



**Evaluation Report: State  
Maternal & Child Health Early  
Childhood Comprehensive  
Systems Grant Program**

**August 31, 2006**

Anthony H. Lawson, M.A.      Center for Health Policy,  
Indiana University  
Purdue University  
Indianapolis

Eric R. Wright, Ph.D.      Center for Health Policy,  
Indiana University  
Purdue University  
Indianapolis

Submitted to

Indiana State Department of Health  
2 North Meridian St, 8C  
Indianapolis, IN 46204

Submitted by:

Center for Health Policy  
Indiana University Purdue University  
Indianapolis  
342 North Senate Ave.  
Indianapolis, IN 46204

**TABLE OF CONTENTS**

A BRIEF HISTORY OF ECCS .....	3
INTRODUCTION.....	3
INITIATIVE PROGRESS.....	3
EVALUATION .....	5
EVALUATION DESIGN.....	6
Objective 1.....	6
Objective 2.....	8
Objective 3.....	10
Objective 4.....	11
Objective 5.....	12
Objective 6.....	13
Objective 7.....	14
CONCLUSION .....	15
WORKS CITED.....	17

## **A BRIEF HISTORY OF ECCS**

### ***INTRODUCTION***

The Indiana State Maternal & Child Health Early Childhood Comprehensive System was conceived as an initiative to engage state agencies, community partners and families of young children to develop a coordinated, comprehensive, community-based system of services for young children from birth to age six. The creation of this system is designed to eliminate duplicated efforts to provide services to young children and their families while ensuring these efforts are applied universally across the state. Overall, this initiative is intended to support ease of access to needed services, increase the utilization of appropriate services, and ensure that a holistic system of care supports young children and their families.

### ***INITIATIVE PROGRESS***

This initiative officially began on July 1, 2003 with a grant provided by the Health Resources and Services Administration. As part of the project, The Indiana State Department of Health convened a committee consisting of representatives from several state and local agencies, as well as individuals representing service organizations and families. This committee meets quarterly and is charged with educating their organizations on the guiding principles of the ECCS initiative, as well as establishing protocols to support communication across agencies and initiatives. As part of their mission, this committee, as well as subcommittees, developed a strategic plan to achieve the goal of coordinated services. This plan outlined seven

primary objectives to realize coordinated and comprehensive services for young children. The objectives set forth include:

- All children in Indiana will have a medical home.
- All children will be covered by a source of payment, whether public or private, for medical and developmental services that are identified by the medical home.
- The medical home will facilitate developmental, behavioral and mental health screening with appropriate treatment referrals to community resources.
- An information clearinghouse will be established that includes information about resources and supports at the state and local level for families of young children and providers of early childhood services.
- Quality resources and supports are integrated to create a coordinated accessible early childhood system.
- Parents have the necessary information, support and knowledge about child development and are able to recognize their child's progress
- Families have timely access to resources and supports to address their child's health, safety and developmental needs.

Along with the above objectives, the committee developed several goals within each objective in order to achieve a better and more coordinated system of care for children. Further details regarding these goals and objectives can be found in the strategic plan at [www.sunnystart.in.gov](http://www.sunnystart.in.gov), as well as information on the accomplishments to date of ECCS committee.

## EVALUATION

The strategic plan, as well as requirements set forth by the Health Resources and Services Administration, requires an evaluation of this initiative. Beginning in June of 2006, the Indiana State Department of Health began working with the Center for Health Policy at Indiana University Purdue University Indianapolis to develop and execute an evaluation plan.

This report outlines the methods the evaluation team will use to evaluate this initiative. This project began in July of 2006 and is scheduled to be completed on August 31, 2007. Due to the time period in which this project will be completed, this evaluation is formative in design. The central foci of the evaluation will be on benchmarking and assessing the implementation of the ECCS project as well as provide early outcomes to the extent that data permit.

The parameters set forth by the ECCS committee for the evaluation were fairly broad in nature; specifically, the strategic plan required that the evaluation:

- Monitor the discrete activities of the strategic plan
- Determine whether or not Indiana families are better off as a result of the implementation of the ECCS
- Evaluate how well Indiana implemented the strategic plan

As mentioned previously, the time frame of this study limits conclusions of the effect of the ECCS plan on Indiana families; however, the results of the evaluation will provide a benchmark for comparison as the initiative progresses as well as early indicators of potential longer term outcomes.

The central focus of this study is to provide an evaluation of the implementation of the ECCS initiative. Data and other information for this study will come from a variety of sources that include the Indiana State Department of Health, the Indiana Family and Social Services administration, Department of Child Services, the United States Census Bureau, as well as several other government entities and private organizations.

### ***EVALUATION DESIGN***

As mentioned previously, the strategic plan identifies seven primary objectives set forth to achieve. The Center for Health Policy is organizing the evaluation around these objectives. These objectives represent key aspects of the ECCS program implementation and its impact.

**Objective 1: All children in Indiana will have a medical home.** The concept of the medical home seeks to provide a continuity of care through the increased utilization of primary care. Prior research has shown evidence that the comprehensiveness and coordination that a medical home offers can provide better health outcomes and potentially result in reduced disparities in the utilization of health services (Starfield and Shi 2004). In order to measure the processes involved in providing Indiana children with a medical home, the evaluation will utilize several data sources. Using data from a web application known as Indiana WINS, a system that helps find and apply for state programs and services expected to come online in January 2007, and data from the revised Child Care Voucher application, the

evaluation will monitor the number and percent of children with a primary care provider and the number of children receiving dental care. While questions regarding the existence of a primary care provider do not currently exist, this topic will be added to both the Indiana WINS application as well as the Child Care Voucher application.

While this initiative seeks to improve the health and well-being of all Indiana children, this transformation concentrates on getting services to children from low-income households, as these children are at the highest risk of obtaining sporadic and piecemeal services and therefore inadequate care. This is a result of a low-income family's inability to pay for services. Acknowledging this trend, the ECCS initiative seeks to also provide a method for families to fund healthcare services for their children. To measure the successful implementation of providing these means, the evaluation will review the number of children enrolled and their ages in the Indiana State Department of Health Children's Special Health Care Services program as well as the number of enrollees in the Early Intervention Program for Infants and Toddlers with Disabilities, coordinated by First Steps.

The underlying benefits of a medical home assumes that children will receive more regular and comprehensive care and reduce their need for specialty care services. In order to measure this outcome, the evaluation will monitor the utilization rates for primary and specialty care as well as the number of children receiving developmental and behavioral needs screening. Data for these outcome measures will come from claims data from the Indiana Office of Medicaid Policy and Planning. While Medicaid claims data is not a complete list of services rendered to all families,

it does provide a substantial amount of treatment episode data for a large proportion of Indiana children.

While a medical home may provide for improved continuity of care for young children, achieving this type of treatment is difficult for those children in the foster care system because changes in foster care placements often lead to changes in their medical providers (DiGiuseppe and Christakis 2003). To counter this phenomenon researchers and practitioners have proposed the creation of a medical passport, where medical history information accompanies a child as they change placements (Simms 1989). The ECCS initiative seeks to create such a system. To evaluate the effectiveness of the implementation of a medical passport system, this evaluation will monitor data from the Department of Child Services in order to review the number of foster families using a medical passport.

As mentioned earlier, the goal of providing continuity of care, through the use of a medical home, primary care provider, and medical passports is to improve the health and well-being of young children in Indiana. One way to measure this is to look at immunization and mortality rates. To accomplish this, the evaluation will use data from the Indiana State Department of Health to review the immunization rates and the number of preventable deaths for young children. While this data is not expected to show improvement in the immediate future, this can be compared to future immunization and mortality data to monitor any changes.

**Objective 2: All children will be covered by a source of payment whether public or private.** One of the greatest barriers to accessing healthcare



services is the ability to pay. Disparities in the use of primary care are shown to exist between those children who are insured and uninsured (Newacheck, Hughes, and Stoddard 1996). Research has shown that children not covered by private health insurance or Medicaid are significantly less likely to have a usual source of care and see a specific physician, while being more likely to be inadequately vaccinated and have fewer annual physician visits (Newacheck, Hughes, and Stoddard 1996). By seeking to cover all children with a source of health insurance, the ECCS initiative may begin to eliminate this disparity.

To monitor the success of this objective, the evaluation will assess several related factors. Using data from the United States Census Bureau, the evaluation will review the number of uninsured children over the 200% poverty level, under the 200% poverty level, and age five or younger. This information will provide a basis for estimating the number of children eligible for Hoosier Healthwise. Using enrollment data from the Hoosier Healthwise program, the evaluation will also estimate the percentage of eligible children enrolled in the program. The evaluation also will utilize data from Indiana WINS to monitor the number and percent of families that apply and are eligible for Hoosier Healthwise, The Children's Special Health Care Services program, WIC, and the State Children's Health Insurance Program.

This information will provide baseline measurements of payment sources in order to compare to future data as they become available. By comparing the data provided by this evaluation, future work can investigate changes in the number and

percentage of children enrolled in programs for low-income families and gauge the longer-term effectiveness of this initiative.

**Objective 3: The medical home will facilitate developmental, behavioral and mental health screening with appropriate treatment and referrals to community resources.** One component of high quality, continuous care is to identify children with developmental, behavioral, and mental health needs. The development of a medical home for young children may increase the likelihood that care providers will recognize symptoms when they occur, through the use of screening tools, and allow physicians to provide comprehensive and coordinated early intervention services. Facilitating this type of coordination may, as prior research has indicated, improve the quality of life in young children identified as needing developmental, behavioral, and mental health services, who otherwise may not have received treatment (American Academy of Pediatrics Committee on Children with Disabilities 2001).

To monitor this initiative's progress with regard to developmental, behavioral, and mental health, the evaluation will examine several indicators. First, using Medicaid claims data, the evaluation will review the number of children enrolled in Medicaid who are assessed for social-emotional development through the Early & Periodic Screening, Diagnosis & Treatment (EPSDT) program. The figures provided will serve as a basis for comparison in a future evaluation. Secondly, using data from the Bureau of Child Care, the Division of Mental Health and Addiction, and the Indiana Infant and Toddler Mental Health Association, the evaluation will estimate

the number of providers providing developmental and behavioral screening for children under the age of five, as well as the number of mental health providers trained to work with young children. This work also will review the number of professional development opportunities offered throughout the state with regard to infant and toddler developmental, behavioral, and mental health using the Early Childhood Meeting Place website. This evaluation will also review the number of secondary programs designed to train mental health providers to work with young children using data from the Indiana Infant and Toddler Mental Health Association. Lastly to monitor outcomes of children with these needs, this project will attempt to monitor the number of young children expelled from early care or early education settings due to behavioral problems given available expulsion data from these providers.

**Objective 4: An information clearinghouse will be established.** The goal of the information clearinghouse is to provide families of young children a single source of available resources offered throughout the state and their community. This clearinghouse has already been developed by the Indiana Institute on Disability and Community at Indiana University, called the Early Childhood Meeting Place (<http://earlychildhoodmeetingplace.indiana.edu>). To monitor the accessibility of this site, the evaluation will monitor the number of hits as well as the number of unique visitors to the website. This will essentially provide a gauge of how many times the website has been accessed. In addition, the evaluation team will request to add a web-user survey to the site. This survey will ask questions about the usability,

accessibility and overall user satisfaction of the site as well as parent knowledge regarding health topics. This information can then be used to make any improvements as necessary.

**Objective 5: Quality resources and supports are integrated to create a coordinated accessible early childhood system.** The Indiana State Department of Health along with ECCS committee members will guide and coordinate the activities of the initiative. In order to measure this integration, the evaluation will use survey data from the Early Childhood Meeting Place to measure parental knowledge of high quality and developmentally appropriate care for their children. The results of this survey will serve as a benchmark to compare to future surveys that evaluate changes in parental knowledge.

An additional related aim of this initiative is to incorporate quality standards for early childhood care developed at the national level. One component of these standards is to ensure that families in need of child care are utilizing child care and preschool facilities that are licensed by the State of Indiana and accredited by an accrediting body. To measure the effectiveness of the ECCS initiative with regard to child care, the evaluation will monitor several indicators. First, this project will review the number and percentage of single parent families with infants and young children whose co-pay for subsidized child care is 10% or more of income. Data for this measure will be extracted from the Bureau of Child Care's child care voucher data. Using addition data from the Bureau of Child Care, the evaluation will also review the number of children in licensed and/or accredited child care and preschool

facilities as well as provide information with regard to the adult-child ratio. To gauge the quality of child care in Indiana, the evaluation also will review the number of licensing rules that follow the recommendations for SIDS prevention developed by the American Medical Association.

It is the hope that by monitoring these data, the ECCS committee will have the information needed to implement any necessary changes and reforms to ensure that children in child care settings are receiving the resources and supports they need to develop.

**Objective 6: Parents have the necessary information, support and knowledge about child development and are able to recognize their child's progress.** Prior research has indicated that children whose parents are more involved in their care are more likely to have better outcomes than those whose parents are less involved (Waugh and Kjos 1992). Despite the positive outcomes that are likely to materialize as a result of parental contribution, parents are many times unwilling or unable, due to stress and/or fear, to get involved because of a lack of information with regard to their child's care (Coyne 1995). The purpose of this objective is to provide parents with information and knowledge about their child's development to help them overcome the stresses and fears they may feel and encourage them to become more involved. This is an important step in improving the well-being of Indiana children as parents have the potential to recognize symptoms of delayed progression earlier than a physician is able to.

To provide benchmark measurements as to the progress on this objective, the evaluation will monitor several indicators. First, using parenting class information from the Early Childhood Meeting Place, the evaluation will report, if feasible, enrollment numbers of these information sessions,. Secondly, the ECCS committee will create an electronic calendar of developmental progression. The evaluation will monitor the number of hits to this electronic resource. This project also will ask task forces, boards, and committees convened for the purpose of child health, to report the number of parents on these entities. Finally, the evaluation will attempt to include a child development knowledge questionnaire battery into the Early Childhood Meeting Place survey. This survey will serve as a measure of parental knowledge of child development. The purpose of these measurements is to provide a gauge of the accessibility of child development information, parental knowledge about child development milestones, and parental involvement with regard to policy composition.

**Objective 7: Families have timely access to resources and support to address their child's health, safety and developmental needs.** A major obstacle in providing continuous care is that families may not know the needs of their children. The ECCS initiative seeks to provide this information to parents of young children through a number of mediums. Child care providers are one such method of disseminating health, safety and developmental education. The ECCS plan calls for Child Care Health Consultants to educate child care providers regarding health, safety and development. By providing this information, it is hoped that this

information will diffuse to parents of children enrolled in licensed child care facilities. To measure the success of this goal, the evaluation will monitor the immunization rates of children under the age of two. The goal is to have all children fully immunized by this age and the immunization rate computed will provide a basis for comparison at a future time. This project also will report the rates of child abuse and neglect and the number of births to teens.

This objective also seeks to provide training and technical assistance to individuals providing services to young children and their families. This evaluation will monitor the number of training events offered, as shown at the Early Childhood Meeting Place, and also further delineate these events by looking at the number of those offered in rural areas.

This objective primarily seeks to provide information to individuals working with young children and their families in the hope that it will diffuse to parents. The information provided in this evaluation will give stakeholders one way of measuring the successfulness of this objective.

## **CONCLUSION**

The ECCS initiative is a program that seeks to improve the health and well-being of children in Indiana by ensuring continuity of care as well as enhancing parental involvement. The committee, organized by the Indiana State Department of Health, has acted quickly to begin to implement the necessary changes to achieve the objectives set forth. Evaluation research is a key component of any system change initiative; however, this type of research is not without limitations and this

evaluation is no exception. First, the evaluation plan described is contingent upon the existence and availability of data. Secondly, the brief time period in which this evaluation occurs will limit our ability to assess the outcomes of the initiative, as such system level initiatives often require several years to have maximal impact. This project will essentially provide a basis for comparison in a future evaluation project to determine changes that may occur. The extraordinary breadth of this system change further limits what can be attributed to the initiative itself, as there exist several state and community based initiatives attempting to affect, at least partially, the same populations. The above limitations notwithstanding, this evaluation will provide valuable insight into the progress of the initiative.



**WORKS CITED**

- American Academy of Pediatrics Committee on Children with Disabilities. 2001. "Role of the pediatrician in family-centered early intervention services." *Pediatrics* 107:1155-1157.
- Coyne, Imelda T. 1995. "Parental participation in care: a critical review of the literature." *Journal of Advanced Nursing* 21:716-722.
- DiGiuseppe, David L. and Dimitri A. Christakis. 2003. "Continuity of care for children in foster care." *Pediatrics* 111:e208-e213.
- Newacheck, Paul W., Dana C. Hughes, and Jeffrey J. Stoddard. 1996. "Children's access to primary care: differences by race, income, and insurance status." *Pediatrics* 97:26-32.
- Simms, Mark D. 1989. "The foster care clinic: a community program to identify treatment needs of children in foster care." *Journal of Developmental and Behavioral Pediatrics* 10:121-128.
- Starfield, Barbara and Leiyu Shi. 2004. "The medical home, access to care, and insurance: a review of evidence." *Pediatrics* 113:1493-1498.
- Waugh, Timothy A. and Diane L. Kjos. 1992. "Parental involvement and the effectiveness of an adolescent day treatment program." *Journal of Youth & Adolescence* 21:487-497.