Early Childhood Developmental Screening: Information, Updates and Technical Assistance

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Maine Quality Counts

MaineCare Health Homes Learning Session
February 7, 2014, 10-11 am
Bangor, Maine
Maine Child Health Improvement Partnership (ME CHIP)

**Mission**
To optimize the health of Maine children by initiating and supporting *measurement-based* efforts to enhance child health care by fostering public/private partnership.

**Vision**
All practices providing health care to children will have the skills, support, and opportunities for collaborative learning needed to deliver high quality health care.
Agenda for the Day

• Developmental Screening: Why it is Important and its Role in Health Homes
• Past and Current Initiatives Around Developmental Screening
• Definitions of Screening vs. Surveillance
• Billing and Coding
• Resources Available: First STEPS 2014 and QC for Kids Website
Why is Developmental Screening in Children Ages 0-3 years Important?

• Pop Quiz:
  – What % of kids are affected by developmental delays and conditions?  10%
  – According to information published on March 30, 2012**, 1 out of how many kids have Autism Spectrum Disorder (ASD)?
    A. 1 out of 250
    B. 1 out of 150
    C. 1 out of 88
    D. 1 out of 25

AAP Recommendations


- Recommends addressing child development by including routine developmental surveillance;
- Periodic screening using standardized tools; and
- If a developmental concern is identified, referral and further evaluation to identify specific developmental disorders.
- Early identification of children with developmental delays and subsequent intervention can improve outcomes for young children.

**AAP Focus on Early Brain and Child Development (EBCD): 2013**

- Focus on *ecobio*developmental framework
- Will demand a public health approach to prevent, mitigate, and treat toxic stress
- Protect the brain and build new skills
Periodicity Schedule for Developmental Screening and Metrics

• The American Academy of Pediatrics (AAP) recommends the following:
  - Developmental Surveillance: at every well-child care visit (Bright Futures)
  - Children receive general developmental screening with a standardized tool at ages 9, 18, and 24 or 30 months.
  - Children receive screening for autism at 18 and 24 or 30 months.

• Children's Health Insurance Program Reauthorization Act (CHIPRA)/Maine Health Homes metric is a documented developmental screening by ages 1, 2, and 3 years.
Our Challenge

MaineCare claims rates for developmental screening is 1-6% for children ages 1, 2, and 3.

Source: MaineCare claims data, 2011

Health Home
Child Health Metrics

Clinical Outcomes
Goal 1: Reduce Inefficient Healthcare Spending
• Ambulatory Care-Sensitive Condition Admission
• ED Utilization (Utilization): Number of ED visits per 1000 member months
• Non-Emergent ED visits
• Percent of Members with fragmented primary care

Goal 2: Improve Chronic Disease Management
• Diabetic Care HbA1c: Percentage of members 5-17 years of age with diabetes (type 1 or type 2) who had a Hemoglobin h A1c test in the measurement year, average number of tests received and the distribution of number of tests members received.
• Follow-up After Hospitalization for Mental Illness HEDIS Claims: (6 years and older)
• Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (13-17 years, 18+ years)
Goal 3: Improve Preventive Care for Children (Pediatric)
• Well Child Visits in First 15 Months of life
• Well Child Visits Between 15 Months and 3 Years of Age
• Well Child Visits ages 3 -6 and 7 -11
• Adolescent Well Care Visit (12-20)
• Development Screening in the first 3 years of Life

Goal 4: Ensure Evidence – Based Prescribing
• Use of Appropriate Medications for People with Asthma/Pediatric Measures. Medication Therapy: (report separately for patients 2-<19yo, 19-75yo, and total)
• Non evidence-based Antipsychotic Prescribing
How do we create a circle of strength around kids to promote healthy development?

- Surveillance
- Screening
- Evaluation
## Learning from Previous Pilots

<table>
<thead>
<tr>
<th>Year Range</th>
<th>Description</th>
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</table>
| **2005-2009** | • 2005 - CDS worked to improve developmental screening across state-statewide task force assembled  
• 2007 - Maine involved in initial ABCD work  
• 2009 - The Developmental Disabilities Council led a developmental screening pilot in Maine with 5 sites and the CDC Maternal Child Health Director did many grand rounds between 2009-2011 on developmental screening |
| **2010-2012** | • 2010 - DHHS’ Children with Special Health Needs (CSHN) program applied for and was awarded a three-year State Autism Implementation Grant (AIG) of approximately $300,000 annually, funded under the federal Combating Autism Act Initiative with 2 sites in Bangor and Portland  
• 2011 - Maine Children’s Growth Council HAT Screening Report |
| **2012-2013** | • 2012 - CHIPRA demonstration project: Improving Health Outcomes for Children (IHOC) and Maine Quality Counts for Kids did 12 practice pilot called “First STEPS” on developmental and autism screening—CDS, Home Visiting, and Public Health work to improve screening  
• 2013 - Work at practice level led to call for more coordination across systems with head start, child care, public health nursing, primary care, early childhood education—work came together with IHOC partners and CDC in partnership with DSI- SAIEL group |
How do we move this forward at the system level?

MAINE 0-3 DEVELOPMENT SCREENING FLOW CHART

Where do Maine children, 0-3, access General Developmental Screening?

PUBLIC HEALTH NURSING
COMMUNITY HEALTH NURSING
EARLY HEAD START/HEAD START
MAINE FAMILIES/Home Visiting
CDS/PART C/0-3 includes Child Welfare CAPTA/PREP

CHILD CARE CENTER-BASED - LICENSED
CHILD CARE FAMILY CARE - LICENSED
CHILD CARE FAMILY/FRIEND/NEIGHBOR (NON-LICENSED)

SPECIALTY PRACTITIONERS: PT, OT, SPL, SOCIAL WORK

BEHAVIORAL HEALTH CARE PROGRAMS

SUB-SPECIALTY PHYSICIANS

COMMUNITY CARE TEAMS

PRIMARY CARE PROVIDERS
Patient Centered Medical Home/Health Homes (PCMH)
NEONATAL INTENSIVE CARE UNITS (NICUs)
DEVELOPMENTAL PEDIATRICIANS

Where do Maine Children ages 0-3 access Developmental Screening Programs and Services?

PUBLIC HEALTH NURSING
COMMUNITY HEALTH NURSING
EARLY HEAD START/HEAD START
MAINE FAMILIES/Home Visiting
CDS/PART C/0-3 includes Child Welfare CAPTA/PREP

CHILD CARE CENTER-BASED - LICENSED
CHILD CARE FAMILY CARE - LICENSED
CHILD CARE FAMILY/FRIEND/NEIGHBOR (NON-LICENSED)

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Patient Centered Medical Home/Health Homes (PCMH)
DEVELOPMENTAL PEDIATRICIANS
BEHAVIORAL HEALTH CARE PROGRAMS

NOTE: How does data sharing/communication flow (loop, 2 way, 1 way, etc.)

Individual Child Hardcopy Record
Individual Child Electronic Record
DATA ENTRY

How and What Developmental Screening Data is Exchanged/Viewed?

MEDICAL HOME/PRIMARY CARE PHYSICIAN

DSI/SAIEL Workgroup, 8/2013
DSI/SAIEL Partners

Maine SAIEL Developmental Screening Integration Team Partners

Circle of Strength
DSI Goals

The goal of the initiative is to improve developmental screening across the early childhood system for children ages 0-3 and their families by generating:

- Acceptance of a set of standardized developmental screening tools used by child health and early care and education providers: Decided in Nov 2013 to use Ages and Stages Questionnaire (ASQ-3) and Parents Evaluation of Developmental Status (PEDS) across sectors;
- Protocols for training requirements and administration of developmental screening tools that promote reliable and valid results;
- Mechanisms for sharing and communicating results efficiently and securely among child health and early care and education providers; and
- Cross-departmental policies in support of the coordinated system, including Health Home (HH) and Patient Centered Medical Home (PCMH) initiatives.
• Environmental Scan Across Child Health and Education Sectors to see:
  - Where and how young children are developmentally screened
  - How results are shared with families, medical providers and all organization working with children and families
  - How systems coordinate services based on developmental screening results to provide quality care for children and families

• Over 300 Responses: early care and education, home visiting, PT/OT/Speech, social work, Child Development Services, community and public health nurses, and 69 medical providers.
Recommendations from DSI Survey

- Build awareness of the importance of developmental screening in children ages 0 to 3.
- Create a coordinated system of referring children
- Design a standard 0 to 3 screening process, which includes standardized tools, to use across all early childhood settings.
- Improve communication and a way of sharing information which honors the family’s privacy, yet at the same time connects them to timely, appropriate resources.
- Connecting developmental screening results and referrals to electronic records help with improved communication, tracking and data collection.
- Carefully look at developmental services across a continuum from the standpoint of surveillance, screening, and formal evaluation.
Periodicity Schedule and Tools

Developmental Surveillance: at every well-child care visit
  • Bright Futures
  • Survey of the Well-Being of Young Children (SWYC)

Developmental Screening: at 9, 18, 24 or 30 month visit
  • Ages and Stages Questionnaire-3 (ASQ-3)
  • Parent’s Evaluation of Developmental Status (PEDS)

Autism Screening: at 18 and 24 or 30 months
  • Modified Checklist for Autism in Toddlers (M-CHAT-R)
Definition of Screening

- Developmental screening is the administration of a brief tool that assesses 5 domains of development (communication, physical/gross motor, problem solving/cognition, social-emotional skills and fine motor/adaptive skills) to aid in the early identification of children at risk for a developmental disorder or delay.
- A clear action step needs to be identified if a child does not meet the criteria for passing in one of the five domains.
- Screening should be completed, minimally, at critical ages or when a concern arises.
Screening Principles

- Actively engage, involve parents/caregivers as the expert about their child and his/her skills, abilities, interests
- Provide assistance as needed to complete the screening form
- Validity of Responses? Ask questions – can you tell me how your child does this, can you show me, etc.
- Listen and be responsive to parent/caregiver concerns
- Take action - Offer a repeat screening in another month, refer family to community early childhood resource (e.g., CDS) for re-screening/evaluation. Avoid displacing concerns – research supports parent report!
- Provide anticipatory guidance verbally and in writing to promote age- and developmentally appropriate activities and expectations
Resources to Help Practices Implement Developmental Screening in their Office

• Review your screening rates on the MaineCare Utilization Report from Fall 2013
• Review Terminology Chart
• Obtain Developmental Screening Toolkits (ASQ-3 or PEDS)
• Review AAP Autism Toolkit: MaineCare has purchased a license for Maine practices to use online (password protected)
• Understand MaineCare Billing Codes for Developmental and Autism Screening
• Attend First STEPS Regional Trainings/Webinars
• Visit QC for Kids Website- Provider Resources Page
• Review Developmental Screening Change Package
Example of UR Report

Primary Care Utilization Report - CHILDREN to 21 years

Quality Metrics - Practice Statistics

Quality Metrics - Prevention - Children to 21 Years

Children Aged 1-3 who had a Development Screening during the Measurement Year

% Members

PCCM

FFS

NPI:
Site Referral ID:
Reporting Period: 7/1/2011 - 6/30/2012

Follow-up after hospitalization for mental illness

% Members - 7 day follow-up

% Members - 30 day follow-up

Diabetic HbA1c Testing

% Members with 1 or more tests

Average number of tests per year

Diabetic Eye Care Exams

% Members

Diabetic Care LDL Measured within previous 12 months

% Members

Diabetic Care - Members receiving Nephropathy Treatment

% Members

Chlamydia Screening Ages 15 - 20

% Members

Appropriate Testing for Children With Pharyngitis

% Members

Children Aged 1-3 who had a Development Screening during the Measurement Year

% Members
<table>
<thead>
<tr>
<th>DEVELOPMENTAL SURVEILLANCE</th>
<th>DEVELOPMENTAL SCREENING</th>
<th>DEVELOPMENTAL EVALUATION (Diagnostic)</th>
<th>DEVELOPMENTAL ASSESSMENT (Ongoing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose</td>
<td>The administration of a brief standardized tool aiding the identification of children at-risk of a developmental disorder in one or more areas (cognitive, communication, adaptive, social-emotional, physical) through a gathering of history, observation, parental concerns and documentation of changes over time.</td>
<td>Identifies/diagnoses of the existence of a delay or disability, identifies the child's strengths and needs in one or more areas of development (i.e., communication) and determines the scope, intensity and duration of a therapeutic service(s) should a delay be identified.</td>
<td>Collects, synthesizes and interprets information about children from several forms of evidence of the child's learning, growth, and development on an ongoing basis, over a period of time. The assessment process identifies a child's unique strengths and needs in developmental domains (cognitive, communication, adaptive, social-emotional, physical and child approaches to learning/development) allowing for learning opportunities to be tailored to individual children. Assessment methods can be both formal and informal and typically include standardized testing, observations and parent input.</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>Conducted on a periodicity schedule using a standardized tool such as the ASQ, PEDS</td>
<td>Conducted on an inter-periodic basis utilizing a standardized or norm-referenced instrument (e.g., BDIST, CDI, HELP, PPVT-IV, GFTA-2, ASQ-SE)</td>
<td>An ongoing process that is conducted initially and periodically after that to determine a baseline of skills and as an on-going process to measure child growth and development. Examples include AEPS, HELP, IDA, Gesell, MSEL, TPBA, Teaching Strategies GOLD.</td>
</tr>
<tr>
<td>Administrator</td>
<td>Conducted by medical practices, PHN/CHN, Maine Families, Early Head Start, early care and education teachers with informed, active parental input and participation.</td>
<td>Performed by CDS/Part C, pediatric developmental specialists or child psychologists, SLP, OT, PT, Social Workers, Behavioral Health with informed, active parental input and participation.</td>
<td>Performed by CDS/Part C, Early Head Start, medical sub-specialists, SLP, OT, PT, Social Workers, Behavioral Health with informed, active parental input and participation and contributes to individualized curriculum planning and parent support/education services. If eligible for CDS, information is used to develop the Individualized Family Service Plan (IFSP) that defines and guides early intervention services across all developmental domains.</td>
</tr>
<tr>
<td>Periodicity</td>
<td>Ideally conducted for all children 0-3 in multiple settings in partnership with parents and other caregivers on an inter-periodic basis according to the AAP Periodicity Schedule minimally</td>
<td>Conducted for all children 0-3 minimally according to the AAP Periodicity Schedule or on an inter-periodic basis when concerns are expressed by a parent/caregiver or indicated by surveillance</td>
<td>Conducted in early care and education settings including Early Head Start and child care programs as part of curriculum and individualized planning as well as for children who may have been identified as having developmental concerns and are eligible for CDS. Frequency varies by program and purpose for the developmental assessment.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Newborn, 3-5 Days, 1 mo, 2 mo, 4 mo, 6 mo, 12 mo, 15 mo, 24 mo, 3 years</td>
<td>Developmental: 9 mo, 18 mo, 24/30 mo</td>
<td>Initial and Ongoing</td>
</tr>
</tbody>
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| MCHAT: 18 mo, 24/30 mo |

| 22 |

*FINAL DRAFT January 27, 2014  DSI/SAIEL*
Tools and Resources

- **AAP Autism Toolkit and AAP Bright Futures Toolkit, 3rd Ed**
  Providers can download the Toolkit and install it on their practice’s computer system: [http://www.maine.gov/dhhs/oms/provider/childrens.html#epsdt](http://www.maine.gov/dhhs/oms/provider/childrens.html#epsdt)

- **New Parent/Patient Education Forms Available**
  - 18 new handouts addressing key topics for Well Child Visits are now available: [http://www.maine.gov/dhhs/oms/provider/childrens.html#epsdt](http://www.maine.gov/dhhs/oms/provider/childrens.html#epsdt)
  - Based on the Bright Futures 3rd Edition guidelines
  - Revised to meet MaineCare health literacy requirements for members
  - Include Maine-specific informational links

- **Revised Well Child Visit Forms Available**
  - Updated to follow the Bright Futures 3rd Edition guidelines
  - Also include additional MaineCare priority elements
Billing/Coding

New MaineCare modifiers for Developmental and Autism Screening Tools

- **96110**: General Developmental Screening Tool- PEDS/ASQ ($8.99)
- **96110HI**: Autism Specific Screening Tool – MCHAT 1/MCHAT-R ($8.99)
- **96111HK**: Autism Specific Screening Tool- MCHAT 2/MCHAT-F ($86.59)
58.5% of medical practices reported not being aware that one of the metrics being collected for Health Homes from Maine Care claims is general developmental screening for children by age 1, 2, and 3.
Resources Available from First STEPS and Maine Quality Counts—Past and Future

- Background on Improving Health Outcomes for Children (IHOC) and First STEPS
- Results from First STEPS 2012 Phase 2
- Plan for First STEPS 2014- Spreading Lessons learned from 2012 Pilot to Improve Developmental Screening to additional practices
- Sign up for 3 Regional Trainings and 6 Webinars
Establish and evaluate a national quality system for children's health care provided through Medicaid and the Children's Health Insurance Program (CHIP). 10 grants awarded to 17 states to “test promising ideas for improving the quality of children’s health care” under Medicaid and CHIP.

Authorization

Section 401 (d) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)

Administration

Centers for Medicare & Medicaid Services (CMS)
First STEPS Learning Initiative

First STEPS (Strengthening Together Early Preventive Services): First STEPS is a four year Quality Improvement Initiative focused on improving children’s health care & improving preventive health (EPSDT*) screenings:

- Phase 1: Introduce Bright Futures 3rd Ed and Childhood Immunizations
- Phase 2: Developmental, Autism, and Lead Screening
- Phase 3: Healthy Weight and Oral Health
- First STEPS 2014: Spread lessons learned on developmental screening
- Each 8 month phase: 2 Learning Sessions; Monthly Practice Calls and PDSA Cycles
- First STEPS Learning Initiative targeted to practices serving high volume of children (>1000) covered by Maine’s Medicaid program; 28 practices collectively serving 33,985 kids enrolled in MaineCare (26%)* (based on 2010 MaineCare data)

First STEPS promotes the use of the American Academy of Pediatrics (AAP) Bright Futures Guidelines and the Principles of the Patient Centered Medical Home (PCMH)
PRACTICE IMPROVEMENT
First STEPS Phase II Overview

Developmental, Autism, and Lead Screening (optional anemia screening)

- Practice Teams from 12 child-serving outpatient practices, including 45 physicians collectively serving 20,000 children covered by MaineCare

- Goal for developmental, autism, and lead screening rates:
  Between May 2012 and December 2012, improve the rate of all these screenings by 50% with a target screening rate of 75%

- Learning Sessions in May 2012 and Sept 2012
- Monthly Practice-level Plan-Do-Study-Act Cycles
- Monthly Calls for Practice Coaches
- Practice Improvement Coaching Calls Every 4-6 Weeks
- Monthly Data Reports Apr 2012 to Dec 2012
PRACTICE IMPROVEMENT
First STEPS Phase II Evaluation Highlights

By the end of Phase II, nearly all children under age one (97%) received an ASQ or PEDS screen.

Average percent documented use of a developmental screening tool (PEDS or ASQ).

Data source: First STEPS Phase II Chart Review, (Improving Health Outcomes for Children (IHOC); First STEPS Phase II Initiative: Improving Developmental, Autism, and Lead Screening for Children Final Report, USM Muskie School of Public Service, August 2013)
### PRACTICE IMPROVEMENT
**First STEPS Phase II Evaluation Highlights**

MaineCare claims-based rates improved with increased billing and more consistent coding

<table>
<thead>
<tr>
<th>Age</th>
<th>First STEPS Practices</th>
<th>Statewide</th>
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<tbody>
<tr>
<td></td>
<td>Before Phase II</td>
<td>During/After Phase II</td>
</tr>
<tr>
<td>1yo</td>
<td>(5/1/11-4/30/12)</td>
<td>(5/1/12-4/30/13)</td>
</tr>
<tr>
<td></td>
<td>5.3%</td>
<td>17.1%</td>
</tr>
<tr>
<td>2yo</td>
<td>1.5%</td>
<td>13.3%</td>
</tr>
<tr>
<td>3yo</td>
<td>1.2%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Data Source: MaineCare paid claims, developmental screening measures based on CHIPRA #8 2012 measure specifications

**Billing for Autism Screening (MCHAT-1*) for 1 & 2 year olds has also increased since Phase II, although at a lower rate than developmental screenings.**

*Modified Checklist for Autism in Toddlers-1*

Improving Health Outcomes for Children (IHOC); First STEPS Phase II Initiative: Improving Developmental, Autism, and Lead Screening for Children Final Report, USM Muskie School of Public Service, August 2013)
Success in piloting new developmental screening billing codes in Phase II practices led to MaineCare implementing changes statewide.

Phase 2 identified the need for greater standardization of developmental screening between primary care and other developmental, educational, and social service programs.
First STEPS 2014: Improving Developmental Screening

Registration is Open for 3 Regional Trainings for primary care practices to improve developmental and autism screening: coordinated with Patient Centered Medical Home (PCMH)/Health Homes Regional Meeting

- Portland: Tuesday, March 4th - Abromson Community Education Center, USM, with Dr. Don Burgess
- Augusta: Tuesday, March 18th, The Senator Inn, with Dr. Steve Meister
- Orono: Tuesday, April 8th, Wells Conference Center, UMO, with Dr. Bob Holmberg

WHAT will the training sessions include?

- Training on how to administer developmental screening tools with patients and families and quality improvement support to implement tools
- One copy of a developmental screening toolkit (ASQ-3) provided at no cost ($300 value)
- Up to 30 Practices can do the project for Maintenance of Certification Credit (MOC)- 6 month project- monthly webinars, data collection, PDSA cycles, and coaching support.
First STEPS 2014 Webinars on Developmental and Autism Screening
Generally 2\textsuperscript{nd} Thursday from 12-1 pm (except Aug)
Practices Can Attend for CME Credit

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<thead>
<tr>
<th>DATE</th>
<th>TOPIC</th>
<th>PRESENTER</th>
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<tbody>
<tr>
<td>February 13\textsuperscript{th} or March 13\textsuperscript{th} 2014</td>
<td>Intro to new practices; QI Methodology: Understanding the model for improvement; creating aim statements, effectively designing and using PDSA cycles, metrics for developmental screening, intro to QI Team Space</td>
<td>Sue Butts-Dion, Amy Belisle, MD</td>
</tr>
<tr>
<td>April 10, 2014</td>
<td>Making the Connection with the Medical Home and Child Development Services, Part C, and other Early Childhood Partners doing Developmental screening in the Community</td>
<td>Dr. Holmberg Cindy Brown</td>
</tr>
<tr>
<td>May 8, 2014</td>
<td>What is Next? When a Child Doesn’t Pass Initial Autism Screening</td>
<td>Dr. Carol Hubbard</td>
</tr>
<tr>
<td>June 12, 2014</td>
<td>Planned Coordinated Care in Patient and Family-Centered Medical Home</td>
<td>Nancy Cronin Dr. Holmberg</td>
</tr>
<tr>
<td>July 10, 2014</td>
<td>Management of Behavioral Issues in Children with Autism Spectrum Disorders</td>
<td>Dr. Carol Hubbard</td>
</tr>
<tr>
<td>August 15, 2014</td>
<td>Early Brain Child Development (EBCD) relates to Improving Developmental Screening and Future Impacts on Well Child Care</td>
<td>Dr. Andrew Garner and Dr. Bob Holmberg</td>
</tr>
</tbody>
</table>
Improving Care for Children w/ Developmental Delays and/or Autism Spectrum Disorder

**Global Aim:**
Promote healthy development for young children and achieve earlier identification and intervention for children with developmental delays and/or autism spectrum disorder (ASD).

**Specific Aims**
From August 2013 to August 2016, we will increase the number of children enrolled in MaineCare receiving general developmental screening by primary care providers by 3 percentage points a year using MaineCare claims data as the source.

By 2016: MaineCare claims data will show 11.1% of children by age 1 (from 2.1%) 12.4% of children by age 2 (from 3.4%), and 9.5% of children by age 3 (from 0.5%) received a general developmental screening. (Baseline data is from 2011 MaineCare claims).

**Measures**
- # Screened
- Referrals
- Follow up Plans
Contact Information

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• **Joanie Klayman**, LCSW, IHOC Project Director, Maine and Vermont, jklayman@usm.maine.edu, 207-780-4202
Funding Statements

CHIPRA/IHOC Quality Demonstration Grant
February 2010 to February 2015: The Improving Health Outcomes for Children (IHOC) work is conducted under a Cooperative Agreement between the Maine Department of Health and Human Services and the Muskie School of Public Service at the University of Southern Maine and is funded by a grant from the Centers for Medicare and Medicaid Services (CMS) through Section 401(d) of the Child Health Insurance Program Reauthorization Act (CHIPRA). This document was developed under grant CFDA 93.767 from the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. However, these contents do not necessarily represent the policy of the U.S. Department of Health and Human Services, and you should not assume endorsement by the Federal Government.

For more information, please contact the IHOC Project Director, Joanie Klayman at jklayman@usm.maine.edu or 207-780-4202.

Developmental Systems Integration (DSI)
Supported by the Maine DHHS through funding from the US CDC Preventive Health and Health Services Block Grant 3B01DP009026-13 and the US DHHS Health Resources and Services Administration Maternal and Child Health Bureau Grant 2D89MC23149-02-00.