

Performance Measure 3: Increase the capacity of the State to assess social/emotional health needs of MCH populations and to promote early identification, prevention and intervention services.

Last Year's Accomplishments

Progress for this process measure will be measured by the extent to which 4 benchmarks can be reached. The target for FFY 07 was 1) assess social/emotional health needs of MCH populations; 2) develop mechanisms to promote early identification of social/emotional health needs of MCH populations; 3) develop prevention services for MCH populations at risk. Ohio has made some progress toward meeting these targets.

A. Identify evidence-based practices (as related to tools, processes/skills) to screen for social/emotional health of the following MCH populations, and refer as appropriate:

1. Infants/toddlers (birth to 3)
2. Preschool children (3 to 6)
3. School age children and adolescents (6 to 18)
4. Women of child bearing age
5. Pregnant/postpartum women

This strategy was to be accomplished through the following activities: 1) create an inventory of current practices related to social/emotional health screening/referral in DFCHS programs (Include protocols, standards/guidelines for screening/referral; screening tools currently used; training provided to develop skills; data sources/types of data collected on screening/referrals, etc.); 2) develop survey of DFCHS programs; 3) administer survey; 4) analyze survey/summarize results (The Inventory); 5) identify evidence based practices by population group; 6) identify need for services; 7) identify partners/collaborators (current/potential; invite to meetings; 8) identify gaps between "what is" (current practices and "what ought to be" (evidence-based practices); then prioritize a set of recommendations based on resources/reality.

A survey of state programs has not been conducted due to the development of other opportunities around social/emotional health for young children as well as new mothers. In Spring 2007, ODH was selected by the Vermont Child Health Improvement Partnership (VCHIP), in partnership with the National Association of State Health Policy (NASHP), to participate in "Improvement Partnerships: Building Collaboration to Improve Child Health Care". The Ohio Department of Job and Family Services/Office of Medicaid (ODJFS) was also chosen by NASHP to participate in ABCD project to improve developmental screening for young children eligible for Medicaid. The goal of this partnership is to improve use of structured developmental screening/assessment by primary care practitioners for young children ages birth through 6. A group of stakeholders are addressing issues around the implementation of the project. Workgroups have been formed and are discussing screening tools/schedules; efficient/effective workflow in the pediatric practice to accommodate the use of a standardized tool; reimbursement for use of the tool; referral processes when a child has been identified; public awareness/parent education. General developmental, social/emotional, and autism screening tools are being discussed.

ODH is also partnering with the ODJFS Bureau of Child Care and Development and the Ohio Department of Mental Health to train local providers on the use of the Ages/Stages Questionnaire (ASQ) and the ASQ: Social/Emotional. ODH will provide a Train-the-trainers event in December 2007 for 50 potential trainers who will then provide training to physician practices, child care (center-based and in-home) facilities, Help Me Grow (HMG) (birth to 3 program) service coordinators, and other early childhood educators. Over 150 training sessions are planned between January to June 2008 to teach professionals how to use the screening tools. This statewide program is promoting early identification, prevention, and services by teaching professionals at the child's medical home and child care provider how to use a standardized tool to identify children with potential needs as early as possible.

Additionally, the ability of Ohio to assess social/emotional health needs of pregnant/postpartum women has increased in the last year. In a pilot study that occurred in 2006-2007, all new mothers in the HMG program in 6 counties who received a newborn home visit were assessed using the Edinburgh Depression Scales. The pilot study has been expanded to additional counties in Ohio for 2007-2008.

In 2008, Ohio will expand use of standardized developmental screening tools across health provider practices, early intervention, and early childhood education which promotes early identification, prevention, and services for social/emotional health among MCH populations.