Strategy to Action: Improving Developmental Screening and Access to Early Childhood Services

#B3 – Wednesday, April 6, 2016
1:30PM – 4:30 PM
Welcome & Overview

Session Objectives:

1. Learn about a variety of tools and resources to assist with action planning and identifying strategies and measures improve rates of screening and early identification.

2. Apply tools, resources and activities to develop action plans or enhance existing action plans.

3. Identify opportunities within plans and/or strategies for cross-system collaboration to support access to services for children identified by screening.
Icebreaker

Leadership Styles

Assessment (Individual): 2 minutes

Activity (Group): 3 minutes
Developmental Screening: Overview and Landscape

Kate Taft, MPH
Association of Maternal & Child Health Programs
ktaft@amchp.org
Background

- AMCHP State Public Health Autism Resource Center (SPHARC)
  - Environmental Scan
  - Title V NPM#6 Resources
- Partnership with MCHB Autism Screening and Referral, Diagnosis, and Services Workgroup; states; national organizations
# Related Title V National Performance Measures (NPMs)

<table>
<thead>
<tr>
<th>#6 Developmental Screening</th>
<th>(Percent of children, ages 9 – 71 months, receiving a developmental screening using a parent-completed screening tool)</th>
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<tr>
<td>#11 Medical home</td>
<td>(Percent of children with and without special health care needs having a medical home)</td>
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<td>#12 Transition</td>
<td>(Percent of children with and without special health care needs who received services necessary to make transition to adult health care)</td>
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<td>#15 Adequate insurance coverage</td>
<td>(Percent of children 0 – 17 who are adequately insured)</td>
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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
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
- CYSCHN National Standards
- National Surveys
- NASHP/ABCD

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DOE
SAMHSA
Help Me Grow

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AMCHP 2016 April 6-9 Marriott Wardman Park
Federal Landscape

ACF
- Head Start/Early Head Start

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!

AMCHP 2016
National Organizations Landscape

AAP
Bright Futures

AMCHP
National CYSHCN Standards

AUCD
Six by Fifteen

NASHP
Assuring Better Child Development (ABCD)

Nat’l IP Network
Help Me Grow

National Quality Forum
Improvement Partnerships

Endorsed Measures

AMCHP 2016 April 6-9 Marriott Wardman Park
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<th>National Surveys &amp; Objectives</th>
<th>Other Related Programs &amp; Initiatives</th>
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<td>• UCEDDs (AIDD/ACL)</td>
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<td>• Developmental Disability Councils</td>
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<td>• Promoting Healthy Development Survey</td>
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<td>• Autism Speaks: Early Access to Care</td>
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# State Matrix: Select Federal and National Programs with a Developmental and Autism Screening Focus

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

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Early Childhood Screening and Services For All

Adriane K. Griffen, MPH, MCHES
Director of Public Health
Association of University Centers on Disabilities (AUCD)
Early Childhood Screening and Services For All

Together We Can
2015 will mark 40 years of IDEA and 25 years of the ADA. Honor the legacy of our past and help build a new future by joining our effort to achieve six national goals by the end of 2015.

http://sixbyfifteen.org/
Early Childhood Screening and Services For All

6 Goals to Achieve by ‘15

**EMPLOYMENT**

Six million working age adults with disabilities be part of the American workforce

**COMMUNITY LIVING**

At least six states will elect to implement the Community First Choice Option so that their Medicaid recipients with disabilities have access to long-term services and supports in

**EDUCATION**

At least six additional states graduate at least 60 percent of their students with disabilities with a regular high school diploma

**TRANSITION**

At least six states commit to supporting successful and outcome-based programs and strategies for high school transition services and close the labor force participation gaps for youth and young adults with disabilities

**HEALTHY LIVING**

At least six states commit to including people with disabilities as an explicit target population in all state public health programs

**EARLY CHILDHOOD**

At least six states increase by 15 percent the proportion of children ages 0-3 who receive recommended developmental screening
Early Childhood Screening and Services For All

Sixby’15 Early Childhood Goal

• At least six states increase by 15 percent the proportion of children ages 0-3 who receive recommended developmental screening. At least six states commit to improving cross-system information exchange that supports access to services for children identified by screening.

• Collaboration with partners: CDC, HRSA, AIDD, DOE, Birth to Five: Watch Me Thrive!

• Commentary on connection to services
Commentary: Systemwide Solutions to Improve Early Intervention for Developmental-Behavioral Concerns

4 bold actions
Early Childhood Screening and Services For All

Commentary: Systemwide Solutions to Improve Early Intervention for Developmental-Behavioral Concerns

Action 1: Child- and Family-Focused Early Detection and Care Coordination Entity in Every U.S. State
Early Childhood Screening and Services For All

Commentary: Systemwide Solutions to Improve Early Intervention for Developmental-Behavioral Concerns

Action 2: Comprehensive, Tiered, Equitable Approach to Assessing Developmental-Behavioral Needs and Corresponding Supports
Commentary: Systemwide Solutions to Improve Early Intervention for Developmental-Behavioral Concerns

Action 3: Universal Access to High-Quality Early Learning Programs and Preschool
Commentary: Systemwide Solutions to Improve Early Intervention for Developmental-Behavioral Concerns

Action 4: Continuous Accountability for the Early Detection & Intervention Process, Including Tracking Outcomes (i.e. Developmental-Behavioral Status) at Kindergarten Entrance
Early Childhood Screening and Services For All

Sixby’15 Early Childhood Goal

• At least six states increase by 15 percent the proportion of children ages 0-3 who receive recommended developmental screening. At least six states commit to improving cross-system information exchange that supports access to services for children identified by screening.

How did we do?
Early Childhood Screening and Services For All

Move to Action

How can we get this issue on the radar of US politicians?

How can we most effectively convey these 4 bold proposals to the general public?
Early Childhood Screening and Services For All

Your Mission/Your Call to Action

Keep the conversation going

• Use newsletter article
• Use talking points
Thanks and stay in touch!

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Goals & Objectives: Focusing Efforts
Stakeholder Analysis

Treeby Brown
Associate Director, Child and Adolescent Health
Association of Maternal &
Child Health Programs (AMCHP)
This process can be used to:

• Identify stakeholders for an issue
• Assess stakeholder power and position
• Identify advocacy strategies to apply
Agenda

• Values relevant to your “issue”
• Stakeholder Log
• Report Out
Reflect On Your Efforts Related to Developmental Screening / Early Childhood Services

Partners

• What issues/strategies are you working on?
• What are you trying to change?
• Who will be making the decisions?
Important Political Values

Problems are not just about “health”

- Political discourse ranges broadly
- Frequently mobilized around four values

Values

- **Efficiency** of market dynamics/allocation
- **Liberty** and freedom to choose
- **Equity** of market distributions
- **Security** of desired conditions/goods
Efficiency

Simple Definition: Getting the most output for a given input

• Economic (markets provide net benefits)
• Administrative (more with less)

Examples:

• HMOs, regional hospitals

Policy questions:

• Who gets benefits and costs? How to create an efficient society?
Liberty

Simple Definition: Free to do what you want unless it harms other people

- Governments often control perceived harms
  - To individuals (bodily, incoming, property)
  - To communities (zoning, economic markets)

Examples:

- Secondhand smoke, motorcycle helmet laws

Policy question:

- When can government intervene for the common good?
Equity

Simple Definition: Fair distribution of goods, resources and services

- Many political struggles are about distribution

Examples:
- Medicare, social security, welfare, reducing health/social/environmental disparities

Policy questions:
- What is equalized? What is fairness?
Security

Simple Definition: Minimum needed for survival

• Most fundamental political claim (“need”)

Examples:

• Public housing, WIC, minimum wage
• Future security: environment, younger generations

Policy question:

• Should government provide? Which? How can we prove need if cannot see it?
Public Health Policy Values

Public health policy values

• Security and Equity (justice)
  • Protect ourselves
  • Protect others “for their own good”
  • Help those burdened unjustly

Can clash with popular policy values
Values In Your Issue

Individual Activity:

- For the changes you are seeking…
- Identify core values that will inform the decisions being made
Stakeholders

Characteristics

• Interested in the issue

• Usually have ideas about solutions

• Have differing levels of political power
  • Will use it to protect interests/values
Types of Stakeholders

• **Interest Groups**
  • **Examples:** media, parent/student, advocates, lobby group, voluntary health organization, taxpayer/citizen

• **Elected and Appointed Officials**
  • **Examples:** legislator, governor, county commissioner, mayor, school superintendent

• **Government Administrators**
  • **Examples:** agency director/staff
Learning from Stakeholders

Listen to their definition of the problem
- Record key words, images, values
- Record their ideas for solutions

Listen to what they know about the policy climate
- Tracking current policies
- Know about policymakers or stakeholders

Prepare questions in advance
Recording Stakeholder Data

Usually too much to remember

- How store/retrieve information quickly?

Stakeholder log

- Table, database or spreadsheet
- Group stakeholders by relationship to issue
  - Develop your own group categories
Four Political Values: What it means for effective advocacy  
Worksheet 1: Stakeholder Log

**Instructions.** Use the following Stakeholder Log to record important information about the people involved in the problem and their unique perspective, core values, and political power. We include an example as a guide.

<table>
<thead>
<tr>
<th>1. Stakeholder</th>
<th>2. Primary Motivation (what they care about in life)</th>
<th>3. Perspective on the issue (what they say about the issue)</th>
<th>4. Core Values (can include: Efficiency, Liberty, Equity, Security)</th>
<th>5. Political Power (Low, Medium, High)</th>
</tr>
</thead>
</table>
| Governor       | Getting re-elected. Being popular. Low-risk decisions unless necessary. Will not propose or sign policy increasing taxes unless elections are far in future. | Seems pro “health” but in a general sense, especially for children. Avoıds speaking about disparities because sounds like “redistributing assets.” | • Security of office  
• Efficiency of processes (and reducing costs)  
• Liberty of voters | High for state issues |

**Interest Groups**

**Elected and Appointed**

**Administration**
Stakeholder Log

Individuals (or Teams) (15 min)

• Handout
  • Identify stakeholders for your issue

Buzz Groups (3-5 min)

• Help one another
Stakeholder Analysis

• Report Out

• What to take home?
Goals & Objectives: Using National Standards to Align Organizational/Program Efforts
Case Example Resource

• 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
### National CYSHCN Standards

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.

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.

### SPHARC Example Strategies and Measures

Examples from this document can be used to help states develop/select **strategies** and **measures** 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 Example

This example is included to show how everything ties together in an action plan template.
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
The Why, Who and How of the Standards

WHY?
Operationalize 6 Core System Outcomes for CYSHCN:
• Family Professional Partnerships
• Medical Home
• Insurance and Financing
• Early and Continuous Screening and Referral

WHO?

HOW?
• Easy to Use Services and Supports
• Transition to Adulthood
**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
- 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
State Systems Assessment Tools

• Practical self-assessment tools for Title V CYSHCN programs, state Medicaid and CHIP, health plans, provider groups, families and family partner organizations

• Allows stakeholders (as single organizations or in partnership with other organizations-coming soon!) to assess how well their organization and system is structured to address Standards

• Includes key questions for stakeholders to assess their capacity to implement or improve policies and processes that are outlined in the National Standards

• Organized in sections according to the Standard’s ten domains

• Two sets of tools – (1) abridged and (2) in-depth
In-Depth Assessment Tool

• Full version of the *Standards*, designed to assess each standard within on one or more Domains
• Designed to be used by organizations to take a deeper look into the System Standards, once your organization has used the Abridged Assessment Tool
• The tool is organized into tables, with one table for each Standard Domain. Organizations can choose to assess one, several, or all Domains according to the organization’s preference, need, and priorities.
• Unlike the Abridged Assessment Tool, use of this tool results in two indicator scores for each Domain assessed:
  • Organizational *Effectiveness* Indicator
  • Organizational *Influence* Indicator
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: 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>System Standards (Structure and Process)</td>
<td>Within my organization, there are policies and procedures in place for this standard:</td>
<td>What agencies/entities in your state have the authority to implement and/or ensure this standard? (Check all that apply.)</td>
<td>Please rate your organization’s authority to implement or improve policies and procedures that support this standard.</td>
</tr>
<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.</td>
<td>□ Yes (IF YES) How effective are those policies and procedures?</td>
<td>□ Title V</td>
<td>□ 0 None</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 1 State Medicaid</td>
<td>□ 1 X Weak</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ CHIP</td>
<td>□ 2 Moderate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Health Plan/Insurer</td>
<td>□ 3 Strong</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Provider (please specify)</td>
<td>□ Family/Consumer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ X Other (please specify)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>State Legislature</td>
<td></td>
</tr>
</tbody>
</table>

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

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>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title V</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>State Medicaid</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>CHIP</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>Health Plan/Insurer</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>Primary Care Providers; state chapter of AAP; pediatric subspecialists</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>Family/Consumer</td>
<td>2 Moderate</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>2 Moderate</td>
</tr>
</tbody>
</table>

**Enter Score:** 1

**Enter Score:** 2

### SUMMARY: SCREENING, ASSESSMENT and REFERRAL

<table>
<thead>
<tr>
<th>Effectiveness Indicator:</th>
<th>Total of Scores from Column B (Policies and Procedures) column: (\frac{7}{24} = 0.29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Influence Indicator:</td>
<td>Total of Scores from Column D (Ability to Implement and Improve) column: (\frac{14}{24} = 0.58)</td>
</tr>
</tbody>
</table>

**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>
Organizational Assessment

Your turn!
## Developing Objectives from the Standards

<table>
<thead>
<tr>
<th>Standard</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SA5: All children, including CYSHCN, receive periodic, developmentally appropriate, and recommended comprehensive screenings</strong> (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, <strong>in accordance with Bright Futures Guidelines</strong>.</td>
<td>1. Increase the percentage of pediatric primary care clinicians in the state who <strong>conduct developmental screenings</strong> for their patients <strong>according to Bright Futures guidelines</strong> by FY2020.</td>
</tr>
<tr>
<td><strong>SA6: [Developmental] Screening efforts, results and referrals for further assessment are documented</strong>, 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 <strong>document screening results and referrals</strong> (including results from child care, home visiting, etc.) in the patient’s medical record by FY2020.</td>
</tr>
</tbody>
</table>
State Example: Louisiana

• By Sept. 30, 2018, design a tracking system to monitor timely referral and follow-up for children with a positive developmental screen. - Related to CYSHCN SA# 5 & #6

• Increase by 10% annual the number of pediatric and/or family practice providers who have accessed training and/or support services related to screening (in years 2-5). - Related to CYSHCN SA #5

*Source: LA’s FY2015 Title V Draft Action Plan*
Strategies & Measures: Moving Toward Action
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>
</table>
| Provider/Practice Level | a) Implement a quality improvement learning collaborative to help provider practices improve their screening rates and processes according to the Bright Futures Guidelines. 
  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. | 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 
  b) # of primary care practices that received training and support for conducting developmental screening according to the AAP Bright Futures Guidelines | a) Quality improvement run charts/monthly reports 
  b) Training participant records; pre-post test data |

**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
<table>
<thead>
<tr>
<th>Challenge/Need Area</th>
<th>Sample Strategies</th>
<th>Sample Measures</th>
<th>Example Data Sources/Resources</th>
</tr>
</thead>
</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 |
How do Title V programs plan to increase developmental screening (NPM#6)?

- 39 jurisdictions selected NPM#6
- Common themes:
  - Training and TA
  - Policy Coordination
  - Data / Evaluation
  - Improving Service Systems
  - Increasing Family Engagement
Table Top Activity: Strategy Share

- Share one strategy where you have had success
- Share one where you have had a challenge....
Measuring Progress towards your Goal/Objective

• Measureable / actionable
• Reliable and valid
• Data available or planned to track over time
• A concrete way to know if you are meeting your goals/objective
# 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>
</tr>
</thead>
</table>
| ACF        | Head Start/Early Head Start | - # all newly enrolled children who completed required screenings within 45 days for developmental, sensory, and behavioral concerns  
- 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 |
### Examples: Developmental Screening Strategies & Measures

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement a quality improvement learning collaborative to improve</td>
<td># of pediatric and family practices participating in learning collaborative</td>
</tr>
<tr>
<td>developmental screening practices (e.g. tools, documentation, referrals)</td>
<td></td>
</tr>
<tr>
<td>Establish an interagency committee for developmental screening to</td>
<td>Interagency committee established</td>
</tr>
<tr>
<td>facilitate communication</td>
<td></td>
</tr>
<tr>
<td>Develop a shared data collection tool to track information on screening</td>
<td>Statewide registry made available to all trained providers</td>
</tr>
<tr>
<td>and follow-up</td>
<td></td>
</tr>
<tr>
<td>Support Help Me Grow activities to make developmental screening tools</td>
<td>Funding secured for Help Me Grow</td>
</tr>
<tr>
<td>accessible to families</td>
<td></td>
</tr>
<tr>
<td>Challenge/Need Area</td>
<td>Sample Strategies</td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------------</td>
</tr>
</tbody>
</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 |
### National Performance Measure (NPM)

**#6 Developmental Screening**  
(Percent of children, ages 9 – 71 months, receiving a developmental screening using a parent-completed screening tool)

### CYSHCN Standard DOMAIN

**Screening, Assessment and Referral**  
(Children are screened early and continuously for special health care needs.)

#### 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
Additional Resources:

- **Strengthen the Evidence Base for Maternal and Child Health (MCH) Programs** - [www.semch.org](http://www.semch.org)
  - Provides support and resources to assist State Title V 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.
Action Learning

Adriane Griffer

AUCD
What is an “adaptive problem”? 

- a challenge for which there is no one discrete correct answer 
- project, opportunity, task, or issue
Adaptive problem examples:

How do we integrate developmental screening in primary healthcare settings?

What do we do with children who don’t qualify for services but still need support?
What is Action Learning?

- Small group examination of an adaptive problem, with proposed solutions, action steps/experiments, questioning and reflection, lessons learned, and revised approaches
- A cycle, where you can begin with any stage
- Tool for the Act Early Network to strategize approaches and action steps for addressing these adaptive problems

Background:
- Developed by Michael Marquardt, George Washington University
- Applied in the National Public Health Leadership Institute Leadership Development Program
- Applied in University of Illinois Doctor of Public Health Program
Action Learning

**Action**: You have ability to take action on the problem.

**Reflection**: Think about the event action more closely, evaluate it, and listen.

**Learning**: You have the ability to draw out the lessons from the reflection.

**Planning**: Translate learnings into decisions/steps that will improve action.
Action Learning

- Planning → Action
- Learning → Reflection

Differences from *Plan. Do. Study. Act.*
- Action Learning Team with Coach
- Can loop back to previous step before moving forward
- Focus on questioning and reflection
Reflection is actually a part of each Action Learning step...

Action (Problem/concrete experience), reflection

Planning (Strategizing and generalizing), reflection

Reflection (Analysis and observation)

Learning (Testing/application), reflection
**Action Learning**

**Stages in Action Learning Problem Solving:**

**Action:** Understanding & reframing the problem – *What can you take action on? What piece can you influence?*

**Reflection:** Framing & formulating the goal – *What happened, helped, or hindered, and what do you need to consider?*

**Learning:** Developing & testing strategies – *What are you going to change based on what you learned?*

**Planning:** Taking action & reflecting on the action – *What is your strategy for making changes?*
Action Learning

Action: Understanding & reframing the problem

You need to have two things:
- content expertise
- context expertise
Action Learning

Reflection: Framing & formulating the goal

Start thinking about your goals. Remember - goals need to be two things:
1. high level
2. SMART: Specific, Measurable, Achievable, Realistic and Time-bounded

Start thinking about testing your ideas or hypothesis.
SMART goals

• Specific
  • Well defined & prioritized
  • Clear to anyone that has a basic knowledge of the project/topic

• Measurable
  • Know if the goal is obtainable and how far away completion is
  • Know when it has been achieved

• Agreed Upon
  • Agreement with all the stakeholders on what the goals should be

• Realistic
  • Within the availability of resources, knowledge and time

• Time Based
  • Enough time to achieve the goal
  • Not too much time, which can affect project performance
Action Learning

Learning: Developing & testing strategies

- get beyond knowledge that you brought to the table
- build on knowledge of each member of the Action Learning Team
  - creative new knowledge
  - pilot your ideas/actions or test your hypothesis
Acknowledgment
The Act Early Ambassador project is a collaborative effort of the Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA) and Association of University Centers on Disabilities (AUCD) to advance CDC’s “Learn the Signs. Act Early.” program to improve early identification of developmental disabilities. The project is funded by CDC and HRSA.

www.cdc.gov/ActEarly
Action Learning

Planning: Taking action & reflecting on the action

- pilot your actions
- each action period ends with the Action Learning Team deciding on and agreeing to specific actions and next steps
- revise your goals. Make your goals more defined.
Activity: Action Learning “Slinky”/Problem Analysis

Be authentic! Be curious! Be interested!

15 minutes
Activity: Action Learning “Slinky”/Problem Analysis

Choice: Individual Activity or Small Group Activity by Leadership Style

Activity Agenda:
Action Learning Problem Analysis: 15 minutes
Small group reports: 2 minutes for each group reporter
Identify positives: 2 minute from all attendees
Identify drawbacks: 2 minute from all attendees

Remember to take notes from your colleagues on Positives and Drawbacks.
Action Learning

Strategy for putting it all together

Thank you!
THANK YOU!

www.amchp.org/SPHARC

www.aucd.org/ActEarly