



Department of Health
 2021-23 Regular Budget Session
 Policy Level - PC - Maintain Developmental Screening

Agency Recommendation Summary

The Department of Health (DOH) requests funding to support the ongoing operations and maintenance of a new Universal Developmental Screening (UDS) data system that will be completed in the fall of 2021. Children with developmental or behavioral disabilities benefit greatly from early intervention, but fewer than half are identified before starting school, when interventions are most effective.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Staffing						
FTEs	4.8	9.6	7.2	9.6	9.6	9.6
Operating Expenditures						
Fund 001 - 1	\$816	\$1,253	\$2,069	\$1,253	\$1,253	\$2,506
Total Expenditures	\$816	\$1,253	\$2,069	\$1,253	\$1,253	\$2,506

Decision Package Description

Problem

The Department of Health (DOH) will complete the development of the UDS data system in the fall of 2021. The agency requires spending authority to maintain and operate this system once completed. This funding will support ongoing stakeholder engagement, equity in screening, and analytics of the data system.

Background

Screening for developmental delays and other associated early intervention services are necessary so all children enter kindergarten healthy and ready to learn. However, Washington State has faced several obstacles to ensuring all children are appropriately screened, including:

- Service providers have no way to know a child's screening history;
- Agencies and stakeholders providing screening and services cannot easily share information on a child's screening or early intervention history;
- Researchers and program managers have few data regarding screening because such data are scattered among many providers with separate data systems; and
- Amidst the COVID-19 pandemic, routine well-child visits, as well as early learning environments where screenings often occur, have been dramatically disrupted

Washington's own Medicaid program (Apple Health) is one system that aligns with the American Academy of Pediatrics (AAP) Bright Futures recommendations for age-appropriate screenings; Apple Health began reimbursing providers in January 2016. In addition, various projects to train healthcare providers in using validated screening tools have spread across the state. However, there is no centralized, statewide method to capture the screening data and to communicate and refer children across the disparate healthcare systems. Without such a system, there is no way to ensure all children are screened according to Bright Futures guidelines and those children with developmental or behavioral conditions are referred to and receive early intervention services before entering kindergarten. As a result, families with a developmentally delayed child continue to struggle to find resources and connect to services that would improve their child's developmental outcomes.

In an effort to remedy this situation, legislature approved the development of the UDS data system in the 2019-21 biennium to improve timely behavior and health screening and referral for all young children in Washington State. All stakeholders, including families, healthcare providers, childcare providers, community organizations that serve families, and state agencies will benefit from the statewide UDS data system which will document periodic screening and developmental delays identified in children and assist with coordination of care. This efficiency will improve the children's educational and health outcomes through their life course.

Screening and prevention/early intervention are important investments for long term health outcomes. The return on investment is highest in the early years of life. Every one dollar spent on early childhood development screening and treatment saves \$17 in health and societal costs.

This request seeks the operations funding needed to ensure that the data system is widely and effectively used and that promotion of screening is focused on communities of color, who experience disparate early screening and diagnosis rates. The importance of operational support for this system is heightened amidst the COVID 19 pandemic, where disruptions to well-child visits and early learning systems are heightened.

Assumptions and Calculations

Expansion, Reduction, Elimination or Alteration of a current program or service:

This request seeks sufficient funding to support the screening program and maintain the UDS once it is completed. Legislature has already provided the funding to build the system.

Detailed Assumptions and Calculations:

The UDS data system would be a new to DOH and builds on several years of work to increase screening, referral, and early intervention services for developmental and behavioral conditions among young children. At the time of submission of this request, significant progress has been made in building the data system, including:

- Defining scope, schedule and budget of the UDS data system;
- Receiving approval from the Office of the Chief Information Officer (OCIO) to begin expending funds;
- Hiring a full time Program Coordinator to assist in program integration, a Project Director (program) and hiring a Project Manager (technical);
- Finalizing and submitting the tech budget to OCIO;
- Convening multiple stakeholder meetings, gathering input from healthcare providers, childcare systems, community based organizations, and subject experts;
- Participating in Quality Assurance Readiness Assessment with Public Knowledge firm (through the Washington State Health Care Authority (HCA));
- Drafting an Investment Plan, submitted request for Delegation of Authority;
- Developing requirements and begun JAMA review; and
- Drafting the Request for Proposal for a vendor to develop, build, and test the system.

The system is on track to be built by the fall of 2021, at which time, program staff will begin the broader operationalization of the system, which includes ensuring that the data system is widely and effectively used, with a particular emphasis on promotion of screening and referral in communities of color, who experience disparate early screening and diagnosis rates. Ongoing analytics of data from the system will help inform improvements measures to improve universal developmental screening. The importance of operational support for this system is heightened amidst the COVID 19 pandemic, where disruptions to well-child visits and early learning systems are heightened.

Stakeholder engagement is critical to the broader implementation of the system. DOH has invested in outreach to parents, healthcare providers, childcare providers and key partners to inform the development of the system. The department has also maintained close communication with the state Help Me Grow network to align and coordinate its respective efforts. Maintaining adequate stakeholder engagement as DOH operationalizes the program will require dedicated staff time, and is a key consideration in its request for ongoing maintenance and operation funds.

Initial startup of program operations, maintaining the new system and customer interfaces is estimated at \$550,000 for fiscal year 2022 and ramps up to \$1,251,000 per fiscal year ongoing. The breakdown is as follows:

9.5 FTE (4.3 FTE for fiscal year 2022) ongoing for staffing and maintenance of the UDS program at a cost to the agency of \$1,2501,000 per fiscal year. This includes staff to provide ongoing customer service for system users, including coordination and follow-up services, clean data and data analysis support, database management, and an epidemiologist for data analysis and program evaluation. Hiring will be phased, beginning in fiscal year 2022.

This also includes hosting and maintenance costs for the contractor at \$350,000 per fiscal year.

Though the design, development and implementation of UDS has already been approved for 90 percent federal match under Medicaid’s Health Information Technology for Economic and Clinical Health (HITECH) grant, maintenance and on-going program costs are not eligible. Instead, only select portions of those costs may be eligible for 75 percent Medicaid match, assuming the system meets Medicaid requirements after no less than six months of satisfactory operations. For the purpose of this request, DOH assumes no federal match, however, it will continue to work with HCA and the federal Centers for Medicare and Medicaid Services to leverage as much federal funding for maintenance and operations as possible.

More details are available in the support document titled, "2021-23 PL-PC Maintain Developmental Screening - FnCal".

Workforce Assumptions:

The FTEs referenced in the Detailed Assumptions and Calculation section are broken down as such:

Classification	Range	Step	Monthly Salary	2022 FTE	2023 FTE
HEALTH SERVICES CONSULTANT 1	44	L	\$4,250	0.50	1.00
HEALTH SERVICES CONSULTANT 3	56	L	\$5,715	1.50	3.00
EPIDEMIOLOGIST 2 (NON-MEDICAL)	67	L	\$7,500	0.50	1.00
ADMINISTRATIVE ASST 3	39	L	\$3,758	0.50	1.00
HEALTH SERVICES CONSULTANT 4	60	L	\$6,307	0.50	1.00

How is your proposal impacting equity in the state?

Early periodic screening assists in identifying delays that may be mitigated by early interventions. Analysis of varied data resources indicate that Latino and African American children are less likely to be diagnosed early or at all for attention deficit hyperactivity disorder and autism spectrum disorder when compared to White children with similar symptoms. Children with reduced access to a primary care provider, including racial and ethnic communities, have by extension, less access to developmental screening. Experts advise that early evaluation and treatment through a coordinated effort can reduce disparity gaps and improve outcomes for priority populations. The UDS data system will serve all infants and children in Washington state, and implementation supports to promote the use of the system by health and social service providers will emphasize outreach to benefit communities of color. Ensuring all children are screened will help close that diagnosis gap, and facilitate support to link those identified with early intervention services will help children achieve their greatest potential.

Strategic and Performance Outcomes***Strategic Framework:***

This proposal is linked to the Governor's priority for healthy and safe communities by ensuring children are screened for developmental conditions. Data suggest that screening and early interventions improve health outcomes and mitigate the negative impacts of developmental delays. The proposal also relates to the priority for a world class education because a successful screening, referral, and early intervention system improves children's school readiness and education outcomes. The proposal also supports the agency strategic plan of the Healthiest Next Generation (HNG). HNG aims to "ensure all children have appropriate developmental screenings and access to services." This is exactly what this proposal aims to accomplish. This would increase agency funds by \$223,930 in the first biennium and \$2.2 million in the 2021-23 biennium utilizing new General Fund State dollars.

This proposal will support Results Washington Goal 1.1c: Increase the percentage of infants and toddlers with developmental delays who substantially increase their rate of growth in social-emotional skills from a baseline of 57.50 percent in the 2012-13 fiscal year to 67.25 percent by December 2019.

By ensuring all children are screened and, where appropriate, provided early intervention services, DOH can help achieve this goal.

Performance Outcomes:

Screening and prevention/early intervention are important investments for long term health outcomes. The return on investment is highest in the early years of life. Every \$1 spent on early childhood development screening and treatment saves \$17 in health and societal costs.

Other Collateral Connections

State Workforce Impacts:

Not applicable

Intergovernmental:

Not applicable

State Facilities Impacts:

Not applicable

Changes from Current Law:

Not applicable

Puget Sound Recovery:

Not applicable

Legal or Administrative Mandates:

Not applicable

Stakeholder Response:

Some parents may be uncomfortable with having their child’s UDS information in a statewide database. DOH believes that by being transparent in the use of the data and the security of the data, along with the added conveniences DOH intends to build into the system, (e.g. can access immunization records at the same time as UDS information and easily share information with child care as well as health care providers) DOH can alleviate these concerns.

This request is closely linked to services and supports that would be identified through developmental screening. There is a broader need to coordinate services that address the social determinants of health, but the UDS database will be more narrowly focused. Pilot sites should have the ability to do an assessment of effective strategies for connecting existing referral systems, (e.g., 211, Within Reach, Child Care Aware, Healthcare) which would be valuable and informative to policy conversations on the broader state infrastructure required.

IT Addendum

Does this Decision Package include funding for any IT-related costs, including hardware, software, (including cloud-based services), contracts or IT staff?

No

Objects of Expenditure

Objects of Expenditure <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2022	2023	2021-23	2024	2025	2023-25
Obj. A	\$301	\$597	\$898	\$597	\$597	\$1,194
Obj. B	\$106	\$209	\$315	\$209	\$209	\$418
Obj. C	\$350	\$350	\$700	\$350	\$350	\$700
Obj. E	\$19	\$38	\$57	\$38	\$38	\$76
Obj. J	\$11	\$0	\$11	\$0	\$0	\$0
Obj. T	\$29	\$59	\$88	\$59	\$59	\$118

Agency Contact Information

Dan Weeks
 (360) 489-5608
 daniel.weeks@doh.wa.gov