

SMART START PILOT GRANTS

Assuring Better Child Health and Development

May 2008 Evaluation Report

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The North Carolina Partnership for Children, Inc.

Overview of the Smart Start Pilot Grant Program

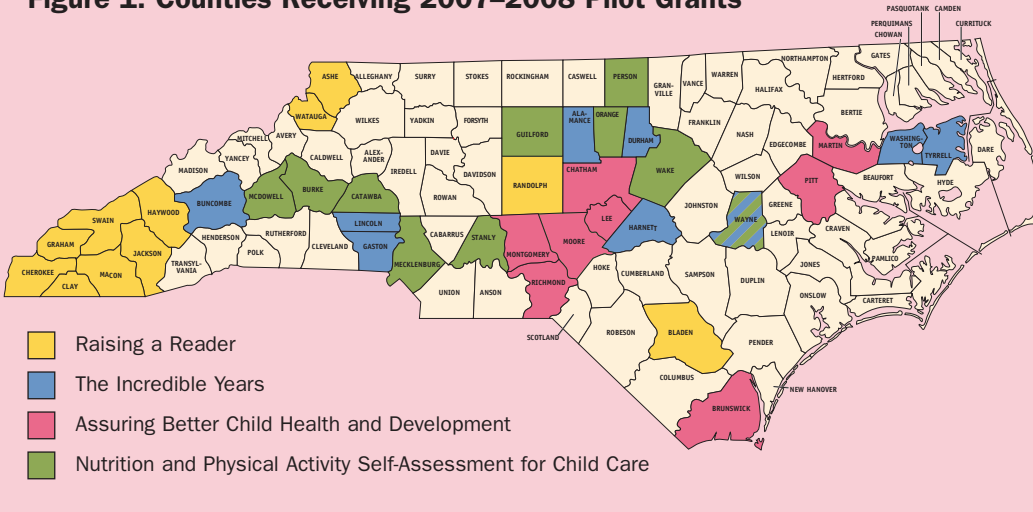
The Smart Start Pilot Grant Program targets four critical issues facing young children and their families (see Table 1). To address these critical issues with limited resources, Smart Start adopted a strategic, high-impact approach by piloting evidence-based programs in a diverse range of communities across the state. To be selected, programs needed to: (1) be innovative, (2) produce clearly defined child or family outcomes, and (3) have the potential to become a state-wide model (see Table 1 for list of programs).

Table 1. Critical Issues and Pilot Programs

Critical Early Childhood Issue	Smart Start Pilot Grant Program
Reduce childhood obesity	Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC)
Identify children with developmental delays or concerns	Assuring Better Child Health and Development
Improve children's pre-reading skills	Raising a Reader
Increase parenting skills that address children's challenging behaviors	The Incredible Years: BASIC Parent Training Program—Early Childhood



Figure 1. Counties Receiving 2007–2008 Pilot Grants



Scope

This report focuses on the Assuring Better Child Health and Development (ABCD) Pilot Grant Program and provides information about the program and its participants, lessons learned, and next steps.

Table 2. Locations and Enrollments of Participating Practices

County	Number of Primary Care Practices	Number of Children Under 6 Enrolled in Practices ^a
Brunswick	3	2,660
Chatham	6	3,101 ^b
Martin and Pitt	1	6,928
Lee, Montgomery, Moore, Richmond (Sandhills)	4	6,562

a. Number of children estimated by using physician estimates and number of Medicaid children as of August 2007.

b. Two practices were unable to provide any information.

Description of the Assuring Better Child Health and Development (ABCD) Program

The ABCD program is an intervention in primary care physician offices, with the goal that all children receive appropriate developmental screenings and referrals in the context of the medical home. About 70% of children with disabilities are not identified before they enter school.¹ Although primary care physicians have regular contact with the majority of young children, they face many barriers to offering regular developmental screening and referral services.

The ABCD program offers training and technical assistance to physicians and their office staff so that children can receive screenings and referrals to appropriate developmental services. Based on the success of a pilot of the ABCD program in 2000, North Carolina now requires that physicians regularly provide a developmental screening for Medicaid children, using a valid, standardized assessment tool. The Smart Start Pilot Grant provides assistance to physicians so that all children can receive the same quality and frequency of developmental screening, and so that primary care providers are able to refer children with developmental concerns to the appropriate services.

The intended outcomes for the ABCD Pilot Grant are: (1) an increase in the number of primary care physician practices that use validated developmental screening tools; (2) an increase in the number of children who receive developmental screening in primary health care settings; and (3) an increase in primary health care provider referrals for children with identified concerns.

1. Palfrey, J. S., Singer, J. D., Walker, D. K., & Butler, J. A. (1987). Early identification of children's special needs: A study in five metropolitan communities. *Journal of Pediatrics*, 111, 651-655.

Participants

So far, 14 primary health care practices are participating in the ABCD program, impacting approximately 19,251 children under the age of 6. Approximately 44% of children in participating practices are enrolled in Medicaid.

Baseline Screening and Referral Rates

Prior to receiving technical assistance and training, baseline data were obtained by reviewing developmental screening rates in a sample of records for 12 of the 14 participating primary health care practices.² A total of 356 records were reviewed, following Health Insurance Privacy Rule guidelines.

Description of Children in the Baseline Sample

- 71% of the children were enrolled in Medicaid; 29% had other types of health care coverage or did not have insurance (Figure 2).
- The average age was 22 months, with a range of 5 to 64 months.

Baseline Developmental Screening Rates

- 78% of children received the recommended developmental screening, using a valid, standardized instrument, at their most recent well-child visit.
- 10% of children who were screened were identified as at-risk for developmental delay.

While more than 75% of the children received a developmental screening, baseline data suggest that children are not consistently receiving all the recommended developmental screenings. The following data list the percentage of practices where *every* child in the sample received the recommended developmental screening.

- In 30% of the participating practices, every child received the recommended developmental screening at their *most recent* well-child visit.
- In 8% of the participating practices, every child received the recommended developmental screening at *each* designated well-child visit.

Baseline Referral and Follow-Up Service Rates

The ABCD program provides assistance to health care providers so that children with developmental concerns can receive needed services. Information about referral and follow-up service rates is provided below.

- 46% of children scored at-risk and were referred for services; 34% scored at-risk and were not referred for services; 20% did not score at-risk but were referred for services (Figure 3).

When a child is referred for services, their primary care provider does not always get information about whether the child actually received the services. This is an additional challenge that ABCD aims to address. Baseline data show:

Figure 2.
Insurance Coverage of Children
in Baseline Sample

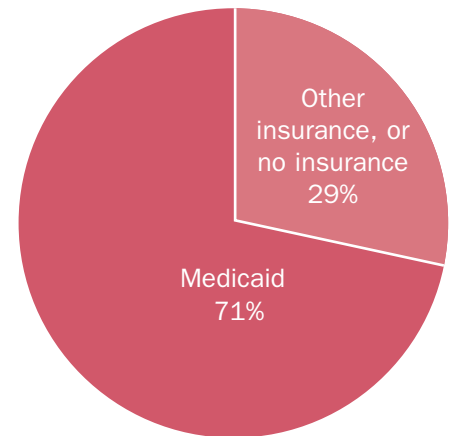
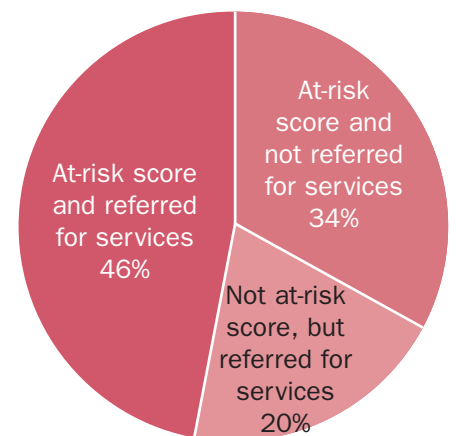


Figure 3.
Baseline Referral Rates



2. Two practices in Chatham County were unable to provide baseline data.

Success Stories

One primary care practice in Chatham County was not using a valid, standardized developmental screening tool. Once the practice became involved in the ABCD program, the medical director made the decision to begin using Ages and Stages, one of the recommended tools.

In a primary health care practice in the Sandhills Region, the ABCD Coordinator offered a presentation on the importance and use of developmental screenings. Although the practice had been using a developmental screening tool, children were not referred to services because providers did not know how to score the tool. With help from the ABCD Coordinator, the practice learned how to identify children at-risk for developmental delay. They also learned how to integrate screening results into their existing records system, so that children could be referred to needed services.

- Primary care providers received information about the referral status for slightly more than half (56%) of the children who were referred.
- Of the children for whom information was obtained, 50% were successfully linked to services.

Lessons Learned

During the first six months of implementing the ABCD Pilot Grant Program, The North Carolina Partnership for Children, Inc., noted the following lessons:

- One grantee was challenged to find an ABCD Coordinator with the appropriate knowledge and skills. Because of ABCD's unique collaboration across the medical and early intervention systems, the ABCD Coordinator needs to have knowledge of the management of a primary health care practice, services for children with developmental concerns, and developmental screening tools. Finding qualified staff is particularly challenging in rural areas.
- More preparation time was needed before working with the practices.
- Larger primary care practices were easier to work with because those practices typically have an office manager. The biggest barrier for smaller practices is the cost of the developmental screening tool.
- Having a physician in each participating practice who is a champion for the program is a key factor for achieving program goals.
- Some grantees view ABCD as a time-limited project. Others envision the program continuing after the grant period, and they are interested in seeking resources to sustain the program.

Plans for Fiscal Year 2008–2009

Primary care practices currently involved in the ABCD Pilot Grant Program will continue receiving services through June 30, 2008. Data on the use of developmental screening tools, referrals of children to services, and ensuring that children received referred services will continue to be collected quarterly. As this initial group of primary care practices institutes a regular screening and referral process, new practices will participate in the ABCD Pilot Grant Program.

For more information about the Smart Start Pilot Grant Program, contact Vivian Muzyk (919) 821-9571 vmuzyk@ncsmartstart.org.

