



## STAFF ANALYSIS— SAN LUIS OBISPO COUNTY

<b>Name of Innovative (INN) Project:</b>	<b>3-by-3 Developmental Screening Partnership between Parents &amp; Pediatric Practices</b>
<b>Total INN Funding Requested:</b>	<b>\$859,998</b>
<b>Duration of Innovative Project:</b>	<b>Four (4) Years</b>
<b>Review History:</b>	
Approved by the County Board of Supervisors:	June 5, 2018
County submitted INN Project:	June 8, 2018
MHSOAC consideration of INN Project:	August 23, 2018

### **Project Introduction:**

San Luis Obispo County proposes an innovation project designed to test three methods for delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of three developmentally appropriate screenings before the age of 3 years old. Screenings will take place at ages 9 months, 18 months, and 24-30 months and will be offered in English and Spanish. The three methods to be tested include: screening administered by an in-clinic Health Educator, screening by Self-Administration (parent/guardian), and screening by a Child Care Provider.

*In the balance of this brief we address specific criteria that the MHSOAC looks for when evaluating Innovation Plans, including:*

- *What is the unmet need that the county is trying to address?*
- *Does the proposed project address the need?*
- *Are there clear learning objectives that link to the need?*
- *Will the proposed evaluation allow the county to make any conclusions regarding their learning objectives?*

*In addition, the MHSOAC checks to see that the Innovation meets regulatory requirements, that the proposed project aligns with the core MHSA principles, promotes learning, funds exploration of a new and/or locally adapted mental health approach/practice, and targets one of the four (4) allowable primary purposes: increases access to mental health services to underserved groups; increases the quality of mental health services, including better outcomes; promotes interagency collaboration; and increases access to services, including, but not limited to, services provided through permanent supportive housing.*

## **The Need**

San Luis Obispo County states that California is behind the curve on providing timely screening and identification that can catch and address mental health, behavioral, or developmental challenges early and facilitate access to treatment. The state is 43rd in the nation, with less than 30% of children receiving comprehensive and recurring screenings. The County goes on to cite a report that 70% of children with delays go undetected until kindergarten (Bethell C., et al., 2011). The County provides the following details demonstrating the local need for this proposal:

In San Luis Obispo 30% of children ages 0-3 are assigned to the main safety net clinics, which do not have a comprehensive screening in their electronic health record or a protocol in their procedures. Only one private pediatric practice bills Medi-Cal for screening and their screening specifically targets autism and attention-deficit/ hyperactivity disorder. Additionally, surveys of private pediatricians reveal infrequent use of validated tools.

In addition, the County states that they are lacking a comprehensive system to capture data of 0-3 years olds who may be at risk of developing behavioral health symptoms or who have developmental disabilities and identify that 0-3 year olds are an underserved population.

## **The Response**

To address the needs of 0-3 year olds and their families, San Luis Obispo County is proposing to make a change to an existing practice and promote collaboration by testing three methods of delivering comprehensive and recurring screening results for young children to pediatricians. Each of the three methods will include the administration of up to three developmentally-appropriate screening encounters before the age of three years old. The three methods to be tested are:

1. Screening administered by an in-clinic Health Educator prior to child's appointment with their pediatrician;
2. Screening self-administered by parent/guardian prior to an appointment by the parent/primary caregiver;
3. Screening completed by a child care provider at the child's Child Care Provider site and given to the pediatrician.

The County acknowledges that the American Academy of Pediatrics (AAP) already recommends that pediatricians conduct three (3) mental health screenings by age 3 but reports that pediatricians are not completing the screenings and the safety net clinics do not have a protocol in place. The County believes that this Innovation proposal will identify a method to effectively administer the screenings and increase communication between pediatricians and parents while increasing knowledge of mental and social-emotional development. The County hopes that the increase in knowledge and communication between pediatricians and parents will result in appropriate referrals for those children in need of services. The AAP recommends family-focused therapies to reduce the symptoms of emotional, behavioral, and relationship symptoms (AAP, 2016). **Does the County have capacity to provide therapeutic support for children and families in the 0-3 age range? If not, can building the therapeutic capacity be a part of this proposal?**

**The County may also want to discuss how pediatricians will facilitate referrals and “warm handoffs” to the Tri-Cities Regional Center or other appropriate provider if developmental delays, neurological disorders or developmental trauma are indicated by the ASQ.**

The County also acknowledges that some pediatricians utilize a self-administered method of taking the ASQ but did not identify any formalized models for child care partnerships and health educator delivery.

The County does discuss the Help Me Grow movement and its focus on increasing communities’ developmental screening and referral system through outreach to pediatricians and communities, developing a centralized access point for referrals, screenings and care coordination, and compiling data on screening and referral activity.

The County contends that this innovation project can be an added component of the Help Me Grow movement because “it employs a 3-method testing to better understand what practices are effective for comprehensive and recurring screenings”. They further state that, “[i]t is understood that at the national level there is also a need for a new model to fully incorporate mental health screening directly into the well-child visit conversation...” and “[t]here is currently no approach like the 3-by-3 Project concept that tests the relative efficacy of multiple methods”.

**The County may wish to discuss why they are testing the three methods in order to identify the most effective method instead of promoting a “no wrong method” approach to administering the screenings.**

### **The Community Planning Process**

Over a 6-month period, the San Luis Obispo Behavioral Health Department worked collaboratively with local stakeholders, including consumers and family members, to develop this innovation proposal.

The County's Innovation Planning Team is a stakeholder group consisting of between 10-20 representatives of different community groups including consumers, family members and underserved communities. The Innovation Planning Team met two times between September 2017 and March 2018 and will oversee the launch and participate in the evaluation of the innovation project, if approved. A comprehensive list of the diverse stakeholders that participated in the innovation planning process can be found on pages 7-8.

The County reports that the stakeholder group and meetings were designed with the purpose to encourage the development of learning projects, and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field. Stakeholders and the Innovation Planning Team were provided with an online project development toolkit consisting of innovation definitions and guidelines with a worksheet to walk them through the creation and development of the Innovation project.

The goal for the stakeholder group was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval. In order to determine the level of prioritization for each proposed project, the County provided stakeholders with an online tool for ranking purposes. This process resulted in two proposals for this round and two proposals for a future fiscal year.

This Innovation project was shared with MHSOAC stakeholders on May 15, 2018 and no letters of support or opposition were received in response.

### **Learning Objectives and Evaluation**

San Luis Obispo County has proposed implementing a project that will test three screening methods for young children. Specifically, the County will utilize the Ages and Stages Questionnaire (ASQ-3) and the ASQ Social-Emotional (ASQ: SE-2) tools, using the following three *screening methods*:

4. Screening will be administered by an in-clinic Health Educator prior to child's appointment with their pediatrician
5. Screening will be self-administered prior to an appointment by the parent/primary caregiver (control group)
6. Screening will be completed by a child care provider at the child's Child Care Provider site and given to the pediatrician (**See pg. 14 of County Plan**).

Screening will take place at three points in time—9 months, 18 months, and 24 to 30 months. The target population for the 3-by-3 project will be children under the age of three and their primary caregivers, and the County estimates that the project will serve approximately 450 children annually. In order to guide their project, the County has identified several *learning goals*, and include:

1. Learn more about specific practices that will be most likely to increase behavioral health screening in early childhood

2. Learn what methods increase conversations with parents/primary caregivers that allow increases mental health knowledge
3. Learn how specific settings can integrate mental health screenings into their location
4. Learn more about screenings and strategies that would increase referrals
5. Learn more about how specific strategies support recurring mental health screenings for children and allow increased parent/primary caregiver engagement, and
6. Learn which specific screenings and strategies allow increased mental health knowledge for pediatricians.

In addition to these learning goals, San Luis Obispo County hopes to meet six *outcomes* through the project, including:

1. Increase parent/primary caregiver knowledge of age-appropriate social emotional development as established by best screening method
2. Increase parent/primary caregiver mental health knowledge as established by best screening method
3. Increase pediatric setting's mental health knowledge as established by best screening method
4. Increase appropriate referrals for behavioral health needs of a child and family members as established by best screening method
5. Determine the preferred screening method that allows greater engagement of parents/primary caregivers, and
6. Determine the screening method and strategy preferred by pediatricians.

In order to determine if outcomes are met, the County will use a pretest-posttest method using surveys with parents/primary caregivers, as well as pediatricians. To test increases in knowledge, surveys will be given before and after screenings are completed with clients among parents/primary caregivers. It is unclear, however, and **the County may wish to clarify: how surveys will be developed, if they will incorporate the necessary best practices to ensure increases in knowledge are attained, and at what time points surveys will be administered.**

In order to examine changes in referrals, the County will track the number of referrals connected to each survey method. Lastly, pediatricians will be surveyed at 6-months and then annually to determine their preferred method of survey administration.

Data for the 3-by-3 project will be maintained by a program researcher who will also create reports for a contracted evaluator whom will be responsible for the overall coordination of the project evaluation and completing the final evaluation report. Findings and lessons learned from the project will be shared through several avenues, such as: San Luis Obispo Board of Supervisors, Behavioral and Public Health Departments, MHSA Advisory Committee, Help Me Grow Campaign, First 5, Central Coast Medical Society, California AAP District, among others.

**The County may wish to consider working with the local physician’s association to encourage pediatricians to adopt this model should it prove successful.**

### **The Budget**

The total proposed budget for this innovation project allocates \$859,998 of MHSA Innovation Funds over four (4) years.

The County states that they will utilize \$184,860 of unspent AB 114 funds from fiscal year 2008/09 in the first year. They will utilize projected fiscal year 2017/18 funds in the second year, fiscal year 2018/19 funds in the third year, and fiscal year 2019/20 funds in the fourth year.

Personnel costs total \$97,051 and funds the salary and benefits of a (0.4) FTE Project Coordinator for all four years responsible for logistics and acts as a liaison with contracting partners and Behavioral Health.

Other expenditures total \$60,000 for the complete project and include costs for the County Innovation Evaluator.

Operating expenditures total \$37,500 include the costs associated with the Ages and Stages Questionnaire (ASQ-3 and ASQ-SE) in English and Spanish; tablet data subscription and a stakeholder focus group/ annual event. **The County may wish to discuss the purpose of the annual event as it relates to this project.**

Non recurring Costs total \$10,750 and include the costs of a work station for Project Coordinator, Data System Setup and Child Care Provider tablet library.

Contracts (Consultants and Trainers) make up the majority of the budget totaling \$654,131 and include: costs to test the method of delivering the screenings at child care centers, a FQHC Safety Net Clinic and a private Pediatric Clinic (**see pages 24-25 of the County plan for full details**).

Brief breakdown of consultant costs:

<b>Who</b>	<b>Materials</b>	<b>Staff</b>	<b>Total (approximate)</b>
Child Care Planning Council	ASQ Training Workshops for Health Educators \$5,000	Stipends for Child Care Staff \$3,500	\$8,500
FQHC Safety Net Clinic – Community Health Centers of the Central Coast	Work Stations \$4,000	Project Clerk (\$12/hour at 20 hours per week with COLA increase every year)  Health Educator (1FTE at \$18 per hour with COLA increase every year)	\$224,164 (based on year one costs, will increase with COLA)
Private Pediatric Clinic	Work Stations \$4,000	Project Clerk (\$12/hour at 10 hours per week with COLA increase every year)  Health Educator (1FTE at \$18 per hour with COLA increase every year)	\$178,488 (based on year one costs, will increase with COLA)
Program Researcher			\$79,000
Indirect Costs			Approximately \$20,000

The County addressed potential questions regarding Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds stating:

MHSA funds will be used to provide resources to help parents complete the screenings, as well as to support scoring and data collection; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds do not pay for these services. EPSDT funds pay for the child’s medical examination; no MHSA funds will be used to pay for medical examinations. Screenings facilitated with MHSA funding will augment medical examinations, providing pediatricians with additional information from the parent’s perspective.

## **Additional Regulatory Requirements**

The proposed project appears to meet the minimum requirements listed under MHSA Innovation regulations.

## **References**

Addressing Early Childhood Emotional and Behavioral Problems (2016). Council on Early Childhood, Committee on Psychosocial Aspects of Child and Family Health and Section on Developmental and Behavioral Pediatrics. *Pediatrics*. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics/138/6/e20163023.full.pdf>

Bethell C., Reuland C., Schor E., Abrahms M., Halfon N. (2011). Rate of parent-centered developmental screening: Disparities and links to services access. *American Academy of Pediatrics*, 128.

**Full project proposal can be accessed here:**

<http://mhsoac.ca.gov/document/2018-06/san-luis-obispo-county-inn-plan-3-3-developmental-screening-partnership-parents-and>