

A DECADE OF DEVELOPMENT

Approximately 35,000 Colorado children birth to three are currently affected by developmental delays.¹ This includes delays in acquisition of and use of cognition, speech, language, and motor skills. Without the appropriate access to services, these delays can negatively impact academics, health, and economic achievement later in life.

Screening is a short test to tell if a child is learning basic skills when he or she should, or if there are delays.² The American Academy of Pediatrics recommends all children under the age of three receive regular screenings for parents to better understand their child's development.³ Despite this recommendation, only 67% of children in Colorado are screened for delays.⁴

Screening for delays is only the beginning of the story – ensuring that children receive the necessary referral and access to services is key to changing the direction of a child's development. Even for those who are screened and recommended for services, only two-thirds of children are evaluated to determine if they qualify for Early Intervention Colorado (EI) services. This is due, in part, to children not being screened according to recommendations, primary care providers not having the tools and resources for screening and referral, the lack of communication between primary care providers, and families being referred to services but never actually receiving them.

The Early Intervention Colorado program provides developmental support and services to families and children birth through two years of age to improve a child's ability to develop and learn.

The good news is that Colorado is emerging as a leader in improving screening and referral for children birth to three. Recent reports from the Colorado Department of Human Services Office of Early Childhood found that 99% of children receiving services for significant delays showed improvement in their acquisition and use of knowledge and skills, such as



In this brief:

- ABCD History
- What We Do
- Recommendations
- Future Impact

Assuring Better Child Health & Development (ABCD) has been a leader working towards simplifying the health care system to remove the barriers for children needing important developmental services.

cognition, speech, language, and motor skills.⁵ This is crucial as long term studies show that children who receive these services go on to experience a 40% decrease in teen pregnancy, 20% decrease in teen arrests, 17% increase in high school graduation, and 27% increase in employment.⁶

For the past 10 years, Colorado's Assuring Better Child Health & Development (ABCD) has been a leader working towards simplifying the health care system to remove the barriers for children needing important developmental services. ABCD has provided expertise and consultation to primary care professionals and community agencies to create developmental screening and referral systems that are functioning at their highest potential. By collaborating with and serving as a resource for communities, ABCD is aspiring to ensure that every child has an equal opportunity to succeed.

ABCD's History

In 1999, the National Academy for State Health Policy (NASHP) and The Commonwealth Fund launched the Assuring Better Child Health & Development initiative. Between 2000-2012, NASHP and The Commonwealth Fund worked with states to improve identification and treatment of children at risk for developmental delay by convening learning collaboratives designed to spread promising practices. Colorado joined the initiative in 2006 with a focus on creating equal opportunities for all children in Colorado to succeed. The result was that Colorado's ABCD program increased the number of pediatric and family practices using a standardized developmental screening tool as well as increased referrals to EI coming from primary care providers by 400%.⁷

These early successes helped us to think bigger about how ABCD efforts could best support Colorado's children. First, ABCD transitioned to our own organization and broadened our mission. Our original mission focused on outreach and educational sessions about screening with pediatric and family practice physicians. This work, however, showed that screening alone is not enough to connect children to appropriate supportive services. This led to ABCD's second major evolution – the creation and development of the Model Community Framework (MCF). The MCF emphasized community coordination to increase quality screening, referral, and follow-up processes that connect children to needed supportive services as early as possible. The percent of primary care practices screening increased from 5% in 2006 to 95% in 2016.⁸ This key accomplishment demonstrates ABCD's success in building partners' skills at identifying developmental concerns and helping connect families to supportive services.

What we do: The ABCs of ABCD

The three pillars of ABCD's approach are **Advocacy**, **Best Practices**, and **Consultation and Support** – the ABCs of ABCD. We established these three pillars to support a coordinated system of care for communities, providers, and most importantly, families.

First, is our **Advocacy** pillar, where ABCD is a leading voice with policymakers and communities, championing physical and social emotional health of children birth to three. For example, in 2011, ABCD advocated for Health Care Policy and Financing (HCPF), Colorado's state Medicaid program, to change the Medicaid reimbursement regulations for

developmental screenings. Prior to 2011, primary care practices were being reimbursed for screening but there were no standards nor generally agreed upon tools for providers. ABCD argued that primary care practices should only be reimbursed for developmental screening if they used a standardized, validated screening tool as outlined by the American Academy of Pediatrics. Since 2011, HCPF has since changed the regulation and providers now are only reimbursed if they use these standardized, validated screening tools. Another area where ABCD recognized the system could be improved for children and families was communication and follow-up between providers. In partnership with Colorado's Office of Early Childhood and the Colorado Department of Education, ABCD recommended developing a common form so that providers were aware of the referral status of children as they were being sent to community agencies. As a result, providers were able to track families and ensure they were receiving timely and appropriate supportive services.

ABCD argued that primary care practices should only be reimbursed for developmental screening if they used a standardized, validated screening tool as outlined by the American Academy of Pediatrics.

As our advocacy work continued, we recognized that quality standards for screening were needed in Colorado. Providers were using different screening tools and referral processes were inconsistent across communities. This led to the development of our second pillar, **Best Practices**, where we provide training to implement evidence-based strategies as well as promoting quality standards in health care and early learning settings. ABCD did a comprehensive literature review to establish best practices in the key roles that help connect children to supportive services. ABCD's Quality Standards include key elements for the following roles: Monitoring and Surveillance, Screening, Referral, Evaluation, Parent Education, and Resources and Support. Ninety-four percent (94%) of recently surveyed partners say that they understand their role in the monitoring to services system.⁹

To expand our impact and support of best practices within primary care, in 2012, ABCD became the Healthy Steps (HS) home visitation program state coordinator. ABCD was appointed the HS state coordinator role because of our

What we do: The ABCs of ABCD, continued

reputation of building and maintaining strong relationships with primary care providers and community partners. HS is an evidence-based model designed to provide enhanced primary care services for children ages birth to three. Additionally, home visitation is also a core component of HS in order to deliver development and behavior services in a home setting. As the HS program state coordinator, ABCD is responsible for monitoring program implementation, increasing the number new HS sites, and providing our model content expertise to communities. We anticipate that by 2017, 1,500 children will be enrolled and supported by the HS program.

Healthy Steps Program

- An evidence-based early childhood behavioral health integration strategy.
- Promotes relationships between the early childhood system of care and primary health care providers.
- 100% of infants received at least one well-child visit by 6 months of age.
- 95% of women were screened for depressive symptoms within 6 months postpartum.
- 96% of children were screened for communication, problem solving, learning, and physical health and developmental delays.
- 100% of caregivers who received a referral to psychosocial services had confirmed receipt of referred services between intake and 12 months postpartum.

In addition, to encourage the adoption of identified best practices when screening and making referrals, ABCD created a quality improvement (QI) project based on implementation of the quality standards. ABCD supports primary care providers (pediatric, family practice, OB-GYN) in implementing QI projects. These projects include supporting the implementation of standardized screening and referral for child development, autism, and pregnancy-related depression. While supporting families and children, implementation of these QI projects also earn health care practices credit toward board recertification from the American Board of Family Medicine, American Board of Obstetrics and Gynecology, and the American Board of Pediatrics.

Over the course of approximately one year, practices participating in QI showed substantial improvement in the

QI projects also earn health care practices credit toward board recertification from the American Board of Family Medicine, American Board of Obstetrics and Gynecology, and the American Board of Pediatrics.

rates of referred children who followed through to an EI evaluation (20% improvement), as compared to practices in the same communities that didn't participate (only 9% improvement). Only 51% of children referred to EI were connected to services. After these sites received ABCD consultation, referral rates increased to 71% of children being connected to EI. Additionally, 99% of the referrals sent to EI by primary care practices were received compared to 57% before working with ABCD. An evaluation of QI data showed that 97% of project sites, after working with ABCD, agreed or strongly agreed to the statement: "building relationships with Early Intervention and/or preschool special education benefited me and the developmental referrals I make".

Finally, our third pillar, **Consultation and Support** is aimed at improving coordination between children and families and the appropriate EI services. The Children's Hospital of Philadelphia Policy Lab notes that while screening is important, it must also be supported by a coordinated, diverse number of services that include referral, evaluation, and service delivery.¹⁰ Based on this it was evident that Colorado needed a practical step-by-step guide to align services at the local level ensuring children are both screened for developmental delays and connected to services. This resulted in the creation of the MCF. This framework helps communities identify and address gaps in their early childhood system, by creating resources that help the pieces of the system work better together. A recent evaluation of community partners reported that 90% of surveyed partners that participated in the MCF process expanded their professional networks as well as 3 out of 4 reported that they gained knowledge that is valuable to their every day work with children and families, as well as increasing their understanding of early identification of developmental concerns.⁹

MCF helps communities identify and address gaps in their early childhood system, by creating resources that help the pieces of the system work better together.

Recommendations for Ensuring Optimal Development of Colorado's Children

ABCD remains committed to our ABCs and we invite your partnership in advancing this important work. The following recommendations are for providers, policymakers, decision makers, and advocates to build a screening and referral process so every child has an equal opportunity to succeed.

ACCOUNTABLE CARE COLLABORATIVE PHASE II

As health care changes and evolves in Colorado, there are many opportunities for screening and referral systems. The most significant is Health Care Policy and Financing Accountable Care Collaborative (ACC) Phase II. A key component of the ACC Phase II is to “further advance coordinated care by supporting a system of multidisciplinary Health Teams that, based on a client’s needs, can include specialty behavioral health providers, long-term services and supports case management agencies and certain specialists.”¹¹ ABCD and our partners are uniquely positioned to share model practices that complement the next phase of the ACC and share opportunities to build upon current coordinated systems in ABCD communities.

PROMOTE QUALITY STANDARDS

In order to ensure equal opportunities for children to succeed, all children should be screened for developmental delays, referred early when concerns exist, and connected to services as appropriate. Adherence to evidence-based best practices for screening and referral ensures that developmental delays are identified early, addressed as efficiently as possible, and all children receive the same standard of care. ABCD’s Quality Standards summarize these best practices. These standards can be used to guide screening and referral practices and protocols in health care and other settings.

ENHANCE SYSTEM COORDINATION BETWEEN AGENCIES

More cross-agency collaboration is needed to achieve the goal of linking children to needed services. The development of robust, coordinated systems will improve efficiencies in our systems and ensure that children receive the care they need, when they need it. Our experiences with providers and communities tell us education about screening tools and referral processes is necessary but not sufficient in

advancing the health of Colorado’s kids. MCF emphasizes that collaboration across agencies is key to connecting children to services.

PROMOTE PARTNER COLLABORATION

Local and state funders should invest in cross-sector collaboration strategies that support high quality screening and referral systems. These efforts should promote coordination in all areas of health and health care. ABCD’s partnership with communities across Colorado has contributed to communities increasing referrals to EI. ABCD has played a critical role in Colorado and provides system-wide knowledge on how the various moving parts should and could function together. Funding to support this work ensures better access to high quality developmental services for Colorado children.

Support ABCD’s Future Impact

The success of ABCD’s first 10 years is testament to the passion, expertise, and commitment of our staff and our partner communities. As we reflect on what we have accomplished, we recognize there is much more to be done. As ABCD looks to the future, the work of building screening and referral systems can’t be done alone. Our success depends on our partners to advocate for and collaborate with ABCD to accomplish our goals of improving the health of children. Talk to us to learn more about our past, present, and future and how together we can ensure that every child in Colorado has an equal opportunity to succeed.

Donate Today
www.coloradoabcd.org

- 1 Colorado Department of Local Affairs. (n.d.). *Population by age and gender - Parameters*. Retrieved from https://dola.colorado.gov/demog_webapps/pagParameters.jsf
- 2 Centers for Disease Control and Prevention. (2016). *Developmental monitoring and screening*. Retrieved from <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>
- 3 American Academy of Pediatrics, Council on Children with Disabilities. (2015). *Recommendations for preventive pediatric health care*. Retrieved from https://www.aap.org/en-us/Documents/periodicity_schedule_oral_health.pdf
- 4 Colorado Department of Public Health and Environment. (2014). *Colorado child health survey 2014 snapshot report*. Retrieved from <http://www.chd.dphpe.state.co.us/Resources/mchdata/CHS/Colorado%20Child%20Health%20Survey%202014%20Snapshot.pdf>
- 5 Colorado Department of Human Services. (2015). *FY 2014-15 annual report of early intervention services*. Denver, CO.
- 6 Anderson, L. M., Shinn, C., Fullilove, M. T., Scrimshaw, S. C., Fielding, J. E., Normand, J., & Carande-Kulis, V. G. (2003). The effectiveness of early childhood development programs. *American Journal of Preventive Medicine*, 24(3), 32-46. doi:10.1016/s0749-3797(02)00655-4
- 7 Early Intervention Colorado. (2015). *DDDWeb* [Database].
- 8 Assuring Better Child Health & Development. (2015). *ABCD Program Manager* [Database]. Denver, CO: BrightBean Labs.
- 9 OMNI Institute. (2015). *An assessment of the ABCD community work in four race-to-the-top (RTT) funded communities*. Denver, CO.
- 10 Kavanagh, J., Gerdes, M., Sell, K., Jimenez, M., & Guevara, J. (2012). *SERIES: An integrated approach to supporting child development*. Retrieved from <http://policylab.chop.edu/evidence-action-brief/series-integrated-approach-supporting-child-development-0>
- 11 Colorado Department of Health Care Policy & Financing. (2016). *Accountable care collaborative phase II*. Retrieved from <https://www.colorado.gov/pacific/hcpf/acphase2>