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## Practice Summary & Implementation Guidance

# Child Development Clinic Services

The need for early diagnosis of conditions such as autism is well known, but the availability of clinicians and other professionals able to evaluate children for autism and other behavioral/developmental conditions is lacking. In order to help alleviate this need, the Virginia Department of Health collaborates with five providers across the state to offer services through its Child Development Clinic (CDC) program.

Cutting-Edge | **Emerging** | Promising | Best

| Location | Topic Area | Setting |
|---|---|---|
| Richmond, VA | Family/Youth Engagement, Health Equity, Developmental and Behavioral Pediatrics, Service Coordination/Integration, Health Screening & Promotion | Healthcare Setting with Private Rooms for Clients |

| Population Focus | NPM | Date Added |
|---|---|---|
| Children and Youth with Special Health Care Needs (CYSHCN) | NPM 6: Developmental Screening, NPM 11: Medical Home, NPM 15: Adequate Insurance | August 2021 |

**Contact Information**

Marcus Allen, Virginia Department of Health, Children and Youth with Special Health Care Needs Program, (804) 864-7716, marcus.allen@vdh.virginia.gov

# Section 1: Practice Summary

## PRACTICE DESCRIPTION

The Virginia Department of Health (VDH), Child Development Clinic Services program has been in operation since the 1950s in some form. It began as a state health department run program but over time evolved into a mostly public/private partnership with health systems/universities. VDH funds the program with Title V money and partners help sustain the program with the revenue that they earn. This enables Virginia to serve more families statewide.

The assessments that the Child Development Clinic program provides are in the field of developmental pediatrics. It is well known that shortages exist nationally when it comes to the availability of this service and qualified staff such as nurses, developmental pediatricians, licensed clinical social workers, and psychologists[1]. The Autism Spectrum Center at Boston Children's Hospital study's findings "highlight the potential for a growing number of children with developmental and behavioral problems to have unmet medical needs". Even with Virginia's robust program, wait times for an appointment in some areas of the state can be 6 months or longer. Without the program, wait times would likely be well in excess of a year as the CDC program serves in excess of 3,000 families annually.

The need for early diagnosis of conditions such as autism is well known[2] but the availability of clinicians and other professionals able to evaluate children for autism and other behavioral/developmental conditions is lacking. In order to help alleviate this need, the Virginia Department of Health collaborates with five providers across the state to offer services through its Child Development Clinic (CDC) program. The CDC serves families of children who are suspected of having behavioral or developmental disorders (e.g. autism, ADD/ADHD, learning disabilities, anxiety, PTSD, mood disorders, etc.). The five regional centers provide multidisciplinary assessments of each child, as well as diagnoses and short-term care coordination to link families to necessary services beyond the capacity of most primary care providers. As indicated previously, the program helps to respond to state and national shortages of developmental and behavioral pediatric service providers.

[1] https://www.reuters.com/article/us-health-pediatrics-doctor-shortage/u-s-faces-shortage-of-developmental-and-behavioral-pediatrics-specialists-idUSKCN1G02KO

[2] https://www.cdc.gov/ncbddd/autism/screening.html

## CORE COMPONENTS & PRACTICE ACTIVITES

The goal of our program is to help assure children suspected of having developmental/behavioral conditions have access to comprehensive evaluation services and that the diagnosis of certain conditions occurs as early as possible. The Virginia Department of Health does this by partnering with service providers across the Commonwealth. Each service provider employs licensed professionals who use evidenced based tools to evaluate children, such as the Autism Diagnostic Observation Schedule or ADOS. The core components of our program are written into the Virginia Administrative Code and can be found here.

| Core Components & Practice Activities | | |
|---|---|---|
| **Core Component** | **Activities** | **Operational Details** |
| Family Professional Partnerships | Evaluation for early identification of children and adolescents of developmental disorders in conjunction with families. | Each center provides a written treatment plan following the initial intake and evaluation process. The plan is shared with the family and other providers as approved |
| Promotion of Primary Care | Medical home | Children are connected to or referred to a medical home if they don't already have one.<br>Upon diagnosis (if there is one to be made) the medical home is notified and receives information about the evaluation and any additional related notes (with permission from the family) |
| Insurance and Financing | All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need. | At admission, clinics assess and record the insurance states and SSI status of all patients and refer potentially eligible children/youth to Medicaid (FAMIS Plus), FAMIS Medicaid Waivers, and SSI.<br>Train staff to ensure and maintain current knowledge of Medicaid and SSI eligibility criteria and referral mechanisms.<br>Provide short-term follow-ups with families to determine application status and provide further assistance, if needed. |

| | | |
|---|---|---|
| | | Report out the number of referrals to SSI, Waiver programs, and Medicaid/FAMIS. |
| Connecting | Referrals and partnerships for families and children.<br><br>Build connections with PCP offices and community based agencies. | Families are referred to services after diagnosis. The centers also work with educational consultants to help families with school related issues. |
| Cultural Competence, Health Equity, and Trauma Informed Care | All CYSHCN and their families will receive care that is culturally and linguistically appropriate, equitable, and trauma informed. | Provide services that are family-centered, culturally, and linguistically competent. Each clinic site has access to interpreters for families and translated instruments, where available.<br><br>Conduct outreach to ethnically diverse communities in the region to promote the importance of early screenings for developmental disorders in children (FY22).<br><br>Promote and provide multicultural trauma training for providers in the region (FY22). |

## HEALTH EQUITY

The Child Development Clinic program partners must agree to a Virginia Department of Health created work plan and describe how they will meet certain objectives. This work plan requires the utilization of interpreters and translated materials for families who do not speak English. Components of the workplan address health inequities that families experience when receiving developmental and pediatric services and/or seeking services for children. These components were derived from the Core Outcomes of Children and Youth with Special Health Care Needs and include:

- **Family Professional Partnerships:** Families of children with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.
- **Medical Home:** All children with special health care needs will receive coordinated, ongoing, comprehensive care within a Medical Home.
- **Insurance and Financing:** All families of children with special health care needs will have adequate private and/or public insurance to pay for the services they need.
- **Early and Continuous Screening and Referral:** All children will be screened early and continuously for special health care needs.
- **Easy to Use Services and Supports:** Community-based service systems will be organized so families can use them easily.

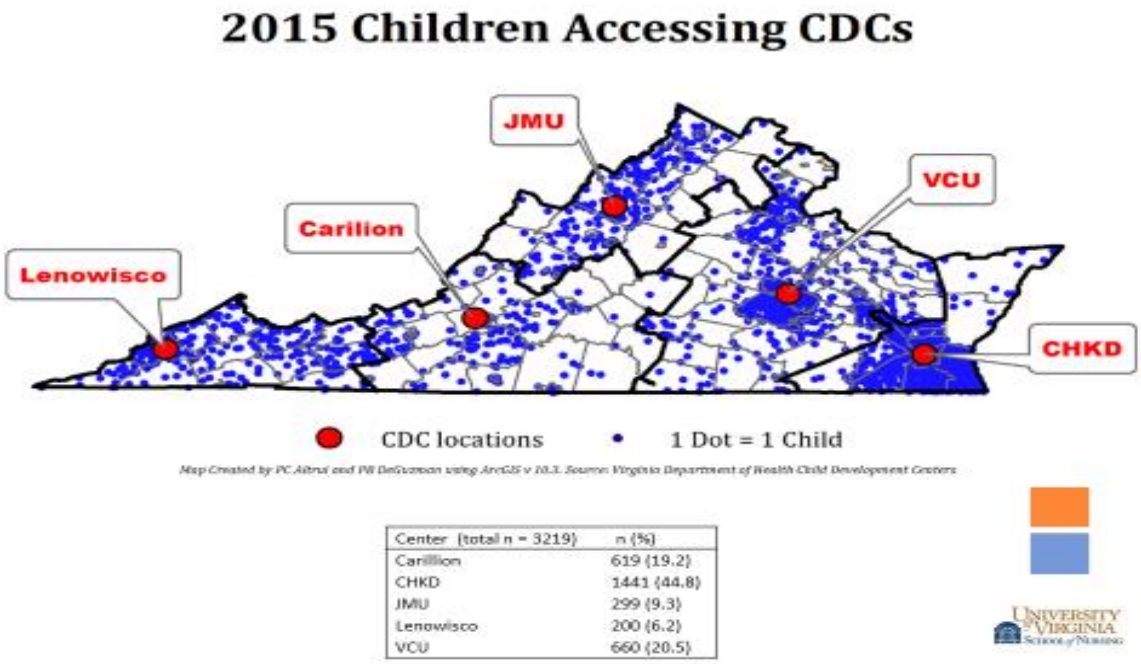
- **Transition to Adulthood:** All youth with special health care needs will receive the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
- **Cultural Competence/Health Equity/Trauma Informed Care:** All CYSHCN and their families will receive care that is culturally and linguistically appropriate, equitable, and trauma informed.

Partners must agree to align the above outcomes with the program in their region (where applicable) and explain any objectives they used to execute them. In addition, partners must share de-identified data with the state health department. The data may be used to identify gaps in service when it comes to race/ethnicity. Centers operate in very different parts of the state such as rural southwest Virginia, Richmond City, and the very diverse Hampton Roads region. This helps to assure services are available to people of various backgrounds in the Commonwealth. The work plan was modified in 2021 to require centers to act on identified service gaps by race. The Children and Youth with Special Health Care Needs director will add the new work plan to each contract when they are up for renewal in October.

## EVIDENCE OF EFFECTIVENESS

Centers are required to submit quarterly work plan updates and data reports to the Virginia Department of Health. We utilize this data to monitor clinic services, specifically to make sure that they are serving the number of clients as required in their contracts. We will be taking a more critical look at the demographics of clients served to identify inequities.

In 2015, VDH contracted with the University of Virginia to demonstrate the impact the program makes statewide. As documented in the example below *(see document attached for full report of evaluation data)*, the partnership produced more than 3,200 evaluations in 2015 across the Commonwealth and we consistently evaluate about 3,000 children annually. Children are diagnosed with conditions such as autism, ADHD, speech and language issues, mood disorders, anxiety, adjustment disorder, etc. In addition to the evaluations, the program connects families to services. It is common for our centers to make several thousand referrals each year statewide. At Carlion, Children's Hospital of the Kings Daughters and Virginia Commonwealth University children are referred to other resources within the health system by the team of professionals who evaluated them. This is a common door approach that we celebrate because families end up receiving follow-up care at a place that is familiar to them.




# Section 2: Implementation Guidance

## STAKEHOLDER EMPOWERMENT & COLLABORATION

| Stakeholder Empowerment and Collaboration | | |
|---|---|---|
| **Stakeholder** | **How are they involved in decision-making throughout practice processes?** | **Does this stakeholder have lived experience/come from a community impacted by the practice?** |
| 5 Child Development Clinics | Skilled professionals evaluate children for developmental/behavioral conditions | Professionals actively involve families in their assessments |

| | | |
|---|---|---|
| Educational Specialists | Centers work with educational specialists who help with school related issues/concerns. The Virginia Department of Health has an agreement with the Virginia Department of Education for this service. | Professionals support family needs. They don't advocate for families but do serve as a resource |
| Families | Providers conduct interviews with parents to learn about their developmental/behavioral concerns.<br>Clinics design and conduct surveys and report any actions taken as a result of consumer feedback. | Parent's viewpoint and concerns are part of the clinical assessment and are taken into consideration when the provider assesses the child. The parents are key in providing feedback for treatment and/or coordination services. |

The Child Development Clinics are required through the workplan to collect and distribute surveys to families and report back any actions taken as a result of consumer feedback. The educational specialists are consultants who work closely with center staff to support families in meeting the educational needs of children. They are evaluated by the local school systems they work for as part of a program funded by the state Department of Education. They are partners in the work and not under the purview of VDH.

## REPLICATION

It is strongly recommended that any replication of this project involve the establishment of partnerships. Funding agencies that are not part of a healthcare system should be careful and resist committing themselves to funding centers on their own. It is difficult to sustain long-term. One of the strengths of the Virginia partnership is the contracts the state has with health systems/private providers. The agreements require the centers to use their revenue to help offset center costs. This diversification of funding helps to sustain the program long term.

In addition, employees hired to do this work need to be licensed professionals. The ideal team generally consists of a developmental pediatrician, nurse practitioner, licensed clinical social worker, and office support specialist or medical assistant. A strong partnership with the state department of education would be helpful because many children with developmental conditions need support in school. An educational consultant can assist with evaluations and help families understand the process of seeking educational support for their child.

## INTERNAL CAPACITY

At a minimum, the funding agency should have at least a part-time position to manage external agreements, offer technical assistance and nurture relationships with partners. The agency should also have a stable funding source. The employee should be someone with an understanding of developmental pediatrics or at a minimum experience serving as a contract administrator/program specialist.

## PRACTICE TIMELINE

| Phase: Planning/Pre-Implementation | | |
|---|---|---|
| **Activity Description** | **Time Needed** | **Responsible Party** |
| Drafting of scope of service, work plan document, data report, establishment of internal funding stream | 6 months with consultation from area experts | Funding agency administration |
| Hiring of internal program specialist | 1-3 months | Funding agency administration |
| Issuance of Request for Proposals, establishment of contracts, contractor hiring and initiation of services | At least 1 year | Contractor administration, funding agency program administrator, newly hired implementation site staff |

## PRACTICE COST

The total cost of this practice may vary by region and need. The chart below includes minimums for one center (mean salary and benefits taken from salary.com). During start up, there will likely be significant waiting lists for services. In addition to evaluations, staff may be able to provide limited long-term services such as medication management and therapy services. This would benefit families, as they would be able to return to a center that they are familiar with for clinical support. It would also help the center meet revenue expectations and fully utilize the expertise of staff.

The developmental pediatrician must serve as the center's medical director and the nurse or licensed clinical social worker should serve as operations director. Please note that contractors may need to be fully funded for at least 1 year unless an agreement can be reached for initial cost sharing. Funders should require contractors to share revenue figures and the second year of funding should be negotiated based on revenue generated. Good practice is to examine this yearly and reduce the budget proportionately. It is also customary for funders to allow contractors to keep a portion of revenue for certain administrative costs (finance and accounting costs, HR, rent, etc.) or to build it into the budget. The funding agency should reach out to its state educational system to explore the feasibility of offering support for parents regarding educational needs.

| Budget | | | |
|---|---|---|---|
| **Activity/Item** | **Brief Description** | **Quantity** | **Total** |
| Developmental Pediatrician | Licensed professional trained in developmental pediatrics | 1 | $220,000 |
| Psychologist, PhD | Licensed and trained psychologist | 1 | $150,000 |
| Pediatric Nurse Practitioner | Licensed and trained | 1 | $151,000 |
| Nurse | Trained in pediatrics | 1 | $103,000 |
| LCSW | Licensed clinical social worker | 1 | $103,000 |
| CMA | Certified Medical Assistant | 1 | $55,000 |
| Indirect Costs | 10% of total above costs | N/A | $68,000 |
| | | **Total Amount:** | **$757,000** |

## LESSONS LEARNED

VDH previously employed a developmental specialist to manage its program statewide (all contracts, technical assistance, etc). The position was reclassified and it left a void, as another staff member had to assume responsibility for the management of the program. Funders should consider at least a part-time position, especially if multiple centers will be funded. The budget above is ideal, however, VDH does fund two smaller centers in the state that don't employee a developmental pediatrician and other staff such as the nurse and nurse practitioner as they are cost shared with other programs at the organization (they work under a physician already on staff at the center).

It is imperative that expectations for cost sharing are clear to potential funders. This should be a requirement of any receipt of funding and included in final agreements. Partners are very reluctant to help fund programs that start out fully funded. It is reasonable to expect a financial commitment from contractors even if the source is revenue. However, funders should seek to get as much support from contractors as possible.

## NEXT STEPS

Several centers refer clients to services within their own health systems but the need for service drastically exceeds capacity. This was identified in the evaluation process. Changes in infrastructure and workforce are always being considered but resource needs are considerable. A similar problem exists regarding the number of professionals who are qualified to respond to the need. VDH has worked to provide seed funding to Carilion to sustain a nurse practitioner and to Virginia Commonwealth University to hire a psychologist. Both institutions are maintaining these additional staff with revenue and other alternative resources.

VDH funded two additional positions to help alleviate service needs. This commitment was only considered after each health system committed to funding the positions long term. In addition, our work plans have been modified to address concerns regarding perceived gaps in service provided by race. The new work plan will be implemented in FY22 and program leadership will work with centers to monitor improvements.

## RESOURCES PROVIDED

- *N/A.*

## APPENDIX

- *N/A.*