



Assuring a System of Care for Iowa's Children and Youth with Special Health Care Needs

Early ACCESS Health Assessment Practices Final Report

September 30, 2011

**Funded by
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IDEA Part C ARRA funds were distributed to Child Health Specialty Clinics in order to: Conduct critical health reviews in a consistent and standardized fashion in selected areas of the state. Use lessons learned to develop practice standards for statewide spread. Best practice guidelines will assure health providers consistently complete the health evaluation portion of the EA-IFSP. Inclusion of health provider active input regarding child health issues may improve outcome attainment. Nursing staff will be hired as staff of CHSC to conduct critical health reviews and partner with Early ACCESS state team to develop best practice guidelines.

Deliverable: Best practice guidance for critical health reviews will be developed and disseminated to the state EA team by September 30, 2011. Critical health reviews will be conducted on 1% of children served by Early ACCESS in pilot region(s) in the first quarter of hire of staff nurse. Each month will increase number of critical health reviews conducted by 1% through June 30, 2011. By September 30, 2011 a minimum of 10% of children served by pilot region(s) will have critical health reviews conducted and the appropriate information recorded on the child's IFSP according to EA standards and procedures. A 0.5 FTE nurse from CHSC will staff the project.

Outcomes of Project: Best practice process and guidance has been developed. See EA Health Assessment Process 10-17-11 attached. These guidelines were developed and revised based on the work on the 0.5 FTE RN hired by CHSC to staff the project in collaboration with the Area Education Agencies (AEAs) who participated in the pilot, the CHSC EA Liaison and the CHSC MD who supervises CHSC clinical services.

The CHSC RN in charge of this project provided health assessments and critical health reviews primarily in AEA Regions 9 and 10. The RN accepted a permanent position with UIHC and resigned prior to the completion of the project. Since 7-1-11 the CHSC EA Liaison continued the project.

The CHSC RN collaborated with health assessment work being done in AEA 11 and developed the critical health review process for this project. Service Coordinators in AEA 9 and AEA 10 received training in the use of an initial screening tool and the procedure to provide the screening to the CHSC RN.

AEA staff requested a definitive screening tool and the CHSC RN investigated utilizing The Child and Adolescent Health Measurement Initiative (CAHMI) screening tool (attached). From March 1, 2011 through September 30, 2011, 97 CAHMI screeners were returned to the CHSC project by some of the AEA service coordinators for some of the children they served. Of the 97 returned, 47 indicated the child was a child with special health care needs. This represents

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IDEA Part C ARRA
Project #15: Health Assessment**

48% of all screeners completed. For approximately 25 of the 47 children identified as having special health care needs the Service Coordinator indicated that she was comfortable with completing the health assessment or the family refused CHSC health assessment review. For the remaining 22 (47%) of the positive screens the CHSC RN reviewed available medical information and either amended the health assessment piece of the IFSP or completed the health assessment portion. This represents 23% of all screeners received.

Identified Barrier:

- Not all AEA Service Coordinators utilized the screening tools provided in the project and not all utilized the tool for 100% of the children they served, so it is impossible to determine if 10% of children served by pilot region(s) will have critical health reviews conducted and the appropriate information recorded on the child's IFSP according to EA standards and procedures.
- Most IFSP Teams do not recognize the importance of having a health professional as a member of the IFSP team, nor the importance of the child's health and its implications on interventions.

Recommendations:

- Finalize health assessment evaluation process and operationalize use of CAHMI screener state wide.
- Keep regional data on all referrals and all CAHMI screeners completed to assess the prevalence of children with special health care needs.
- Provide technical assistance to regions to help them build the capacity of local health providers to complete the IFPS health assessment.