Introduction

Documenting the needs of Maine’s infants and young children has been a priority of the Maine Early Childhood Comprehensive Systems Initiative since its inception in 2004. More important is assuring that the assessments of children in their critical years for developmental, physical and social-emotional development drive sustainable improvements in policy, public will, program accountability and quality, and partnerships between and among state and local stakeholders.

Beginning in 2013, Maine Quality Counts for Kids (QC) started to partner with the State Agencies Interdepartmental Early Learning Team (SAIEL), the interdepartmental sub-agency established by the Maine Department of Education and the Maine Department of Health and Human Services commissioners. Together, QC and SAIEL are leading the Developmental Systems Integration (DSI) initiative in order to improve general developmental screening rates for children so that early identification and referral can occur statewide more seamlessly for all children ages 0-3 years. QC was a natural partner in this effort because of their leadership role for the IHOC First STEPS work with practices in 2012 and 2014, focused on increasing developmental and autism screening in the primary care practices through a federal CHIPRA grant.

The original goal of the DSI initiative, which aligned with the IHOC First STEPS work, was to increase the number of MaineCare children who receive general developmental screening by age 1, age 2, and age 3 by 3% per year using baseline data gathered in 2011. These data from 2011 MaineCare claims showed a rate of developmental screening of 2.1% by age 1; 3.4% by age 2; and 0.5% by age 3 based on the federal CHIPRA measure. By 2016, the goal was to show an increase in general developmental screening of 11.1% by age 1; 12.4% by age 2; and 9.5% by age 3 based on a federal CHIPRA metric and the American Academy of Pediatrics guidelines on general developmental screening. In 2013, MaineCare claims indicated that rates had exceeded the 2016 projected targets (see sidebar below for figures). New goals were established to increase developmental screening rates by 15% by December 2015 and 20% for all ages by December 2016.

Successes of Developmental Systems Integration Initiative

**Goal 1: Improving Health Care Quality for Children Ages Birth to Three through Expansion of Developmental System Integration Activities**

- Increased rates of developmental screening for children birth to age three, surpassing anticipated targets.
- Continuation of monthly DSI: SAIEL Steering Committee meetings providing statewide leadership to the DSI work.
- Facilitation of three DSI: Stakeholder meetings to inform others of DSI efforts.

November’s stakeholder meeting focused on up-to-date review of accomplishments, the
roll-out of DSI metrics and an introduction to Plan-Do-Study-Act methodology for quality improvement. May’s stakeholder meeting featured the work for the DSCI3 teams to date. September’s stakeholder meeting was a community forum for learning more about the Help Me Grow model for linking families to services from Connecticut’s Children’s Hospital Help Me Grow national team.

- Development and testing of DSI metrics across disciplines (Public/Community Health Nursing, Early Head Start, Maine Families, Child Development Services and medical practice chart reviews).

Improving Patient Experience of Care by Engaging Providers in Coordination Efforts to Increase Linkages and Referrals

- Providing cross-disciplinary support to three Maine communities (Waterville, Bangor and Midcoast regions) to enhance developmental system integration through the DSCI.
- Creation of workflows and common processes for timely information sharing of screening results across disciplines, to reduce duplication and enhance coordination within the DSCI communities.
- Engaging families into the DSCI through defining a common message about why developmental screening is important to families, using materials from “Learn the Signs. Act Early.”

Improving Efforts to Reduce Health Care Costs through Enhancing Systems

- Exploration of ways in which to reduce the number of developmental screenings being duplicated between organizations and medical practices through the DSCI teams.
- Determination of which insurers are providing reimbursement for preventative developmental screening with an increase in commercial insurers now covering the cost of developmental screening from FY 2013.

Challenges of Developmental Systems Integration Initiative

After completing the environmental scan of developmental screening practices in the fall of 2013, it was evident that sharing information across disciplines and conducting appropriate and timely referrals were areas of concern. Post-survey results from the DSCI and meetings with DSCI team members also highlighted that these same challenges currently exist. The goal of

With an alignment of efforts, including IHOC: First STEPS project and the DSI initiative, rates of developmental screening conducted in medical practices have (based on MaineCare claims) exceeded the initial goal of increasing developmental screening by 3% by 2016.

### Rates of Developmental Screening (MaineCare Claims)

<table>
<thead>
<tr>
<th>Age</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.69%</td>
<td>3.26%</td>
<td>12.5%</td>
<td>18.5%</td>
</tr>
<tr>
<td>2</td>
<td>2.48%</td>
<td>5.75%</td>
<td>17.11%</td>
<td>25.6%</td>
</tr>
<tr>
<td>3</td>
<td>1.14%</td>
<td>1.57%</td>
<td>11.93%</td>
<td>19.0%</td>
</tr>
</tbody>
</table>

New targets have now been established since original targets were exceeded in 2013. Fiscal year 2016 targets are to increase developmental screening by 20%.

<table>
<thead>
<tr>
<th>Age</th>
<th>Original Target FY 16</th>
<th>NEW! Target FY16</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>10.69%</td>
<td>21.7%</td>
</tr>
<tr>
<td>2</td>
<td>11.48%</td>
<td>22.5%</td>
</tr>
<tr>
<td>3</td>
<td>10.14%</td>
<td>21.1%</td>
</tr>
</tbody>
</table>

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3 DSCI=Developmental Screening Community Initiatives
purchasing ASQ on-line to help with coordination did not prove successful within FY 2015. While ASQ on-line was purchased by the DSCI teams, it is being tested for different purposes in each community (e.g., one community is using ASQ on-line to share screening information between disciplines; another community’s main use is to use the “Family Access” component to enable families to complete ASQ questionnaires electronically; and another community was testing the product with staff in one agency). It was determined that the use of ASQ on-line would be more appropriate for use as a statewide initiative vs. at the community level especially in terms of sustainability due to the technological components and funding.

While advances were made in terms of developing a family-friendly universal consent form and process for sharing information, there is still the outstanding issue of how to institutionalize such a process throughout the disciplines to avoid duplicate screenings. Sharing information with medical practices did show slight increases in the DSCI communities but sharing among community-based providers remained stagnant. This continues to be an area for needed improvement. Referrals for children needing further evaluation were increased to Child Development Services in the DSCI communities. The referral process in which the DSI Steering Committee recommends are those established by Child Development Services using their intake procedures, which can be done on-line or through a fax-back form. Understanding referral sources is still something to improve across disciplines as the other community providers did not see a change in referrals.

Common metrics did improve data collection efforts across those disciplines involved the DSCI (Public/Community Health Nursing, Maine Families Home Visiting, medical practice chart reviews, Early Head Start and Child Development Services). While common metrics helped inform trends and quality improvement, the metrics are still capturing duplicative screening efforts thus affecting the accuracy of the data collected. Collecting common metrics on a statewide level needs continued improvement, promotion and education as getting statewide rates related to developmental screening is still mainly dependent on MaineCare claims data, which does not necessarily capture all children screened. Data connectivity between data systems that capture early childhood information specific to developmental screening are not currently in place and would help with capturing unduplicated numbers of children screened.

Outreach efforts and further education with staff were noted as areas to improve in order to increase understanding around the importance of developmental screening and early identification. Family engagement needs to be enhanced through consistent outreach messages, increasing understanding related to the importance of following through with referrals and follow through on the disposition of referrals. Often families do not understand the importance
of the referral; are not linked to referrals or services; and are not engaged in a follow-up conversation resulting in further developmental delays for the child. Coordination with families was noted as a critical piece in getting children identified and into services early.

**Next Steps**
The DSI: SAIEL Steering Committee is committed to using the lessons learned from the DSCI teams to plan for systems of change that incorporate plans for improvement in developmental systems integration. While work will continue on improving developmental screening rates (with the target of increasing rates by 20% by September 2016) and sustained leadership provided by the DSI: SAIEL Steering Committee Specific, other targeted strategies in FY 2016 will include:

- implementing a cross-disciplinary universal process and form for sharing information;
- exploring a *Help Me Grow* model of improving linkages and coordination for families of children ages birth to eight;
- examining statewide data on developmental screening rates, information sharing, referrals and services to determine areas of improvement and areas that need more focused attention;
- improving family outreach and messaging around the importance of developmental milestones and screening; and
- providing technical assistance related to DSCI replication in other Maine communities.