7 Years Since ABCD II
Comments by Sonni Vierling, Iowa's 1st Five Healthy Mental Development State Coordinator
January 29, 2013

Iowa's ABCD II Initiative was a three year project (2003-2006) that focused on improving developmental outcomes and children's readiness to learn for Medicaid-enrolled children ages birth to three. The goal was to ultimately prevent the need for more intensive and expensive care at a later age by identifying children at risk for social-emotional and developmental delays by their primary care provider. The primary focus was on identifying children with less intense needs, for example, those who may only need preventive care; those who are identified as at-risk or in need of "low-level" interventions; and to assure that appropriate referrals, interventions, and follow-up will occur.

Iowa's ABCD II addressed primary health care barriers to delivering developmental care, including lack of knowledge and usable tools, too little time, and a lack of information about effective community resources. Building upon an AAP policy for Identifying Young Children with Developmental Disorders, the Iowa project developed and tested guidelines for primary health care providers to use in identifying young children with developmental needs at each level, with *Level 1* services for all children, *Level 2* services for children at risk, and *Level 3* services geared toward children with persistent problems or a definitive diagnosis. These three levels are posted on Iowa's EPSDT website (www.iowaepsdt.org). Additionally, Iowa Medicaid prepared a release to primary health care providers clarifying its policy about billing for standardized developmental screening.

The project developed a tool to aid in the surveillance and counseling for all children that included assessment questions for three often overlooked domains: social-emotional and behavioral status, caregiver depression, and family stress. Evaluation findings of two primary care practices piloting the tool (one rural family practice and one urban pediatric practice) showed a significant increase between pre and post implementation in assessing for all three domains.

Iowa's ABCD II also designed and tested a promising public-private partnership model to facilitate linking families with appropriate intervention services. Iowa's study data showed that universal surveillance rates for developmental and behavioral-emotional problems, and parental risks, could be improved by enhancing provider skills in the primary care setting, coupled with a partnership model that assists in linking families to services.

These findings provided a strong foundation for Iowa's health provider associations and state policy makers to then commit to spreading ABCD II in the state. After ABCD II funds expired in 2006, the Iowa legislature appropriated funds to the Iowa Department of Public Health (IDPH) to continue state funding to build the project's public-private collaborative partnership model at the community level for children ages birth to five. These next steps included serving all children regardless of insurance status. Initial appropriations were $325,000.

IDPH distributed a competitive bid to local Title V Maternal and Child Health community agencies to implement ABCD II strategies with health providers and local referral sources to support children's healthy mental development during well-child visits. Title V agencies were the only eligible applicants because of an existing agreement between IDPH and the Iowa Medicaid Enterprise that pays for Title V agencies to provide care coordination for Medicaid enrolled children in every county in Iowa. Child Health agencies are responsible for: 1) assurance that child health needs are identified in community-based health planning efforts, 2) inclusion of child health improvement strategies in community health plans, and 3) development of local infrastructures for child health support services. EPSDT Care Coordinators are familiar with community resources and the Medicaid population. They regularly contact families of Medicaid enrolled children prior to the periodic well-child visit and assist them to overcome barriers to accessing the services they need including those for well-child office appointments. Given this experience and sense of community, EPSDT Care Coordinators are well positioned to provide a strong foundation upon which to build referral and support services. This existing care coordination status also provides another funding mechanism in addition to their expertise about available community resources.

Three initial sites were chosen and began implementation strategies in late 2006 in six counties, both rural and urban. This second phase of the ABCD II Initiative in Iowa is now called the 1st Five Healthy Mental Development Initiative and continues to receive state appropriations. The value of a community driven public-private partnership model assures children and families get linked to continuously well-researched local services. For every one referral from a medical provider, 1st Five links families on average to 2-3 additional resources. This ratio reflects not only a high level of community resource knowledge, but also the time 1st Five staff take with parents to more fully understand underlying issues from the initial referral reason in order to connect families to all appropriate resources. Currently there are seven sites that cover 13 counties, working with 83 pediatric and family medicine practices with 284 providers.

1st Five sites conduct activities in each of the four priority areas:

1) Build and maintain medical provider relationships that promote high quality well-child care, supporting healthy mental development for young children. This includes building the capacity of local primary care providers to provide universal developmental surveillance and screening standards. Relationship building includes on-going communication of referral status as well as meeting with office and physician champions on a regular basis to assess the effectiveness of the model.

2) Provide care coordination that serves as a community utility, playing a crucial role in assisting primary care providers to deliver coordinated, comprehensive and family-centered care.

Care coordination requires personal contact with families and providers that allows for individualization of care and family-centered decision making to meet the needs of each family. This communication may be carried out through face-to-face visits, telephone contacts, or written correspondence.

At the individual level, care coordination involves providing information about available services, assisting families in making appointments, coordinating access to needed support services, and following up to ensure that services were accessed. Additionally, updating a community resource directory is central to this process.

1st Five care coordinators also integrate children's healthy mental development principles into their direct work with families. We recognize the importance of having competent care coordination staff to be effective in assisting families with often complex, multi-layered issues. Minimum training requirements for 1st Five sites include:

- Traumatic Stress on Brain Development
- Post Partum Depression
- Active Listening/Motivational Interviewing
- Child Development and Attachment
- Working with Families Affected by Substance Abuse Disorders
- Working with Families Affected by Domestic Violence
- ASQ and ASQ:SE Developmental Screening Tools

These trainings prepare care coordinators to bring a more comprehensive and compassionate approach to providing parent support.

3) Build collaboration & outreach with community stakeholders about the importance of young children's healthy mental development through lunch n' learn forums on a variety of related topics. These forums also provide

opportunities for networking and relationship building among service providers.

4) Submit bi-annual program data that documents 1st Five referrals and follow-up from medical practices. The evaluation includes bi-monthly phone calls with an external evaluator and bi-annual referral data reports. Site coordinators are also responsible for ensuring primary care practices complete pre and post implementation surveys.

Recent 1st Five evaluation findings include:

- Almost 5,000 children and their families have been referred by health providers to 1st Five for support and connections to community resources since 2007. A speech or hearing concern is the number one reason for an initial health provider referral to 1st Five, with family stress a close second.

- Almost 12,000 connections to local resources have been made for these families across seven 1st Five sites. Connections to resources such as food, housing, energy assistance, child care and preschool, employment assistance and transportation are most common, with health-related referrals, such as immunizations, lead screening, vision testing and specialty care, second.

- 1st Five supports practice change, helping Iowa health providers implement standardized, research-based tools to better identify the full range of family needs, including caregiver depression and family stress. Health providers increased comprehensive developmental assessments from 33% to 93% before and after 1st Five involvement.

- 1st Five has been described by participating providers as an easy-to-implement remedy to the challenge that doctors do not have the time, staff support or knowledge of community resources to address the full range of patient needs.

- Relationships are key to success and sustainability of the 1st Five initiative. The work requires time-intensive and ongoing relationship building with health providers, community organizations and families.

What's been most rewarding about working on 1st Five is to see the impressive strides in practice change for both private and public partners as they work together in this model. It becomes a model built on trusting relationships between medical providers, parents, care coordinators, and community service providers. These relationships are the cornerstone to creating a more effective support system to responding to the needs of young children.

As one of our provider partners puts it, “(1st Five) is helping me deliver the kind of health care that I know kids and families need.” ~ Dr. Angela Townsend, Covenant Clinic, Waterloo, Iowa