



Department of Health
2019-21 Second Supplemental Budget Session
Maintenance Level - M4 - Shift Developmental Screening Funds

Agency Recommendation Summary

The Department of Health (DOH) requests funding in fiscal year 2021 to support the continued development of the Universal Developmental Screening data system. The department did not entirely spend amounts appropriated in fiscal year 2020 due to delays resulting from COVID-19 pandemic and subsequent furloughs. The agency therefore needs unspent appropriation shifted to fiscal year 2021 to complete project development.

Fiscal Summary

Fiscal Summary <i>Dollars in Thousands</i>	Fiscal Years		Biennial	Fiscal Years		Biennial
	2020	2021	2019-21	2022	2023	2021-23
Staffing						
FTEs	0.0	1.1	0.55	0.0	0.0	0.0
Operating Expenditures						
Fund 001 - 1	\$0	\$151	\$151	\$0	\$0	\$0
Total Expenditures	\$0	\$151	\$151	\$0	\$0	\$0

Decision Package Description

Problem

DOH did not spend all appropriated funds in fiscal year 2020 for the development of the Universal Developmental Screening (UDS) data system. The COVID-19 pandemic and accompanying furloughs created delays in hiring. As a result, unspent funds were left in fiscal year 2020. DOH is hiring necessary project staff in fiscal year 2021, but will need the unspent funding in fiscal year 2020 to shift to fiscal year 2021.

Amidst the delays, significant progress has been made, including:

- Defining scope, schedule and budget of the UDS data system;
- Receiving the Office of the Chief Information Officer (OCIO) approval 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 a technology budget to the OCIO;
- Convening multiple stakeholder meetings, gathering input from healthcare providers, childcare systems, community based organizations, and subject experts;
- Participating in a quality assurance (QA) readiness assessment with a public knowledge firm contracted through the Health Care Authority (HCA);
- Drafting an investment plan;
- Developing requirements and commencing a Journal of the American Medical Association (JAMA) review; and
- Drafting the Request for Proposal (RFP) for a vendor to develop, build, and test the system.

Remaining activities include completing the RFP to secure a vendor and developing/implementing the UDS data system. Additionally, DOH will work with various stakeholder groups including parents, physicians and other state agencies to help direct and refine the system and its uses.

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.

Assumptions and Calculations

Expansion or alteration of a current program or service:

The UDS data system would be 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.

Detailed assumptions and calculations:

In 2016, DOH contracted with a business analyst to design the system and provide cost estimates for the build. This request uses that estimate with a modest adjustment to account for increased interoperability needs so that the system can exchange information with other data systems containing child health data (e.g., the Immunization Information System (IIS), Clinical Data Repository, Child Health Intake Form system, and Birth Defects Surveillance System).

Department of Health State Appropriation

	Fiscal Year 2020	Fiscal Year 2021	Total
Existing Appropriation	\$ 162,000	\$ 61,000	\$ 223,000
Revised Need	\$ 11,000	\$ 212,000	\$ 223,000
Net Difference	\$ (151,000)	\$ 151,000	\$ -

These funds would be used to leverage available federal Medicaid dollars in partnership with HCA. Impacts to HCA are as follows:

Health Care Authority Federal Appropriation

	Fiscal Year 2020	Fiscal Year 2021	Total
Existing Appropriation	\$ 1,460,000	\$ 547,000	\$ 2,007,000
Revised Need	\$ 102,000	\$ 1,905,000	\$ 2,007,000
Net Difference	\$ (1,358,000)	\$ 1,358,000	\$ -

Workforce Assumptions:

This shift supports the hiring of a full time program coordinator to assist in program integration, a project director (program) and hiring a project manager (technical).

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."

Performance outcomes:

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 fiscal year 2013 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.

Other Collateral Connections

Puget Sound recovery:

Not applicable

Legal or administrative mandates:

Not applicable

Intergovernmental:

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.

Changes from current law:

Not applicable

State facilities impacts:

Not applicable

State workforce impacts:

Not applicable

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
	2020	2021	2019-21	2022	2023	2021-23
Obj. A	\$0	\$112	\$112	\$0	\$0	\$0
Obj. B	\$0	\$39	\$39	\$0	\$0	\$0

Agency Contact Information

Dan Weeks

(360) 489-5608

daniel.weeks@doh.wa.gov