applicable

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Next Steps..

• Continue to grow and develop repository of resources
  – All available on SPHARC website
  – Contact ktaft@amchp.org with questions or updates

• Opportunity for collective impact

• Upcoming technical assistance on developing evidence-based/informed strategy measures
STRENGTHEN THE EVIDENCE BASE FOR MCH PROGRAMS

Cynthia Minkovitz, MD, MPP
June 23, 2015

A collaborative activity of the Women’s and Children’s Health Policy Center at Johns Hopkins University, the Health Resources and Services Administration, Welch Medical Library at Johns Hopkins University, and the Association of Maternal and Child Health Programs.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Goal

• To provide support and resources to assist State Title V Maternal and Child Health (MCH) programs in developing evidence-based or evidence-informed State Action Plans and in responding to the National Outcomes Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures.
6 Objectives

1) Convene a **Team of Experts** with specialty background and experience related to the performance measures.

2) Provide reports including a *critical review of the evidence* of effectiveness of possible strategies to address National Outcome Measures, National Performance Measures, State Performance Measures and state-initiated Structural/Process Measures via the Team of Experts.

3) Provide ongoing *consultation* to **State Title V MCH programs** through the Team of Experts to support the State’s development of evidence-based or evidence-informed State Action Plans.

4) Develop **web-based supports and resources** for State Title V programs.

5) Establish an online platform for sharing best practices via a “**Community of Practice**” and to **facilitate communication and information sharing** on topics about the emerging needs of Title V state and discretionary grantees for implementing the Title V MCH Block Grant Transformation Process.

6) Maintain and enhance an **MCH digital library** including the historical collection.
Organization

HRSA

Women’s and Children’s Health Policy Center

Welch Medical Library

Consortium of 21 Maternal and Child Health Research Experts

Association of Maternal and Child Health Programs

Title V State and Discretionary Grantees

Experiments

Title V State and Discretionary Grantees

Welch Medical Library

Consortium of 21 Maternal and Child Health Research Experts

Association of Maternal and Child Health Programs

Experiments
Key Players

• Management Team
  • Women’s and Children’s Health Policy Center (WCHPC): Cynthia Minkovitz (PI), Donna Strobino, and Holly Grason
  • Association of Maternal and Child Health Programs: Lacy Fehrenbach
  • Welch Medical Library: Claire Twose

• Team of Experts
  • 6 WCHPC Core Faculty (Michele Decker, Pam Donohue, Holly Grason, Cynthia Minkovitz, Donna Strobino, Peter van Dyck)
  • 8 Other Hopkins Faculty (Christina Bethell, Robert Blum, Tina Cheng, Joanna Cohen, Andrea Gielen, Susan Gross, Phil Leaf, Keshia Pollack)
  • 7 Faculty from other Universities (Burton Edelstein, Arden Handler, Colleen Huebner, Marie McCormick, Cheri Pies, William Sappenfield, Judith Shaw)
Defining “Evidence”

- **Challenges**
  - Varied definitions for varied purposes
  - Multiple stakeholders
  - Over reliance may threaten innovation
  - Changes over time

- **Opportunities**
  - Develop common language
  - Identify strategies and programs for scaling up
  - Allocate resources more effectively
  - Highlight gaps in evidence base
    - Issues, settings, populations
    - Quality of evidence
TA Related to Performance Measures and State Strategies

• “No wrong door” approach
• Complement ongoing HRSA investments and expertise among discretionary grantees
• **Strengthen the Evidence** team focused on TA related to evidence to inform strategies to achieve progress on state identified priorities
  • Varying levels of TA intensity
  • Recognize continuum of available evidence
  • Individual vs. groupings of states depending on needs
  • Sample activities-- In depth evidence reviews, connect states with expert MCH consultants, work collaboratively to provide communities of practice
Comments or questions?

Please contact:
Stephanie Garcia, sgarci22@jhu.edu or
Cynthia Minkovitz, cmink@jhu.edu

THANK YOU!!!
Questions?

To submit your question, type it in the chat box at the lower left-hand side of your screen.
Thank You!

Resources and recording from this webinar will be posted at:

http://www.amchp.org/programsandtopics/CYSHCN/projects/SPHARC