

California Statewide Screening Collaborative
June 1, 2010
Meeting Notes

Agenda Item	Discussion	Next Steps	Notes
<p>1. Update on Outreach Activities via SSC Participant Agencies/ Organizations</p>	<p><u>MCAH</u> – Black Infant Health Project: Early childhood development focus <u>DDS</u> – Tracking screening tools used by Regional Centers to identify children as a way to learn about state trends <u>CAFP and AAP</u> – outreach to physicians at conferences for CME’s <u>First 5 Alameda</u> – promoting developmental and social-emotional screening at pediatric and early care settings. <u>Medi-Cal</u> – Clarifying the reimbursement process is continuing <u>Children and Families Commission Orange County</u>- UCLA/First 5 Assn. with the Southern California Commissions and Help Me Grow are working together to further relationships and practices. Conducting maintenance and certification for pediatricians for CME training and practice change with outcome data related to their efforts. <u>SIT</u> - convened FASD workgroup. Factsheets developed as a</p>	<p>Follow-up agenda items:</p> <ul style="list-style-type: none"> - Review of ADP factsheets - Discuss screening by OB’s, screening tools and linkage to services. <p>Distribute ADP factsheets to members. Can be used as core talking points for stakeholders.</p>	<p>ADP is screening and identifying mothers and linkages are difficult to make by the pediatric community; there is a related issue of labeling.</p> <p>Discussion parallels work of Project LAUNCH</p>

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	<p>template and agencies were asked to promote the data targeted to their audience.</p> <p><u>DSS</u> – Conducting webinars related to screening that have been well attended by child welfare workers. Providing 4 regional trainings on developmental screening across the state.</p>		
<p>2. Early Head Start/Head Start Linkages with Screening – Pamm Shaw and Rebecca Votaw</p>	<p><u>Pamm Shaw</u>: Screening all children in EHS and HS; screening conducted by associate level staff, some non-BA staff. 13% children screened have developmental delay. Share results with foster care system as appropriate. Also use the Desired Results assesment. Beginning to forge relationships with physicians. At this point, families do not get copy with screening results unless issues raised.</p> <p><u>Rebecca</u>: Size of programs impacts ways in which screenings happen. No structured mechanisms are in place statewide</p>	<p>Convene a work group, using ABCD and AAP, with a focus on:</p> <ul style="list-style-type: none"> • Communication with pediatricians– low tech and high tech • Start with Head Start for a statewide impact. All Head Starts use a software program that can make it easy to share information. • Four counties working with CWS to link with First 5 screening. <p><u>Work Group members</u>: Jane Tabor-Smith Renee Watchell Rebecca Votaw Pamm Shaw Janis or SART coordinator Samantha Malm Alyce Mastrianni</p>	<p>Can permission to share screening results with a pediatrician be added to the family release of information form?</p> <p>There are barriers with physicians related to health screenings, as well as developmental screenings</p> <p>There is a database for the sharing of homeless, foster care children records – can this be a model for our work?</p> <p>Remember non-electronic sharing of information important</p> <p>Suggest article written for pediatricians regarding Head State requirements with suggested system of communication.</p>

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		<p>Penny Knapp Janet Hill Mike Fuller or Aurora Dominguez</p> <p>Rebecca Votaw will send out a Head Start listserv survey to see what tools being used and how.</p>	<p>AAP Mental Health Task Force identified screening tools, and has set guidelines for screening and if of children with age groups and referral. Timely communication to pediatricians.</p> <p>Alameda County has a database that automatically faxes directly from the computer to the pediatric office. Highlight how that is working. Providers can send the web-based summary to the pediatrician.</p>
<p>3. Follow-up: Recommendations and Reimbursement under Medi-Cal</p> <p>Navid Sabiti and Dr. Watchell</p>	<p><u>This discussion applies to Medi-Cal fee-for-service</u> Currently, there are no existing parameters on screening tools. They are acceptable and can be reimbursable as long as the report is submitted they can be reimbursed. Forms that are incomplete or incorrect are the major reasons for reimbursement to be denied.</p> <p>Original intent was to include the AAP-approved list of screening instruments into Medi-Cal policy. After much discussion, the task force, in collaboration with MediCal determined that listing</p>	<p>Distribute Navid's powerpoint.</p> <p>Use the subcommittee being formed (see agenda item #2) to develop an education plan for providers. Write an article for Family Practice and AAP focused on reimbursement and eligibility.</p> <p>In the short term, the SSC will work to promote recommended pediatric tools through the education of health providers. Our long term goal remains to promote universal reimbursement.</p> <p>SSC members request time on</p>	<p>How can we find out how many school districts are billing for screening?</p> <p>Can social workers be reimbursed, given that foster care children are part of fee for service?</p> <p>Perhaps social workers can refer to those who can screen (partnering with public health) due to the timeframe and the length of approval time to become a MediCal provider.</p> <p>Is there research from other states using social workers for screening</p>

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	<p>specific tests will create difficulties over time when a tool is revised or a new tool is introduced. The process for approval is lengthy. Additionally, the age range of screening tools are typically for young children, not up to 17.</p> <p>Electronic billing is not used with the reports, which makes the process difficult</p> <p>1115 waiver is a Hospital Waiver for care of individuals likely to need or use hospital services. Work groups have been convened and are charged with the task of developing pilot models that may be implemented by DHCS as they apply for 1115 waiver renewal to expand flexibility in how services are delivered and to limit cost. Reports due in August 2010. Looking at children with special health care needs moving to managed care as a model. apply for 1115 waiver renewal to expand flexibility in how services are delivered and to limit cost. managed care as a model.</p>	<p>meeting agendas and make educational presentations.</p> <p>Providers can call 800-541-5555 for a regional representative (operated by the accounting reimbursement company working handling the billing for Medi-Cal) to help with training, denied claims, etc.</p> <p><u>Future agenda items:</u> CWS screening experiences in other states. Are children being screened in their home? Best practice it to screen before the child is removed.</p> <p>Children’s Hospital Oakland screens foster care children, funded through EPSDT. How is this happening using mental health dollars? Janis Burger will provider more information.</p> <p>What is happening through health care reform in California? How do we learn what they are doing?</p> <p>Presentation on the 1115 Waiver: Renee and Penny will follow-up with Brenda Franklin in DCHS</p>	<p>for reimbursement?</p> <p>How can mental health collaborate more with the childcare and child welfare systems?</p>

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<p>Presentation: <i>Strengthening Families</i></p>	<p><i>Strengthening Families</i> is a framework demonstrating family support. A recent brief was written by NASHP for the ABCD grantees discussing the comprehensive linkages for children and their families.</p> <p>The Office of Child Abuse and Prevention (OCAP) is interested in this framework for California and want to partner with other state agencies. Intending to host a planning meeting to discuss development of a leadership team.</p> <p>Programmatic implementation of <i>Strengthening Families</i> can be adapted to multiple settings.</p> <p>Emerging directions:</p> <ul style="list-style-type: none"> - <i>Strengthening Families</i> communities - Health as partner - Focus on depth of implementation - Evaluation learning laboratory (new online evaluation tools) - New federal partnerships (HRSA adaptation of self assessment and Doris Duke funding for in-depth implementation. 	<p>Send NASHP brief on parent involvement to the SSC members.</p> <p>As OCAP moves forward, the SSC might consider a partnership with them.</p> <p>California Project LAUNCH will be working to implement <i>Strengthening Families</i> in Oakland. Will report on progress through regular updates to the SSC.</p>	<p>Erickson Institute funded and Zero To Three interest</p> <p>Cheryl Treadwell using <i>Strengthening Families</i> as a way to look to CAPTA and Fostering Connections work.</p> <p>Families should be referred to networking agencies using the <i>Strengthening Families</i> model</p> <p>Office of Child Abuse and Neglect developed a protective factors survey. – part of the online tools available. Refer to www.strengtheningfamilies.net</p>

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SSC evaluation and desired outcomes	<p>Recommendation made to select a do-able, feasible item to focus our work. Example provided: Reimbursement for screening through LEA's and foster care</p> <p>Measure our accomplishments and change. Are there things that we can capture?</p> <p>We need agency representatives to the SSC determine what is it that this group can do for them as SSC represented agencies.</p>	<p>Number each of the items. Clarify community resources</p> <p>E-mail survey– what would SSC do to meet agency needs? Develop matrix of findings</p> <p>Request that each SSC member review the outcomes and evaluation. How would prioritize these elements?</p> <p>SSC meeting suggestions:</p> <ul style="list-style-type: none"> • Strengthen agenda items by shortening the agenda. • Determine our primary focus at quarterly meetings and focus on outcomes. • Utilize the work groups and their ability to provide updates. 	<p>Can we prioritize these?</p> <p>How do we get higher powers aware of our work?</p>
Project LAUNCH. Health Agency Updates – Agency/Project Updates	<p>Alameda County has a Local Wellness Group advising the implementation of Project LAUNCH services.</p> <p>A state level Project LAUNCH advisory council needs to be developed and it has been suggested that SSC would be the group, with a focus on state policy issues.</p>	<p>Determine the best role for the SSC in the work of Project LAUNCH</p> <p>Do we develop a separate committee for Project LAUNCH? Separate regular agenda item?</p> <p>National MH Awareness Day – plan for 2nd year.</p>	