HHS Appropriations Subcommittee
Wednesday, January 31, 2007

Re: Section IX
Healthy Mental Development

Good Morning**.**

I am Alfred Healy, Professor Emeritus, University of Iowa, where I served for thirty five years in the Departments of Pediatrics and Special Education. I am a Board Certified pediatrician and currently am the medical consultant to the Iowa Healthy Mental Development Provider Training project.

Today I will discuss the developmental needs of Iowa's young children under three years of age, with particular reference to their emotional, social, and behavioral development. It is important you understand my comments relate to the overall developmental needs of young children, including their motor, language, intellectual and adaptive skills; but today there is an urgent need to emphasize the emotional, social and behavioral components of their development. When we discuss promoting the healthy mental development of Iowa's young children, all of these developmental needs must be addressed.

There is need for a fundamental change in the current process of providing well-child care to Iowa's young children. This statement is based on new scientific information regarding brain growth in infants that recognizes the lasting impact of early social and emotional experiences of young children. We now know that emotional development is as important as physical, language and cognitive development. Children who do not reach age appropriate social-emotional milestones are at far greater risk of school failure, which places them at increased risk for juvenile delinquency and welfare dependency. We are also learning more about the importance of the parent-child relationship to the young child's social-emotional development. For example, studies show that children of depressed mothers are at particular risk for delays in language skills. They are also 5 times more likely to develop conduct disorders.

The foundations for future learning are well established before a child enters kindergarten. It is truly unfortunate that today's preschoolers are not leaving their early childhood experiences with the emotional, social and behavioral skills required for them to profit from their later school and peer interactions, let alone prepare themselves for their future adult roles as effective parents and members of the workforce. Today, less than half of children with potential social-emotional or developmental disabilities are identified before they enter school.

Now that young children's social-emotional and behavioral abilities and needs are better understood, barriers to their development of needed skills can be identified, and appropriate interventions initiated. To cite only one of the many available statistics, identifying a child early with a behavioral problem and enrolling the child in an appropriate early intervention program, has been found

to generate a return to society ranging from $2 to $17 for each dollar spent. In view of these new understandings we must reevaluate the methods we use to identify young at-risk children and how we provide for their needs. Concerns include:

- How Iowa's primary health care practitioners provide well-child care through identification of developmental concerns and the variety of barriers that could interfere with the child's acquisition of social-emotional and behavioral skills;
- the need for child health care professionals to partner with community service partners to develop and link children and families who are at risk with needed services;
- the manner in which Iowa's educational, human service and health agencies, along with its professional associations plan and integrate their enabling policies at the state level, and;
- the manner which Iowa communities come together to plan and deliver services to meet the social-emotional and behavioral needs of young children.

You, as individuals and as a subcommittee, must be congratulated for bringing focus to these issues through legislation that supports the early healthy mental development of Iowa children. Section IX of this legislation would certainly assist in this effort.

Three years ago four Iowa agencies secured funding to implement an ABCD II, that is, "Assuring Better Child Development" initiative in Iowa. This initiative was completed one month ago and produced significant information to correct many of the concerns I just mentioned.

I will discuss only three of the ABCD II initiatives findings and recommendations today. First, ABCD II identified a number of clinical, fiscal, coding, billing, and communication barriers that currently impede identification and the delivery of effective services that would allow young children to acquire needed developmental skills. Several relate to Medicaid/other insurer policies on coding, covered providers, and covered services. Others relate to reimbursement levels that are deemed by most health care practitioners to provide inadequate compensation to permit them to spend sufficient time with their patients to effectively address developmental concerns. And many others relate to the need for Medicaid to clarify its existing policies with Iowa health care providers. Active discussions are underway relating to these issues with significant preliminary progress being made. We are hopeful a meeting planned for later this week between the ABCD II Board and Iowa Medicaid administrative personnel will resolve many of the remaining concerns.

The ABCD II project also generated clinical identification guidelines for use in Iowa's health care provider offices to assure that each well-child visit complies with national professional association recommendations. A complementary set of clinical implementation guidelines provides specific methods that

Iowa health care professional should use to ensure compliance with the clinical guidelines. The Iowa Clinical Guidelines outline a sequential process including:

- Surveillance – at each visit, the practitioner asks and evaluates parental concerns using a structured and consistent tool. When a concern exists, the practitioner has the child participate in a second step screening process,
- Screening – administration of a standardized, objective screening tool, selected from a small set of recommended tools, to determine if the concern is meaningful. This may be performed by the primary health care providers or by Early ACCESS or other community agency. If the concern is meaningful, the screener must ensure the child receives further assessment.
- Assessment–the use of a variety of medical, educational, and psychological tools administrated by qualified professional to evaluate the child to determine a diagnosis, and to work with the family to determine a treatment plan.
- Referral – to a qualified community professional or agency that is capable of providing the services called for in the treatment plan.

The guidelines and the recommendations for their implementation are in full compliance with the recommendations of the American Academy of Pediatrics. They have been reviewed and endorsed by the Iowa Academy of Family Physicians, the Iowa Chapter of the American Academy of Pediatrics, the Iowa Society of Physician Assistants and the Iowa Nurse Practitioners Association.

And finally, ABCD II introduced the clinical guidelines and the implementation strategies in two Iowa communities; a rural family physician practice in Pella, and an urban pediatric practice in Dubuque. Following implementation of the protocols for approximately 400 children, evaluation indicated that the process improved both the quantity and quality of surveillance, screening, and referral processes. The two most positive aspects of the evaluation indicated the rate of identification of children at-risk significantly increased, and that the parents welcomed the opportunity to identify and discuss a variety of issues that were causing stress that interfered with the optimal nurturance of their children. Both community practices reported they were providing better care and had improved relationships with the families they served. Both are continuing the use of the guidelines and tools.

We now need a focused and coordinated statewide effort to spread the innovations from ABCD II. A number of newly initiated state projects will contribute to the effort. They include:

- The Iowa Healthy Mental Development Health Provider Training Initiative that I represent today an active partner in this effort. This one-year collaborative effort of Iowa Empowerment, Medicaid, the Children's Hospital of Iowa's Center for Disabilities and Development, the Iowa Chapter of the American Academy of Pediatrics, the Iowa Academy of Family Physicians,

encourages health care practitioners to incorporate the Iowa identification guidelines and implementation strategies through statewide educational and mentoring programs.

- The Iowa Department of Public Health's First Five: Healthy Mental Development Community-Based Demonstration Program that supports the development of community-based public and private systems to coordinate care and link at- risk children and families to appropriate community services.
- The Memorandum of Understanding between Iowa Medicaid and the Prevention of Disabilities Policy Council that will continue the activities of the ABCD II Board and Clinical Panel to expand health provider adoption of the clinical guidelines and strategies for the identification of children at-risk and advise Medicaid about policies to reduce barriers and build capacity to support developmental services for Iowa's young children.

Passage of your proposed legislation relating to Section IX with its attached appropriations would go a long way toward resolution of many of the concerns I have just expressed. Your suggested remedies in this legislation are very appropriate. However, I would encourage you to consider devoting some resources to the continuation of the state initiatives I just mentioned and to the further development of our state-level infrastructure to support the development of services for young children and families who are at-risk of social-emotional and developmental disabilities. Currently, there is a gap between the services offered through Iowa Empowerment and Early ACCESS. Additionally, Iowa must find a way to increase the number of child behavioral practitioners in our community agencies such as Early Access, Child Health Specialty Clinics and community mental health centers who can assist young children and their families with their social-emotional development

Thank you for the opportunity to share my concerns with you. I would welcome questions regarding my comments.

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Alfred Healy, MD