Communities Coordinating for Healthy Development
Minnesota’s ABCD III Project

www.dhs.state.mn.us/cchd
Coordinating Care for Children: Measures, Achievements, and Remaining Challenges
Sample Referral Feedback Loop

Clinical Staff

Referral prompted by elevated screening score or concern

Clinical Staff Care Coordinator

Care coordinator puts feedback form into child’s medical record, flags provider to review

Early Intervention or Preschool Special Education Program

Interagency referral and communication and consent forms sent to early intervention or preschool special education program

Results sent back to clinic via referral feedback communication form

State Help Me Grow System

If district is unknown, or if the online system is preferred, make a referral to the State Help Me Grow through website or phone, to be forwarded to the appropriate local early intervention or preschool special education program
Elements of Care Coordination

Screening/referral protocols

- Creation of comprehensive work flow for screening/referral/feedback

- Increasing information on screening in Child & Teen Check-up (EPSDT) training to include use of state referral system and feedback expectation

Measure: percentage of children eligible for a screen who are screened per month
Elements of Care Coordination

Establishing bi-directional communication

• All sites developed bi-directional process
• Media differed (fax, phone, online)
• Began sharing screening results at time of referral

Measures:
• Percentage of children with positive screening scores or parent and/or provider concerns referred to Help Me Grow per month
• Percentage of feedback reports reviewed by pediatrician of children referred to Early Intervention services within a timely manner
Timeliness Measure

• How: days from referral to feedback returned from EI to clinic

• Target: <45 days, corresponding to federal EI requirement for eligibility determination

• Importance: in absence of feedback, clinic care coordinator does not know locus of issue, who to contact

• Measuring improved practice: baseline average of 73-116 days across clinics, reduced to 47-58 at end of project
## Key Practices

- Consent to release information needs to be secured by both the clinic and the district
  - The clinic needs permission to give family information to the district in the initial referral
  - The district needs permission to send the results of the referral to the child’s clinic
- Feedback should be sent to the child’s clinic regardless of where the referral came from
- District intake procedures need to include asking for the clinic’s name and fax number
- Clinic staff should put the feedback information into the child’s medical record and alert the physician when it is available
Clarification on Consent

For this specific feedback loop, there are two different times families are asked to give consent to release information: consent for the doctor/clinic to make the referral and consent for the district to send information to the doctor/clinic regarding the outcome of the referral.

Some districts routinely ask permission from the family to access the child’s medical records—this is a different consent than the feedback loop consents.
Elements of Care Coordination

Family perceptions of/satisfaction with care coordination

Measures:
• Families Very Satisfied or Satisfied with clinic’s handling of assessing, screening, referral and asking about family concerns for two conditions: learning and development and behavior and mental health
• Families Satisfied with communication between clinic, school district and family
Achievements in Screening and Referral

Dramatic increase in number of children receiving early intervention services in pilot communities

“In June 2009, Rochester Public Schools was providing ECSE services to 322 children from Birth up to K. In June 2012, we were providing services to 463 children. Over 3 years, this was an increase of 44%.

There are many factors involved, but I do believe part of this is related to the Mayo Clinic implementing the ASQ with their patients (led to increased referrals) as well as our collaboration with the CCHD project.”

Shawna Felton, Student Support Services Supervisor
Rochester Public Schools
Achievements in Care Coordination

- Clinics with an active care coordinator who contacted EI services to request feedback information received reports on 100% of their patients.
- Clinics who took a passive approach, waiting for feedback to come in, received information on 65% of patients, after setting up the initial relationship.
- Before setting up the relationship, they reported not receiving any feedback.
Process Improvements Benefiting Care Coordination

- Data entry and tracking: Uniform Access database introduced
  - No sites had EHR at beginning of project
  - Need for registry, from which summary data derived
  - Utility as care management tool

- Successes and challenges
  - Sites varied in data entry practices (discussed more, ahead)
  - One site used extensively for care management
  - Expansion to a child depression care project, and projected future use for behavioral health home
Process Improvements Benefiting Care Coordination

- One site also began incorporating key data fields in EHR as developed
  - Mayo Clinic is creating a flag to alert when care coordination to follow up on a referral is needed
- Development of uniform consent forms
- Development of uniform referral and feedback forms
Achievements in Family Satisfaction

- Percentage of parents who received guidance from provider following developmental screening increased 65 to 71% (2011-2012)

- Parent satisfaction with screening process high: 83% “very satisfied” with developmental screening, and 79% “very satisfied” with mental health screening (2012)
Measurement Challenges in Care Coordination

- No sites had care plans
- Database entry completeness varied by site
- Dedicated care coordination time varied across clinics from 1.5 to 32 hours/week; all care coordinators also had other clinic duties
- Local relationships between clinics and EI underwent changes related to state EI restructuring
Remaining Challenges: Strengthening Care Coordination

The best referral loop is part of an ongoing relationship between community stakeholders dedicated to providing care coordination for children and their families.

Care coordination for the child will be strengthened as the clinic and district improve their relationship. This allows:

- The clinic to provide the family with better information about what the Help Me Grow referral means and to encourage them to participate in the program
- The clinic to refer children with confidence that the referrals will be followed up on, generating more referrals
- The district to receive information about other services or referrals the child receives
Communities Coordinating for Healthy Development

Funded by a grant from The Commonwealth Fund and supported by the National Academy for State Health Policy

Created in cooperation with the Minnesota Department of Education and the Minnesota Department of Health.

Toolkit and sample forms can be found at www.dhs.state.mn.us/cchd
Contact Information

Glenace Edwall, Psy.D., Ph.D., LP, M.P.P.
Director, Children’s Mental Health Division, DHS
651.431.2326
glenace.edwall@state.mn.us
CCHD was developed as part of Minnesota’s Assuring Better Child Health and Development (ABCD) III project, directed by the National Academy for State Health Policy, supported by the Commonwealth Fund.

Partners include Minnesota’s Department of Human Services, Department of Health, Department of Education, and the Minnesota Child Health Improvement Partnership (MnCHIP).

www.dhs.state.mn.us/CCHD