

Putting It All Together: Case Example on Using CYSHCN Standards and SPHARC Tools and Resources to Develop an Action Plan

National Standards for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN)

To foster action within states to improve the quality of systems of care for CYSHCN, in 2013 the Lucille Packard Foundation supported AMCHP to convene a workgroup of national and state leaders – representing state Title V CYSHCN programs, health plans, Medicaid and CHIP agencies, pediatric providers, children’s hospitals, insurers, health services researchers, families/consumers, and others – to develop a set of structure and process standards that together represent the necessary components of a comprehensive, quality system of care for CYSHCN. *The National Standards for Systems of Care for CYSHCN* are grounded in the six core outcomes for systems of care for CYSHCN that were developed by the federal Maternal and Child Health Bureau/HRSA, and based on a comprehensive review of the literature, key informant interviews, case studies of standards for CYSHCN currently in use in Title V, Medicaid and health plans within selected states and consensus from the national work group.

To learn more about the National Standards, visit: amchp.org/programsandtopics/CYSHCN/.

OVERVIEW

This case example illustrates how a state Title V program – *in hypothetical state X* – could use existing tools and resources developed by AMCHP in developing an action plan to address developmental screening rates. The tools highlighted in this case study include those developed through the State Public Health Autism Resource Center, as well as the National Standards for Improving Quality Systems of Care for Children and Youth with Special Health Care Needs (CYSHCN Standards) project. AMCHP recognizes that these are not the only tools available for action planning, but hopes this can be a helpful example for how Title V programs can think through the action planning process. States and jurisdictions may also find these examples and tools useful in augmenting their existing action planning process and resources.

CAVEAT: Many of these tools are still in DRAFT form. If you use these tools, please know that you are piloting them. AMCHP welcomes feedback and would love to know if you used the tools and found them helpful or have suggestions for improvement. Contact ктаft@amchp.org.

Tools Covered in this Case Example	
National CYSHCN Standards	The standards are organized into 10 core domains of system standards. Within those domains, each standard describes structures and processes related to core outcomes for CYSHCN and NPMs, such as developmental screening, medical home, youth transition to adulthood, insurance and financing. The standards are evidence-based and can be used as a framework to assess how programs are structured to serve CYSHCN and their families.
Standards In-Depth Assessment Tools (for the Screening, Referral & Assessment domain) and Directions.	These tools allow individual organizations that are part of the system(s) of care for CYSHCN to assess how well their organization is structured to address each standard within a particular domain area of the national standards, and provides organizational effectiveness and influence scores for the domain area. 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 <u>objectives</u> for an action plan.
SPHARC Example Strategies and Measures	Examples from this document can be used to help states develop/select <u>strategies</u> and <u>measures</u> to achieve their objectives.
Worksheet: Developing Objectives, Strategies and Measures – NPM#6	This worksheet shows how the NPM, CYSHCN Standards, Objectives, Strategies and Measures all tie together. A blank template is included in the appendices.
Five-Year State Action Plan Table	This shows how everything ties together in an action plan template.

Case Study: State X's Title V Five-Year Action Plan to Improve Developmental Screening

State X's Title V program just conducted its five-year needs assessment. The state developmental screening rates were 22.5 percent, which is lower than the national average (30.8 percent, NCSH) and below the Healthy People 2020 goal. Through the prioritization process, the developmental screening measure was selected as one of the National Performance Measures for the five-year action plan.

State X is now in the process of developing objectives, strategies and measures for a five-year action plan on how they will improve their developmental screening systems and rates. The state has selected to use the National CYSHCN Standards as a framework to help assess how the Title V program is structured to serve CYSHCN and their families and priority areas for Title V to work alone and in partnership with other agencies and groups.

The standards are organized into 10 core domains of system standards. Within those domains, each standard describes structures and processes related to core outcomes for CYSHCN and NPMs, such as developmental screening, medical home, youth transition to adulthood, insurance and financing.

The standards (abbreviated) under the "Screening, Assessment and Referral" Domain include:

- **SA1:** Upon enrollment and transfer between insurance coverage, a consistent and culturally and linguistically appropriate mechanism for identifying CYSHCN is in place.
- **SA2:** Promptly after enrollment, all CYSHCN are provided an initial assessment conducted in collaboration with the child's family or caregiver.
- **SA3:** State newborn screening information is delivered to providers and parents in a timely fashion and arrangements made for necessary follow-up services are documented.
- **SA4:** The child's health plan and medical home have a documented plan/process to demonstrate how they follow-up with a hospital or state health department when results are not received.
- **SA5:** All children receive periodic, developmentally appropriate, and recommended comprehensive screenings, in accordance with Bright Futures Guidelines.
- **SA6:** Screening efforts, results and referrals for further assessment are documented, relayed to the child's medical home and family, and coordinated among all screening entities.
- **RF1:** Following a screening and assessment, the CYSHCN and their family are referred to needed services, and follow-up is provided to ensure such referrals are completed.
- **RF2:** Regardless of the entity conducting a screening and referral, protocols and documentation methods are in place for the primary care provider, medical home, etc. to follow-up with the child and family.

Standards for Systems of Care for CYSHCN				
System Principles, Standards and Availability of Quality Measures for Systems of Care for CYSHCN				
SYSTEM DOMAINS	System Standards (Structure and Process)	Existing National Principles and Frameworks	Federal Requirements or Relevant Federal Law	Overall Availability of Relevant Quality Measures
SC-20170901: ASSESSMENT, AND REFERRAL	<p>Children are screened early and consistently for special health care needs.</p> <p>Screening and Assessment:</p> <ol style="list-style-type: none"> 1. Upon enrollment and transfer between insurance coverage (e.g., public and private), a consistent and culturally and linguistically appropriate mechanism for identifying CYSHCN, including children with significant health conditions, is in place to ensure that these children are referred to appropriate types and sites of enhanced care. 2. 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. 3. State newborn screening information is delivered to providers and parents in a timely fashion and arrangements made for necessary follow-up services are documented. If indicated, the need for repeat screening and follow-up is communicated to the health plan and provider by the health or state program. 4. The child's health plan and medical home have a documented plan and process to demonstrate how they follow-up with a hospital or state health department when needed screening results are not received. 5. All children, including CYSHCN, receive periodic, developmentally appropriate, and recommended 	<ul style="list-style-type: none"> • Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. American Academy of Pediatrics • Core: Structure and Process Measures for Integrated Care for People with Dual Eligibility for Medicare and Medicaid. National Committee for Quality Improvement 	<ul style="list-style-type: none"> • Early and Periodic Screening, Diagnosis and Treatment (EPSDT) • National Quality Screening requirements for Medicaid • Comprehensive health and developmental history • Comprehensive audited physical exam • Vision and hearing screening and referral to a specialist provider • Appropriate immunizations • Lab tests • Interdisciplinary guidelines • Federal Medicaid managed care regulations for screening of CYSHCN <p>The Patient Protection and Affordable Care Act (ACA) requires that Bright Futures Guidelines be followed in the decision that provides the basis for eligible preventive services.</p>	<ul style="list-style-type: none"> • Healthy People 2020 Measures • National Quality Forum Measures • Children's Health Insurance Program Reauthorization Act (CHIPRA) Core Measures • National Survey of Children's Health

The full text of the standards can be found at:

<http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20Charts%20FINAL.pdf>

IN-DEPTH CYSHCN Standards State Systems Assessment Tool

The in-depth State Systems Assessment Tool allows the state X Title V organization, as well as any close partners that they may be working with, to conduct a subjective assessment of the organization according to each standard within a particular domain area.

Using the tool for the screening, assessment and referral domain, state X Title V program can:

- Identify relative strengths and weaknesses or areas for improvement within the Title V program
- Prioritize action steps the program can take – either alone or in partnership with other key state stakeholders – to improve the system of care for CYSHCN
- Identify areas to work with partners to improve the system of care for CYSHCN
- Recognize existing and new partners with strengths that the program can leverage to improve the system of care for CYSHCN

See Appendices A and B for example of the state X assessment and the full directions and blank assessment tool.

For each standard within the domain (Column A), state X Title V program indicates whether or not their organization has policies and procedures in place for that standard, and if they do, how effective they feel the policies/procedures are (Column B). In this case of standard SA1, state X felt it was not applicable to the Title V agency and more applicable to a health plan. (It is important to note that these are system standards, so not every standard will be applicable to every system partner.)

For each standard, state X also indicates which entities in the state have the authority to implement/ensure that particular standard (Column C). This information is useful to go back and review, because it gives state X a record of who they need to partner with to implement/ensure specific standards or to make progress around screening, assessment and referral.

State X also rates their agency authority to implement or improve policies and procedures that would support that standard (Column D). In this case, for standard SA1, state X Title V agency indicated their authority around this standard is weak, which is a score of 1. Both Columns B and D have scores, which will be helpful for the domain summary.

Here's the last part of the Screening, Assessment and Referral Assessment for state X (below). The standard seen here is about documentation of screening and services (RF2). The Title V program indicated they do have policies or procedures in place and rates them as not effective, for a score of 1 for this cell. The program feels that all system partners have authority to implement or ensure this standard, and they rate their own organizational authority around this standard as "moderate" for a score of 2 in that cell.

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: 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.

Column A System Standards (Structure and Process)	Column B Within my organization, there are policies and procedures in place for this standard:	Column C What agencies/entities in your state have the authority to implement and/or ensure this standard? (Check all that apply.)	Column D Please rate your organization's authority to implement or improve policies and procedures that support this standard.
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	<input type="checkbox"/> Yes (IF YES) How effective are those policies and procedures? <input type="checkbox"/> 1 Not effective <input type="checkbox"/> 2 Somewhat effective <input type="checkbox"/> 3 Very effective <input type="checkbox"/> No (Enter "0" for score, below.) <input checked="" type="checkbox"/> Not applicable to my organization	<input type="checkbox"/> Title V <input checked="" type="checkbox"/> State Medicaid <input type="checkbox"/> CHIP <input checked="" type="checkbox"/> Health Plan/Insurer <input type="checkbox"/> Provider (please specify) <input type="checkbox"/> Family/Consumer <input checked="" type="checkbox"/> Other (please specify) <u>State Legislature</u>	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 <input checked="" type="checkbox"/> Weak <input type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Strong OPTIONAL: Why?
	Enter Score: <input type="text" value="1"/>		Enter Score: <input type="text" value="1"/>

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. ⁵	<input checked="" type="checkbox"/> Yes (IF YES) How effective are those policies and procedures? <input checked="" type="checkbox"/> 1 Not effective <input type="checkbox"/> 2 Somewhat effective <input type="checkbox"/> 3 Very effective <input type="checkbox"/> No (Enter "0" for score, below.) <input type="checkbox"/> Not applicable to my organization	<input checked="" type="checkbox"/> Title V <input checked="" type="checkbox"/> State Medicaid <input checked="" type="checkbox"/> CHIP <input checked="" type="checkbox"/> Health Plan/Insurer <input checked="" type="checkbox"/> Provider (please specify) Primary Care Providers; state chapter of AAP; pediatric subspecialists <input checked="" type="checkbox"/> Family/Consumer <input checked="" type="checkbox"/> Other (please specify) <u>State Department of Education Office of Child Care; Early Intervention; state F2F HIC; other community organizations</u>	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 Weak <input checked="" type="checkbox"/> 2 Moderate <input type="checkbox"/> 3 Strong OPTIONAL: Why? <u>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</u>
	Enter Score: <input type="text" value="1"/>		Enter Score: <input type="text" value="2"/>
SUMMARY: SCREENING, ASSESSMENT and REFERRAL	Effectiveness Indicator:	Organizational Influence Indicator:	
	Total of Scores from Column B (Policies and Procedures) column: <input type="text" value="7"/> / 24 = <input type="text" value="0.29"/>	Total of Scores from Column D (Ability to Implement and Improve) column: <input type="text" value="14"/> / 24 = <input type="text" value="0.58"/>	
Additional Notes: <u>None</u>			

State X also included other information such as agencies that have influence over this standard (and could be potential partners), as well as the opportunity to use their statewide CYSHCN collaborative to focus on this issue to improve the consistency of implementation across organizations serving CYSHCN.

Finally, there is a summary row for this domain. State X has totaled all the row scores from column B and divided it by 24 (eight standards in this domain, multiplied by three) and has done the same for column D. This gives state X Title V program indicators for 1) organizational effectiveness and 2) organizational influence. (*There is a PDF fillable form version of the tool available [online](#), which will automatically calculate these indicators based on user responses.*)

Summary of the State X Assessment: The Title V agency had an **organizational effectiveness** indicator of “0.29” and an **organizational influence** indicator of “0.58.”

Using the matrix below, state X can see that their effectiveness indicator is low, while their influence indicator is moderate:

Score Ranges:	Organizational Effectiveness Indicator	Organizational Influence Indicator
0.00 to 0.33	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.	No or weak influence or authority without building or strengthening partnerships with entities that have authority/ability to influence domain. Refer to column C of your in-depth assessment and reflect on the existing or possible partnerships.
0.34 to 0.65	Moderate; consider ways that you may be able to strengthen the effectiveness of policies and procedures for each standard in this domain.	Moderate. Consider ways that you may be able to use your organization’s authority to strengthen the effectiveness of policies and procedures for each standard in this domain.
0.66 to 1.00	High; reflect on what factors have led to your organization’s success in this area and consider a submission to the AMCHP <i>Innovation Station</i> .	Strong; if effectiveness indicator is less than 0.66, consider ways that you may be able to strengthen the effectiveness of policies and procedures for each standard in domain.

The Title V program can now use these results to help identify priorities for their five-year action plan. The effectiveness and influence indicators can help state X consider how well-poised they are to address these potential priority areas, either through existing or building/pursuing new partnerships, or through their own authority to implement policies and procedures that support system standards within the domain area.

In the case of state X, the standards where they scored higher on effectiveness and influence can be potential priorities where the Title V program can have the most impact. In the attached example, state X scored themselves highest on:

- **SA5:** All children receive periodic, developmentally appropriate, and recommended comprehensive screenings, in accordance with Bright Futures Guidelines.
Strong Influence and Moderate Effectiveness

State X can use the results to identify areas where effectiveness and influence may be weak, but where there is greatest opportunity and need to improve. For example, on SA6 (Screening efforts, results and referrals are documented, relayed, and coordinated among all screening entities), the Title V program rated themselves low, but noted an opportunity to leverage their partnerships with Medicaid and the state chapter of the AAP to implement the standard.

Developing Objectives

State X decided to focus on areas where they have the most effectiveness/influence, as well as any area where there is the greatest opportunity for improvement and impact. State X uses standards SA5 and SA6 as a basis for developing performance objectives and action plan strategies. While the standards in this domain apply to all screening, state X has converted the standards to objectives specifically focused on developmental screening.

Standard	Objective
<p><u>SA5: All children, including CYSHCN, receive periodic, developmentally appropriate, and recommended comprehensive screenings</u> (to include screening for physical health, oral health, mental health, <u>developmental</u>, 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, <u>in accordance with Bright Futures Guidelines</u>.</p>	<p>1. Increase the percentage of pediatric primary care clinicians in the state who <u>conduct developmental screenings</u> for their patients <u>according to Bright Futures guidelines</u> by FY2020.</p>
<p><u>SA6: [Developmental] Screening efforts, results and referrals for further assessment are documented</u>, 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.</p>	<p>2. Increase the percentage of pediatric primary care clinicians in the state who <u>document screening results and referrals</u> (including results from child care, home visiting, etc.) in the patient's medical record by FY2020.</p>

Developing Strategies

State X now identifies strategies to achieve the set objectives. Using the "*Resources for Title V Action Planning: Developmental Screening Strategies and Measures*" document as a reference, state X can look for ideas on potential strategies in the areas that relate to each objective. For example, Objective 1 focuses on increasing screenings by providers; therefore state X may look at the examples under the "Provider/Practice Level" for ideas to apply in their state. Objective 2 is concerned with increasing documentation of screening results and referrals, which implies effective coordination and communication among screening entities. Therefore, state X may want to consider strategies under the "Policy and Public Health Coordination" level.

Strategies under "Family and Community Supports" also may apply since families will need to be aware of the need for coordination and how to talk to their provider about screening and referral to services. Community organizations that provide support and services to families also will need to be able to relay results to providers for documentation. Additionally, since documentation involves patient medical records, state X may want to consider strategies under "Research, Data and Information Systems" that related to improving capacity to document screenings and referrals in the electronic health records system.

Below are the strategies that state X selected:

Objective	Strategies
<p>1. Increase the percentage of pediatric primary care clinicians in the state who <u>conduct developmental screenings</u> for their patients <u>according to Bright Futures guidelines</u> by FY2020.</p>	<p>1a. Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures guidelines.</p> <p>1b. Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.</p> <p>1c. Partner with other entities (AAP, Medicaid/EPSTDT, 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.</p>

<p>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.</p>	<p>2a. Strengthen partnerships between Title V and entities who administer or lead programs that coordinate and/or finance developmental screening (state AAP chapter, Medicaid/EPSDT, MIECHV) at the state, local and community level.</p> <p>2b. Partner with the F2F to provide resources for families about signs and symptoms of ASD/DD, developmental milestones, and services that exist in their community.</p> <p>2c. Promote the integration of developmental screening and referral results into EMRs through provider outreach, education and software stipends.</p>
---	--

Developing Strategy Measures: How will we know we are having an impact?

The final piece of the action plan is to develop measures for the strategies so that the Title V program can monitor their progress and know if they are having an impact on the performance measure. The measure should specifically highlight Title V's ownership of what it does to drive the strategy and impact the NPM.

- *Note:* Title V programs will submit interim five-year action plans in the FY16 MCH Block Grant Applications. Evidence-based/informed strategy measures do not need to be submitted until the FY17 application. The examples below are provided to show how a state might think through the full action plan. Technical assistance will be available to states in the coming year to support their development of evidence-based or evidence-informed State Action Plans.

Objective	Strategies	Measures
<p>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.</p>	<p>1a. Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures Guidelines.</p> <p>1b. Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.</p> <p>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.</p>	<ul style="list-style-type: none"> • #/% 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

<p>2. Increase the percentage of pediatric primary care clinicians in the state who <u>document screening results and referrals</u> (including results from child care, home visiting, etc.) in the patient's medical record by FY2020.</p>	<p>2a. 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/EPSTDT, MIECHV) at the state, local and community level.</p> <p>2b. 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.</p> <p>2c. Promote the integration of developmental screening and referral results into EMRs through provider outreach, education and software stipends.</p>	<ul style="list-style-type: none"> • # 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
--	---	---

Pulling It All Together: Worksheet and Action Plan Template

The worksheet below (Figure 1) shows how the NPM, CYSHCN Standards, Objectives, Strategies and Measures for State X all tie together. (There is a blank worksheet in Appendix C if you would like to use the tool in your state.) Finally, Figure 2, shows how everything ties together in the Action Plan Table format.

Figure 1: Developing Objectives, Strategies and Measures for Title V MCH Block Grant Developmental Screening NPM Using the [National Standards for Systems of Care for CYSHCN](#)

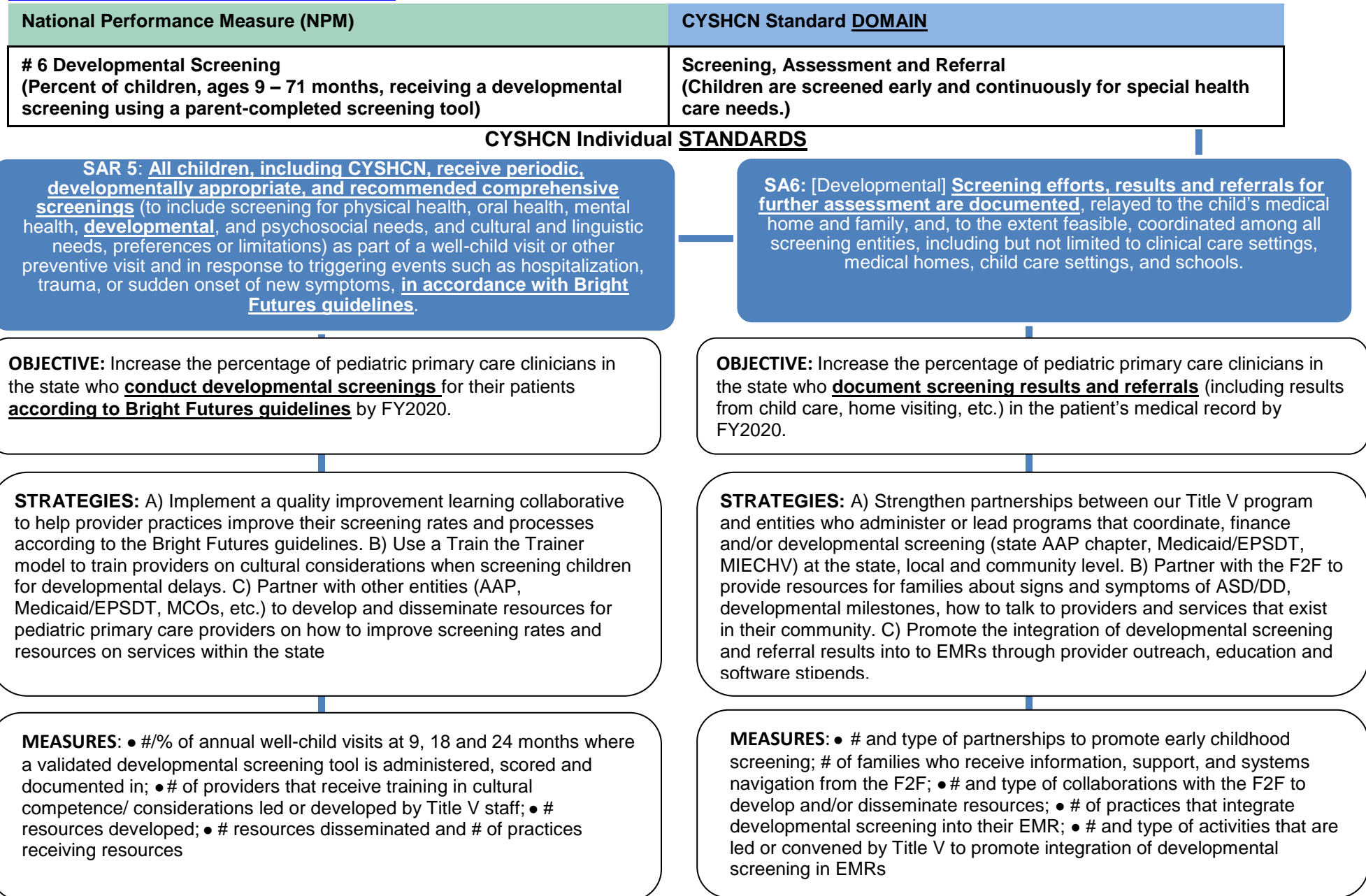


Figure 2: Five-Year State Action Plan Table - Developmental Screening Example

Domains	State Priority Needs	Objectives	Strategies	National Outcome Measures*	National Performance Measures*	Evidence-Based or – Informed Strategy Measures	State Performance Measures
Women/ Maternal Health							
Perinatal/ Infant Health							
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.	<p>1a. Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures guidelines.</p> <p>1b. Use a Train the Trainer model to train providers on cultural considerations when screening children for developmental delays.</p> <p>1c. Partner with other entities (AAP, Medicaid/EPSTDT, 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.</p>	#13, #19	NPM #6: developmental screening	<p>States will develop and insert ESMS in the second year of the application. (FY2017, due July 2016).</p> <p>For purposes of this example, measures State X identified include:</p> <ul style="list-style-type: none"> • #/% 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 	<p>States will develop and insert SPMs in the second year of the application. (FY2017, due July 2016).</p> <p>Click here for examples screening/ early identification related SPMs from the 2013-2014 block grant narratives.</p>

		<p>2. Increase the percentage of pediatric primary care clinicians in the state who <u>document screening results and referrals</u> (including results from child care, home visiting, etc.) in the patient's medical record by FY2020.</p>	<p>2a. 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/EPSTDT, MIECHV) at the state, local and community level.</p> <p>2b. 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.</p> <p>2c. Promote the integration of developmental screening and referral results into to EMRs through provider outreach, education and software stipends.</p>			<ul style="list-style-type: none"> • # 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 	
<i>CSHCN</i>							
<i>Adolescent Health</i>							
<i>Cross-Cutting or Life Course</i>							
<i>Other</i>							

* Data to be provided by MCHB

Conclusion

This case study illustrates how a state can use resources developed through SPHARC and the National CYSHCN Standards project as a framework to help develop an interim Action Plan that aligns with the Title V priority needs around developmental screening. These tools are not the only resources available to states, and additional technical assistance will be available for year two as states update their interim action plans in 2016.

Further, these resources are considering living documents. AMCHP will work closely with federal partners, national technical assistance centers and organizations, and states to update these documents and align them with upcoming opportunities and efforts.

Appendices (see separate document):

- Appendix A: State X In-depth Assessment Tool Example
- Appendix B: IN-DEPTH State Systems Assessment Tool - Directions and Blank Form (Screening, Assessment, and Referral Domain)
- Appendix C: Worksheet: Objectives, Strategies and Measures for Title V Block Grant Developmental Screening NPM