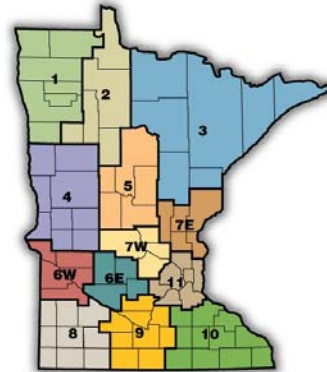


Using ECCS and Other State Systems to Inform Help Me Grow

Katy Schalla Lesiak, Minnesota Department of Health
 Shawn Holmes, Minnesota Department of Health
 Angie Hirsch, Minnesota Department of Human Services

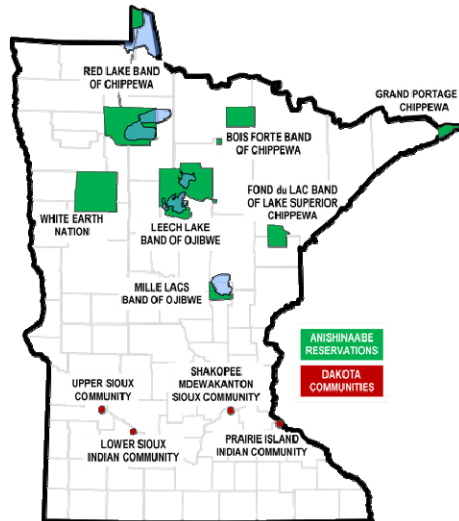


Minnesota regions



- State structures, with strong local control
- Counties
- Tribes
- Economic development regions
 - Child Care Aware
 - Child Find
 - EPSDT
 - Etcetera

Tribes



Minnesota's Early Childhood System

Minnesota Interagency Developmental Screening Task Force
 Early Childhood Comprehensive Systems (ECCS)

Children's Cabinet

MN Dept. of Education
MDE

MN Dept. of Health
MDH

MN Dept. of Human Services
DHS

Early Childhood Screening
 Head Start & Early Head Start

Follow Along Program
 Family Home Visiting
 Child & Teen Checkups (EPSDT)

Adult mental health providers
 Child protection

State systems we'll discuss today...

- Minnesota Interagency Developmental Screening Task Force
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) / Medicaid
- Early Childhood Comprehensive Systems
- Tribal Consultation

Minnesota Interagency Developmental Screening Task Force

Minnesota Interagency Developmental Screening Task Force

- Minnesota Departments of Education, Health, and Human Services
- Provide clear recommendations for screening tools
- Support consistency, coordination, alignment across public screening programs

EPSDT, Head Start, schools, public health, child welfare

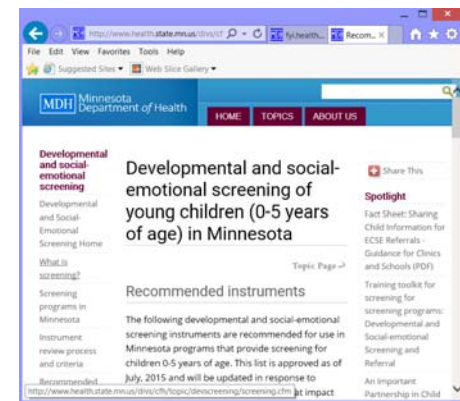
- ✓ Developmental domains
- ✓ Sensitivity/specificity, validity
- ✓ Reliability
- ✓ Recent standardization
- ✓ Practicality
- ✓ Cultural, ethnic, and linguistic sensitivity
- ✓ Minimum expertise of screeners
- ✓ Cost



Task Force website tour

www.health.state.mn.us/divs/cfh/topic/devscreening/instruments.cfm

- Instruments
- Screening programs
- Referral
- Training
- Resources



Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

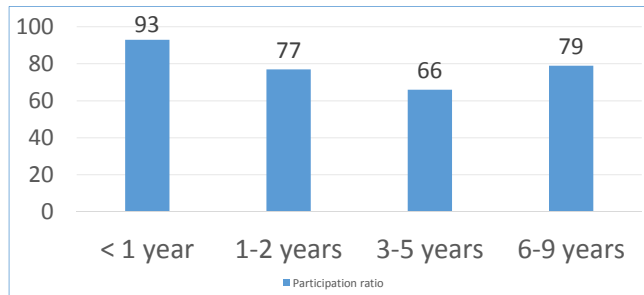


Early Periodic Screening, Diagnostic and Treatment (EPSDT)

- Child and Teen Checkups (C&TC): Minnesota's EPSDT program
- More than 500,000 Medicaid-eligible children statewide
- Existing structure for clinic/provider outreach and education at state, regional, and local levels



EPSDT/Child and Teen Checkups screening data:
Percent of Medicaid-eligible children who received at least 1 of their recommended well visits (CMS 416 data, 2016)



C&TC/EPSDT structure in MN

Level	Governmental/public	Clinical/private
State	<p>MN Dept of Human Services is state Medicaid agency</p> <p>MN Dept of Health has interagency agreement with DHS for health consultation (Medicaid administrative funding)</p>	<p>Minnesota professional academies</p> <p>Health plans</p>
Regional	Regional meetings & coordination	Health systems
Local	Counties and tribes contract with DHS for C&TC outreach to families and training of providers (Medicaid administrative funding)	Clinics & providers (Medicaid-funded comprehensive clinical services)

Early Periodic Screening, Diagnostic and Treatment (EPSDT)



- C&TC Periodicity Schedule based on Bright Futures:
 - Required surveillance
 - Recommended developmental and social-emotional screening ages
- Billing codes specified for each in C&TC policy: [MN Health Care Programs \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- C&TC policy specifies referral to Help Me Grow
- Recommended tools – per Task Force
- Managed Care Organization (MCO) involvement
- Training of providers

Child and Teen Checkups Periodicity Schedule

Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

C&TC Screening Components by Age	Infancy				Early Childhood				Middle Childhood				Adolescence					
	0-1	2	4	6	12	15	18	24	3	4	5	8	10	12	14	16	18	20
Anticipatory guidance & health education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Measurements	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Head circumference	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Height and weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Body mass index (BMI)																		
• Blood pressure																		
Health history	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Developmental/social-emotional/mental health:	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Screenings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Developmental screening	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Social-emotional/mental health screening																		
• Autism spectrum disorder screening																		
• Maternal depression screening																		
• Substance use assessment																		
Physical exam - head to toe, including oral exam and genital development	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Immunizations/Review	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Newborn screening follow up: blood spot and critical congenital heart screen	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Laboratory tests/risk assessment:																		
• Blood lead test																		
• Hemoglobin/hematocrit																		
• Tuberculosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
• Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																		
• Other labs as medically indicated including lead																		
Vision	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hearing	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Dental health:																		
• Dental checkups - verbal referral to dental provider or provision of first visit up to later than 12 months of age																		
• Fluoride varnish application (FVA) - starting at eruption of first tooth, every 3-6 months																		

KEY: X Required component for the visit; * Recommended screening for visit; Risk assessment followed by appropriate action; If no results for newborn Screening results on file, or did not pass, follow-up appropriately; Includes range to provide component at least one time

Training on screening and referral is integrated into C&TC

- MDH provides statewide in-person and online trainings, online resources
- MDH supports counties and tribes for training – especially in larger health systems that spread over regions
- Counties and tribes can provide direct training and outreach
- Partnering happens at the state, regional, and local levels with Child Find, school districts, and local public health

Future considerations for EPSDT/Medicaid and Help Me Grow

How can current C&TC (EPSDT) structures further support HMG?

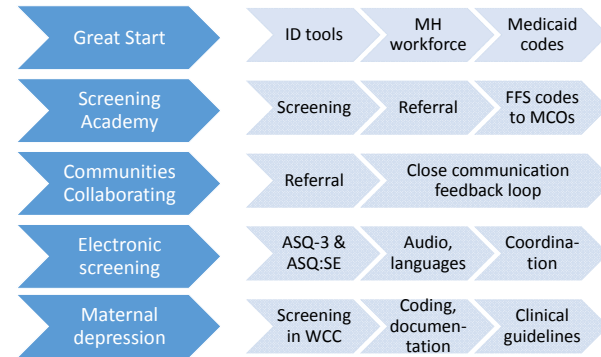
How can Medicaid administrative and comprehensive services funding leverage HMG services?

Early Childhood Comprehensive Systems (ECCS)

Supporting exploration and planning of Help Me Grow in Minnesota – Building off previous ABCD work

Clinical QI projects (ABCD)

2003-2017



Early Childhood Comprehensive Systems (2013-2016)

Promote healthy development: developmental & social-emotional screening & referral

Promote early detection & intervention

Coordinate across sectors

1

Expand screening & referral

2

Support electronic screening

3

Coordinate training

4

Explore data systems

5

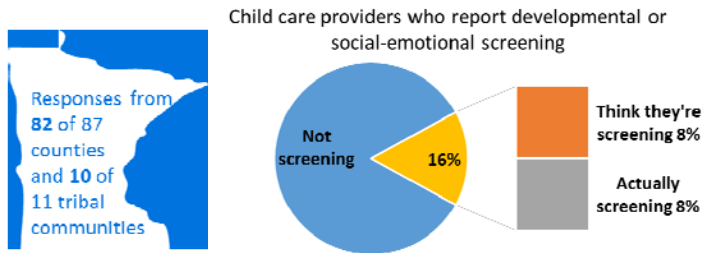
Explore centralized access point

ECCS goal 1: Expanding screening and referral in health care and child care

- Outreach to and support of primary care providers:
 - Incorporate into EPSDT outreach and training
 - Partner with the Minnesota AAP Chapter, other professional academies, higher education, and clinician champions
 - Testing electronic screening
- Exploring policy and strategy for child care providers and their role in screening
 - Survey

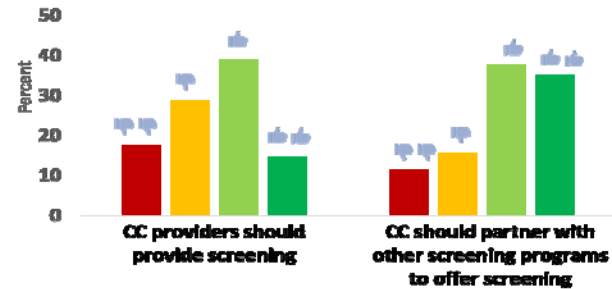
Child Care Survey: Developmental and Social-Emotional Screening

What are CC providers' practices, beliefs, and training needs for screening and referral?



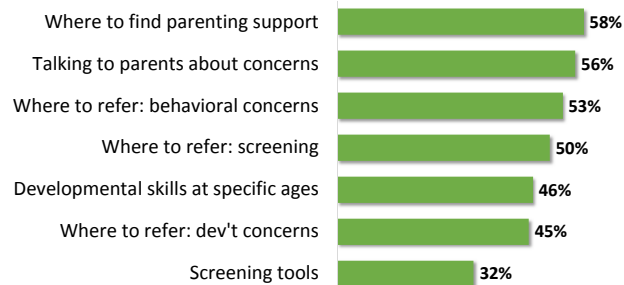
Key for Help Me Grow – Helping CC providers link to local programs

How do child care providers feel about their role in screening?

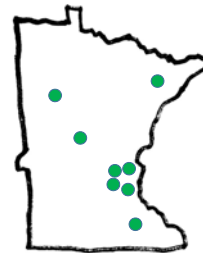


Key for Help Me Grow – A resource for CC providers & parents

Child care providers want more training on...

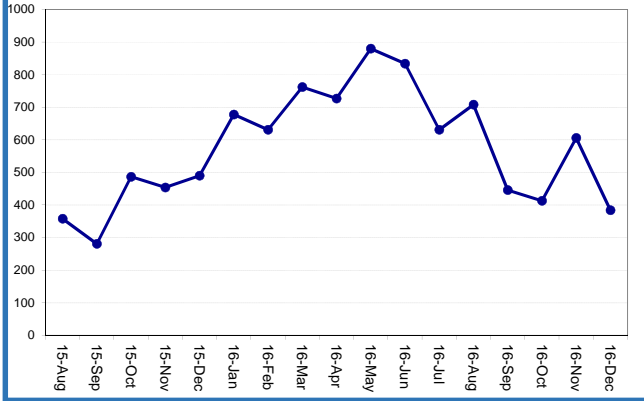


ECCS goal 2: Support Electronic Screening Initiative



- Electronic access to ASQ-3 and ASQ:SE
 - Vendor: Patient Tools
 - App-based, multiple languages, audio version
- 10 pilot sites across the state in various screening program types
 - Clinics, Head Start, local public health, schools
- Intended outcomes:
 - ✓ Improve access to screening
 - ✓ Increase the number of children screened
 - ✓ Support the coordination of care for young children
- If successful, explore statewide spread

Aggregate number of children screening electronically
August 2015 – December 2016



Electronically screening successes

- Early Childhood Screening and Early Head Start/Head Start experienced greatest success.
- Ability to screen more children in the same period of time.
- Ability to use Hmong and Somali translated versions and audio ASQs in four languages (400).
- Integration between electronic screening system and existing data system.
- Ability to expand to other screening instruments.
- Families liked it!

Family satisfaction

Using this app to do screening for my child is:

1) Not easy	207	2.2%
2) Easy	4073	43.9%
3) Extremely Easy	4742	51.1%
4) Prefer not to answer	259	2.8%
Total	9281	100.0%
Mean	2.5	
Standard Deviation	0.59	

Using this app helps me to understand and support my child's growth and development:

1) Yes	6012	64.8%
2) No	942	10.1%
3) I don't know	1937	20.9%
4) Prefer not to answer	391	4.2%
Total	9282	100.0%
Mean	1.6	
Standard Deviation	0.95	

Electronically screening challenges

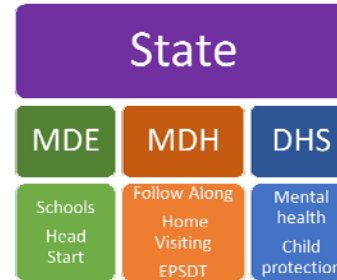
- Local public health and primary care experienced the most challenges.
- Local technology capacity is limited.
- Delay in functionality for families to complete ASQs at home.
- Variations in language dialects for audio versions.
- Ongoing staff needed to monitor electronic devices, family questions and technology glitches.
- Clinic flow (primary care and WIC).

Electronically screening next steps

- The majority of original pilot sites are continuing.
- Ongoing testing and adjustments of at-home portal with Patient Tools.
- Monitoring use of screening systems being in used through other vendors (in MN and NHMG).
- Considering testing other vendors.
- Always looking for funding opportunities.
- Priority recommendation for MN Help Me Grow central intake.

ECCS goal 3: Coordinate training across all public programs

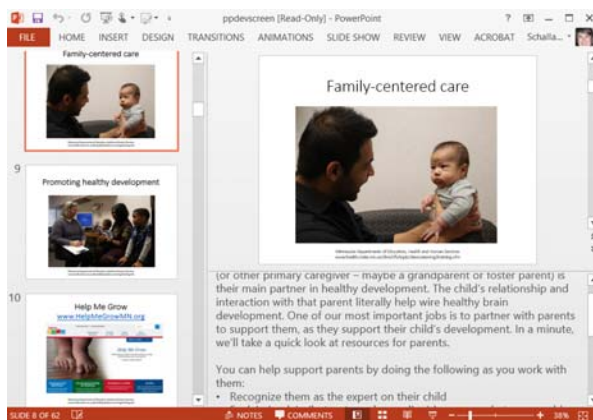
Developmental and Social-Emotional Screening and Referral [Training Toolkit](#)



- Current, evidence-informed
- Aligned across agencies & programs
- Family-centered, equity-focused
- Usable
- Content:
 - ✓ screening
 - ✓ family-centered care
 - ✓ referral
 - ✓ follow-through
 - ✓ cross-sector coordination

Training toolkit tour

www.health.state.mn.us/divs/cfh/topic/devscreening/training.cfm



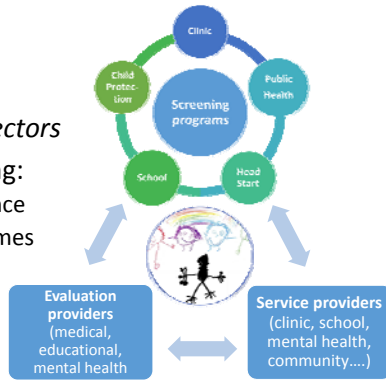
Training video samples

- [Asli Ashkir, RN: Presenting screening to refugee or immigrant families](#)
- [Casey Ladd, LMFT - Talking with parents of young children about mental health referral](#)



ECCS goal 4: Explore data systems to communicate & coordinate across sectors

- Identify specific data sharing needs and strategies to *improve coordination across sectors*
- Child-level data sharing:
 - better family experience
 - improved child outcomes
 - decreased gaps and duplication



Data is tricky

- Help Me Grow intake & referral tracking is key
- Integrating electronic screening to HMG could help
- Early Childhood Longitudinal Data System – great but not enough!
- State role vs. local success
- Closing the communication feedback loop after referral remains a challenge



Fact sheet: [Sharing Child Information to Coordinate Early Childhood Special Education \(ECSE\) Referrals](http://www.health.state.mn.us) (www.health.state.mn.us)

ECCS goal 5: Explore centralized access (AKA Help Me Grow!)

ECCS supported...

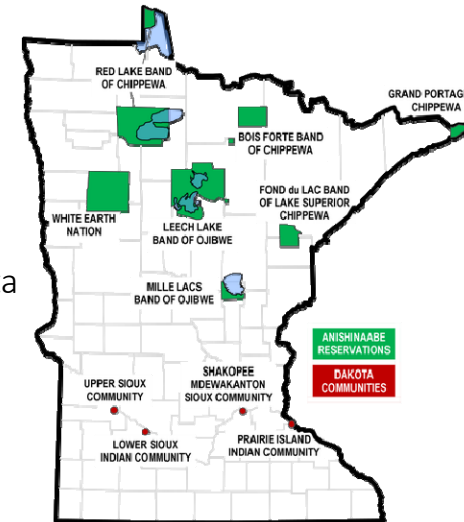
- ✓ Statewide summit, provider dinner, surveys to share information and gauge support for Help Me Grow
- ✓ Health Care Provider Outreach Workgroup and Leadership Team meeting facilitation
- ✓ Tribal consultation and summit meetings for Help Me Grow planning



Key Concepts for Tribal Consultation

- Federal trust responsibility
- Sovereignty
- Self-determination
- Culture-based services

Tribes in Minnesota



Help Me Grow planning process

- 2014**
- Meeting with state agency tribal liaisons: MDE, MDH, DHS, MN Council of Indian Affairs
 - “Brain Conference” HMG presentation
 - Tribal Health Directors meeting – recommended summit
- 2015**
- Meeting with MN Tribal Resources for Early Childhood Care (MNTRECC)
 - Tribal HMG Summit and follow-up meeting
- 2016**
- Partner with White Earth for ECCS Impact grant: (not awarded)

HMG recommendations from Tribes

- Create separate drop-down menu on HMG website specific to tribes and members of tribes
- Intake staff should be specifically trained for working with American Indian populations
- HMG centralized access system staff should include an American Indian liaison
- Assign a “case number” so follow up can occur with the same case worker, or a different provider is able to access the information (continuity of care)