

Act Early State Team Meeting

Thursday, July 23, 2020 | 12:00 pm – 4:00 pm



History of Act Early State Team

Federal Legislation

- Autism Collaboration, Accountability, Research, Education, and Support (CARES) Act of 2014 (prev. Combating Autism Act of 2006)
 - Federal legislation aims to support:

- ❖ Interagency coordination

- ❖ Surveillance and Research



Fall 2014 Awards

- › [Learn the Signs. Act Early \(LTSAE\) Monitoring](#) – University of Wisconsin-Madison, Gail Chodron, PhD

- ❖ Professional training and public education



- ❖ State systems for early identification, diagnosis, and intervention



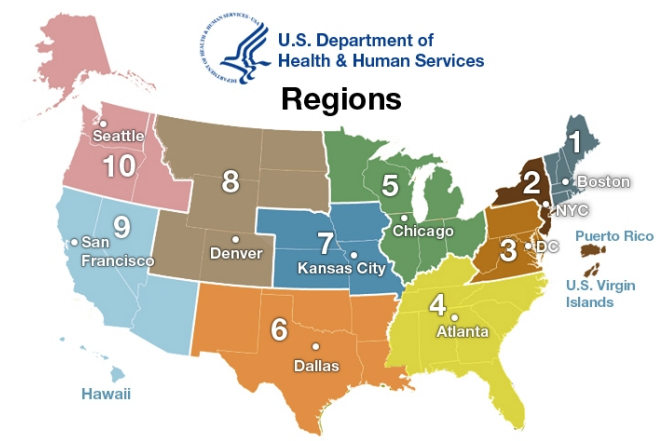
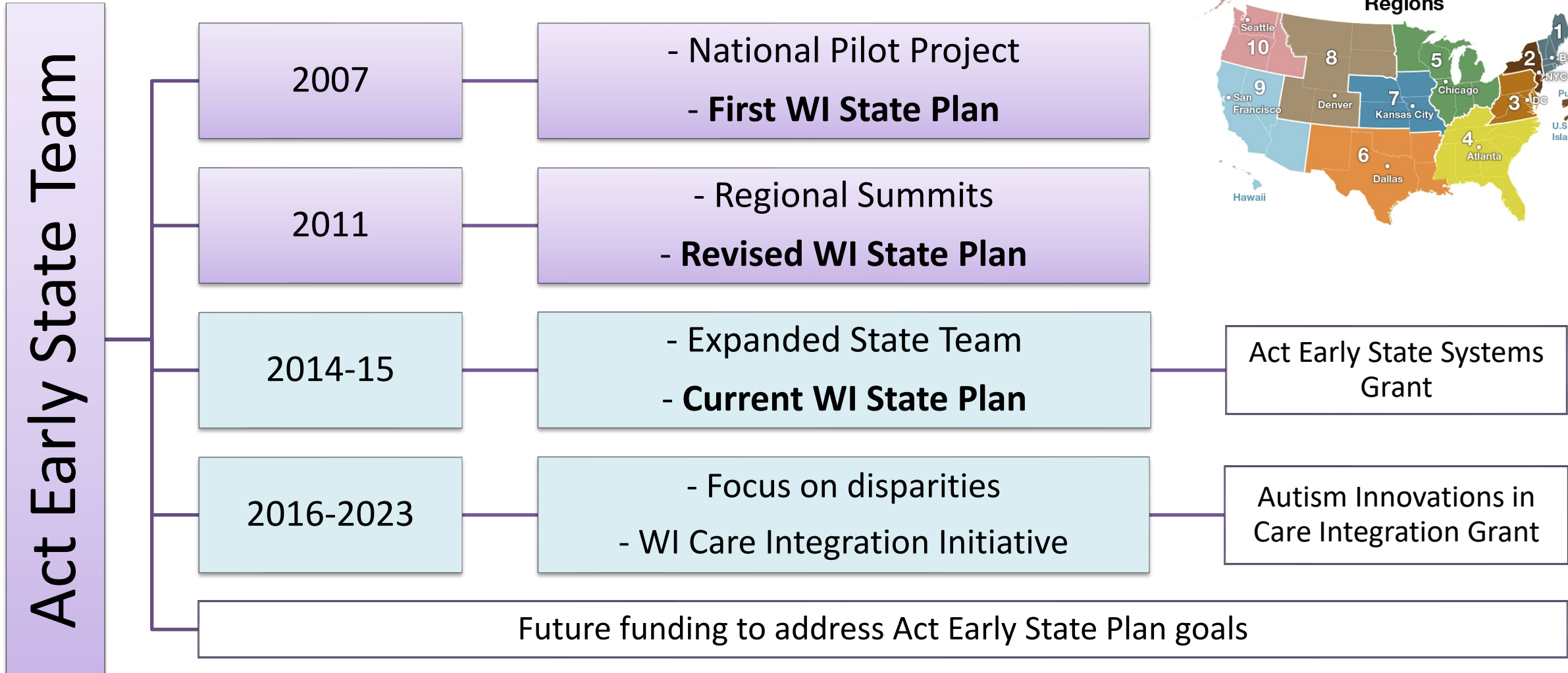
Act Early Ambassadors



State Systems for Early Identification, Diagnosis, Intervention

- Act Early State Team (2007-present)
- Autism state demonstration grant (2008-10)
 - “Connections Initiative”
 - Community of Practice on Autism Spectrum Disorders
- Act Early State Systems Grants (2012, 2014-15)
 - Learn the Signs. Act Early. materials in public health programs
- Autism Innovations in Care Integration grant (2016-19; 2019-23)
 - Improving access for medically underserved families
 - Family navigation
 - Partnering with primary care providers and community partners

State Systems for Early Identification, Diagnosis, Intervention



Act Early State Team

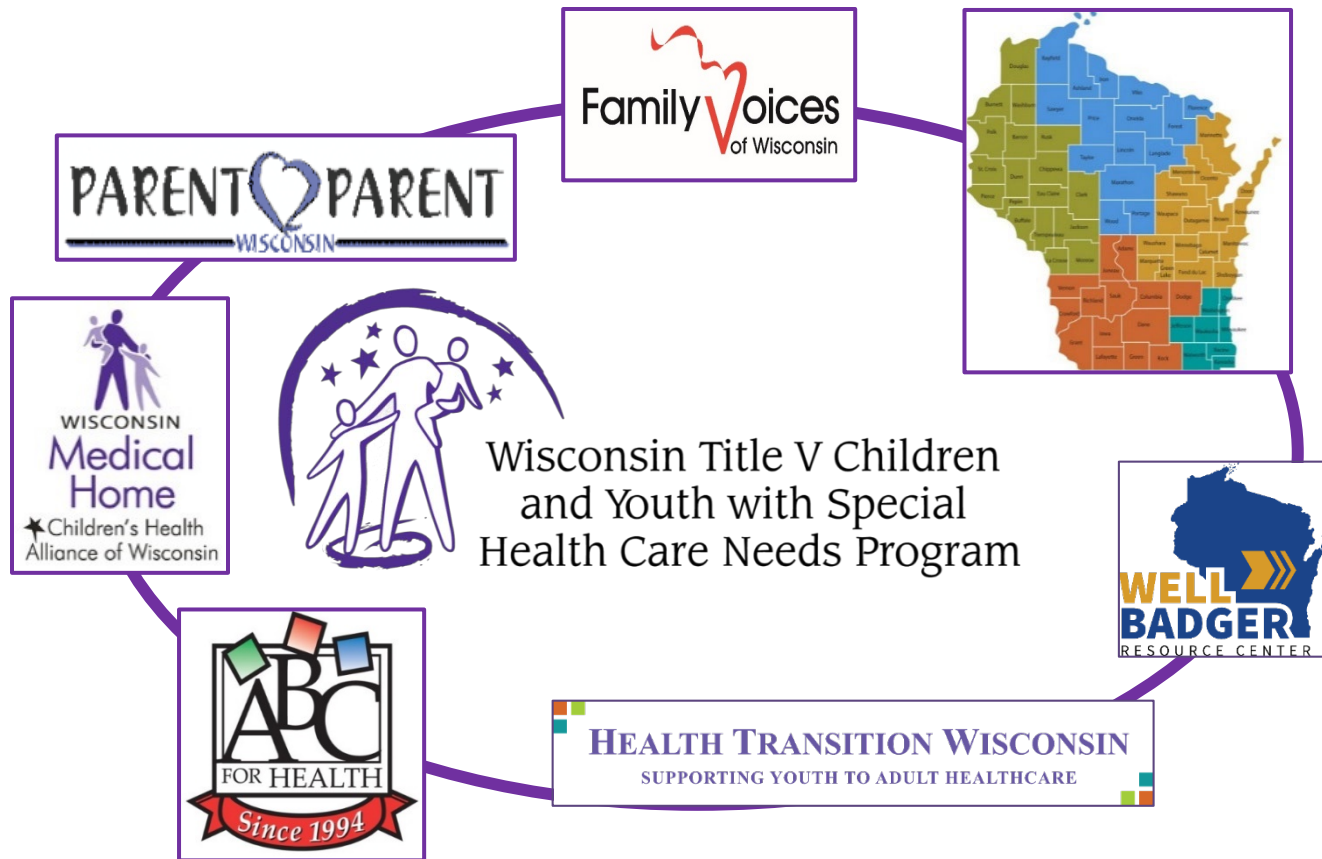


Membership has grown dramatically since 2007, with approximately 41 organizations represented by 2017

WI Act Early State Plan

Goal 1: Family Engagement	Goal 2: System of Early Identification and Referrals	Goal 5: Statewide Coordination			
Long-term vision: Families who have children with ASD/DD have access to clear and useful information, accessible community supports, and coordinated systems of care that are family-centered. Intermediate Goals 1. All families are connected to support in the way they choose (e.g., telephone, chat, text, email). 2. A consistent set of information, both on-line and in print, is shared with families upon diagnosis, assessment or eligibility determination. 3. All families can access and advocate for services and supports.	Long-term vision: All children receive developmental screening and ongoing developmental monitoring, and are referred to services when a concern is identified, within a coordinated system of care including a Medical Home.	Coordinated Communication Plan	Knowledgeable Referrals	Data Collection/Evaluation	Family Engagement
	Intermediate Goals 1. All families are informed and actively engaged partners in developmental screening and ongoing developmental monitoring. 2. All primary care, public health and early care and education providers consistently implement ongoing developmental monitoring and screening for child development and autism utilizing evidence-based, culturally normed validated screening tools. 3. All primary care, public health and early care and education providers are knowledgeable of available resources and utilize a system of coordinated referrals and follow-up services that align with best practices. 4. All primary care, public health and early care and education providers utilize a system of coordinated data collection that evaluates Wisconsin's system of developmental screening, ongoing developmental monitoring, referral and follow-up.				
	Goal 3: Assessment, Evaluation and Diagnosis Long-term vision: All children receive an evaluation within three months after a concern is identified through screening or developmental monitoring.				
	Intermediate Goals 1. All providers, including primary care providers within a Medical Home, are knowledgeable of where to refer a child for assessment, evaluation and diagnostic services, and supportive services. 2. Increase the capacity to assess, evaluate and diagnose children who have a concerning result from early developmental screening. 3. Assessment, evaluation and diagnostic services are available, conveniently located and timely, for children who have a concerning result from developmental screening or as necessary.				
	Goal 4: Intervention and Coordinated Community Supports Long-term vision: All children who have been identified and/or diagnosed with ASD/DD receive timely and effective individualized interventions within a system of coordinated community-based care.				
	Intermediate Goals 1. Local communities have a coordinated system of evidence-based intervention, treatment and educational services. 2. Families, Medical Home providers, service providers, and educators coordinate to support families in building individualized service and support plans that are family-centered. 3. Children have their individual needs met after diagnosis in a timely manner by a network of providers in their local community.				

Bringing Together CYSHCN Network and Other Partners



- Autism Society of South Central WI
- Autism Society of Greater WI
- Board for People with Developmental Disabilities
- WI Family Ties
- Birth to 3 Program, Dept of Health Services
- Child Find, Department of Public Instruction CESA
- WIC (Women, Infants and Children) Program, Department of Health Services
- WI Chapter of the American Academy of Pediatrics
- WI Association for Family Physicians
- Health care providers
- Community service agencies
- Waisman Center University Center of Excellence on Developmental Disabilities
- Higher Education and Research

Welcome

Today's Schedule

12:00 pm	History of the Act Early State Team
12:30 pm	Welcome, Introductions, and Setting the Stage
12:55 pm	Bright Spots in Capacity Building, Family Supports, and Services
1:30 pm	Break
1:45 pm	Current Efforts to Align Provider and Family Education
2:05 pm	Assessing the Current Landscape – Breakout Discussions & Group Reports
3:05 pm	Break
3:15 pm	Idea Exchange and Action Planning
3:45 pm	Wrap-up and adjourn

Meeting Objectives

- To share stakeholder challenges and successes in advancing the goals of the Act Early State Plan
- To identify strategies and immediate action steps to advance the goals of the State Plan

Introductions

Please introduce yourself...

Share your name, the agency or group you represent and which of the Act Early State Team goal(s) you work on the most...

Goal 1: Family engagement

Goal 2: System of Early Identification and Referrals

Goal 3: Assessment, Evaluation and Diagnosis

Goal 4: Intervention and Coordinated Community Supports

Goal 5: Statewide Coordination

Setting the Stage

Act Early State Plan

Goal 1: Family engagement

Goal 2: System of Early Identification and Referrals

Goal 3: Assessment, Evaluation and Diagnosis

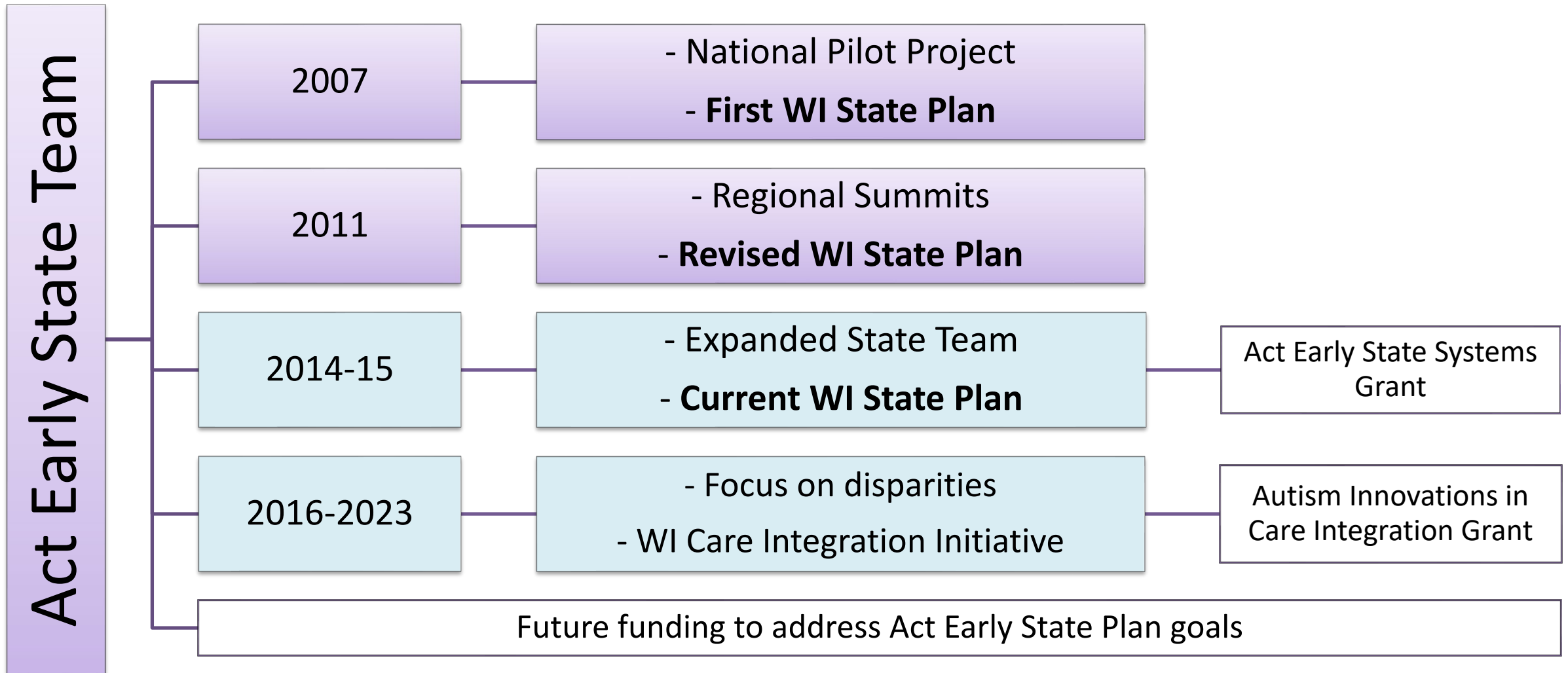
Goal 4: Intervention and Coordinated Community Supports

Goal 5: Statewide Coordination

Purpose of Act Early State Team

- **Bring together stakeholders** working to **improve coordinated systems** for early identification, developmental assessment, services and supports, and family engagement related to children with or at risk for **autism** spectrum disorder and other **developmental disabilities**.
- The meetings and activities of the State Team provide an opportunity for stakeholders to **share and align work** in this area

Funding the Work of the Act Early State Team





Act Early Ambassador

Update, July 23, 2020

Kris Pizur-Barnekow, PhD, OTR/L, IMH-E®
Act Early Ambassador - Wisconsin

Develop Partnerships – Well Badger Resource Center



Your Child's Development

GETTING HELP IN WISCONSIN

Do you have questions or concerns about your child's development? Help is available!

- 1 Monitor your child's development.**

There are several excellent sources of information about milestones for children up to five years old:

 - CDC's "Learn the Signs. Act Early." program offers many resources and tools. Visit cdc.gov/ncbddd/actearly (US info) or actearly.wisc.edu (WI info)
 - Easter Seals also offers free, online developmental screening. Visit www.easterseals.com/milestones
- 2 Have your child screened by a professional.**

All doctors should perform "developmental screenings" (questionnaires looking for any problems or delays) at well child visits. Health Departments, Child Care Facilities, and other Health Professionals can also perform developmental screenings. You know your child best. If you or your child isn't getting the help he/she needs, contact the Well Badger Resource Center.
- 3 Get your child connected to early intervention services.**

Where you go to for services depends on your child's age and individual strengths and needs.

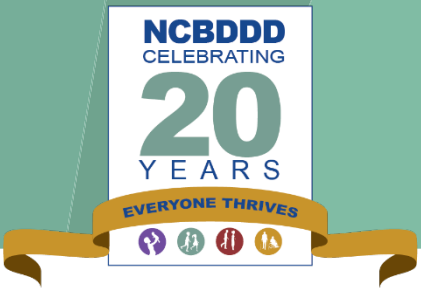
 - If your child is 0-3 years old, start with your local birth-to-3 program.
 - If your child is 3 or over, start with the childhood special education program at your local public elementary school.

Contact Well Badger to get help finding local resources.
Speak with a live specialist Monday - Friday 7 AM - 6 PM.

 **Call** 1-800-643-7837 **Text** 608-340-9128 **Email** help@wellbadger.org

Facebook Messenger @wellbadger **Live Chat** wellbadger.org **Searchable Directory** wellbadger.org





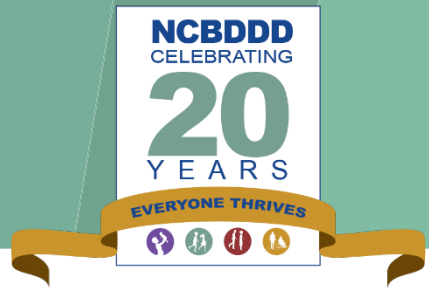
Learn the Signs. Act Early.

Assessing Act Early Program Activities: Levels of Integration



Promotion: Does the program promote developmental monitoring (DM) using LTSAE?

<u>Level of Integration</u>	<u>Description</u>	<u>Example</u>	
		Digital	Print
1. Passively promotes any LTSAE info/materials	• Materials on display or available , little to no staff/provider interaction or communication with families about LTSAE materials	• LTSAE web button on webpage	• Brochure on display in waiting room.
2. Actively distributes LTSAE promotional materials	• Promotional or awareness materials given to family member by staff/provider reinforced with messaging or language about DM with level of frequency (monthly, annually, etc.)	• Program's social media page posts or shares LTSAE messages	• Teacher distributes brochure during every parent teacher conference
3. Routinely provides Watch Me! training or an equivalent training on developmental monitoring using LTSAE with staff	• Training is offered or required for program staff at some level of frequency (monthly, annually, etc.)	• Home visiting system creates e-module training about LTSAE and DM	



Learn the Signs. Act Early.

Assessing Act Early Program Activities: Levels of Integration



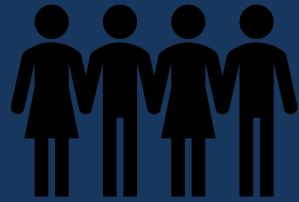
Monitoring: Does the program engage in DM using LTSAE?

<u>Level of Integration</u>	<u>Description</u>	<u>Examples</u>	
		<i>Digital</i>	<i>Print</i>
4. Actively distributes <u>LTSAE checklists</u>	• Checklist materials or active direction to download the app given to family by staff/provider reinforced with messaging or language about completing a checklist (more than one time)	• WIC clinic helps family download and use the app	• HCP give Milestone Moments booklet at every newborn visit
5. Actively completes /has family member complete <u>LTSAE checklist</u> and reviews with family and takes any needed follow up action	• Provider completes checklist on app or paper or “supervises” family member completing checklist; reviews with family as part of routine program activities (more than one time)	• Using the app, WIC staff engage families in completing milestone checklists part of every certification visit	• HV program require the visitors to complete checklist at visits

Bright Spots in Capacity Building,
Supports & Services

Updates from the Northwoods: Cory Dart

- Northwoods Activities:
 - ADOS training – Ascension
 - Diagnostic clinic put on hold due to COVID-19.
Unsure of when they will begin
 - Nicolet Technical College offering 3 course certificate for families & professionals working with ASD across the lifespan
 - Starlight has provided limited in-person services & telehealth sessions. Eagle River office has closed.

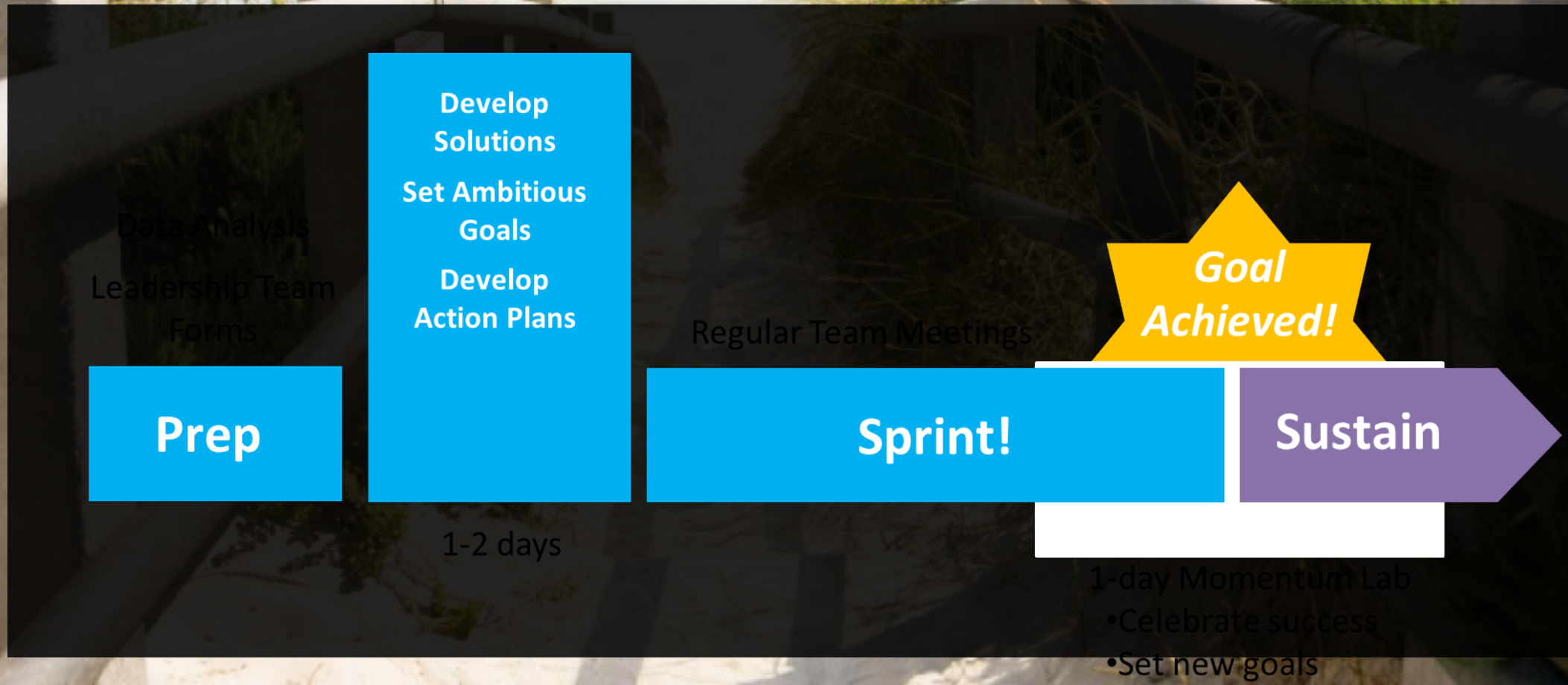


Southwest Region Equity Action Lab

Innovative Sustainable Action



What is an Equity Action Lab

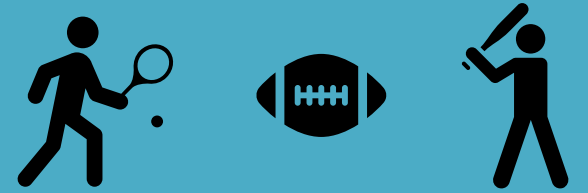


Key Principal of this model?

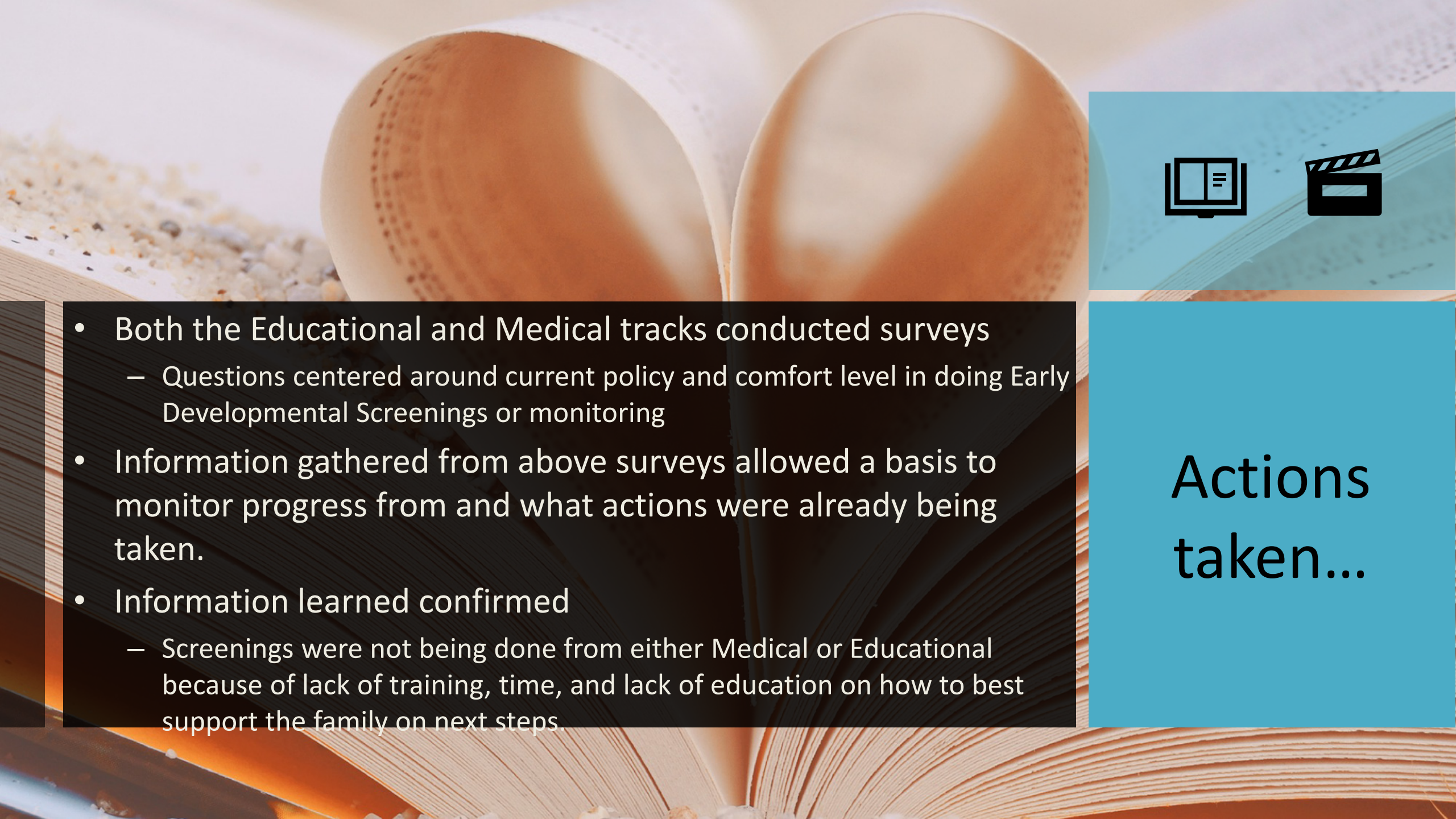


- Having those most impacted by the Action in the driver seat.
 - Who are the Stakeholders, who is engaged & needs to be engaged.
 - Partner with resources who can act as an incubator
- What are the resources to help move the action?
 - Who makes up the Leadership team that will decide upon what Action needs attention
 - Who makes up the Design team and fine tunes the Aim Statement
 - All of this work is guided by the Quality Improvement cycles
- How will the community continue the work?
 - By keeping families input and guidance at the forefront of the work you get more end-user guidance and ownership.
 - Not going to lie, it does take vigilance to keep the work going so pick the Action and Aim statement that best fits the families' input.

- **What?** Standard of practice for screening and referring kids
- **For whom?** Healthcare and/or early childhood sites in order to impact children age 0-5 years in Grant and Crawford Counties
- **By when?** July 31, 2019 (end of 1st sprint cycle)
- **How much?** Increase by 5 sites
- **Full statement:** By July 31, 2019 we will assist 5 healthcare and/or early childhood sites in moving closer to the standard of practice for screening and referring children 0-5 years in Grant and Crawford counties.



What was
the Aim?

- 
- 
- 
- Both the Educational and Medical tracks conducted surveys
 - Questions centered around current policy and comfort level in doing Early Developmental Screenings or monitoring
 - Information gathered from above surveys allowed a basis to monitor progress from and what actions were already being taken.
 - Information learned confirmed
 - Screenings were not being done from either Medical or Educational because of lack of training, time, and lack of education on how to best support the family on next steps.

Actions
taken...



What actually happened? Medical



- 8 practices accepted professional outreach offering from the Children's Health Alliance of Wisconsin
- 3 sites held a 60 minute Lunch & Learn
 - 29 staff members trained
 - 10 of whom were clinicians
 - 19 evaluations were completed
- Special thank you to
 - Children's Health Alliance of Wisconsin, Naomi Kowald facilitated the trainings,
 - Regional Centers for CYSHCN, (TIM) for the parent perspective



What actually happened? Educational



- ASQ-3 training for Daycare providers in Crawford and Grant County
 - 8 Daycare providers registered for this event
 - Total of 29 participants
 - Postponed
- Develop and use a listserv for early care and education professionals and other key partners involved in Child Find efforts to make it easier to learn about trainings and resources, and to collaborate on early identification.
- Partnership developed with
 - SWTC & UWP
 - Early Childhood program & Medical Programs



What's next?

- Publicly acknowledge the work and partnerships formed.
- Establish scheduled check-ins for progress and next step actions needed.
- Collaborate with each other to develop talking points in attracting therapies and resources to Southwest Wisconsin.
- Hand this Innovative Sustainable Action Model off to the next community to replicate.

A close-up photograph of a child's hands drawing on a white piece of paper. The child is wearing a blue denim jacket. Their right hand holds a blue and orange marker, and their left hand points at the drawing. The drawing includes a blue cloud-like shape and some scribbles. The background is a wooden table.

- A Dream written down with a date becomes a Goal.

- A Goal broken down into steps becomes a Plan.

- A Plan backed by Action becomes Reality.

- Journey's Strength.

Questions?



10 MINUTE BREAK



Current Collaborations on Provider & Family Education

Provider Education

- Opportunity: Align current efforts in WI that support provider education
- Who: Wisconsin Medical Home Initiative, WI Care Integration Initiative & Department of Health Services
 - Naomi Kowald, Geeta Wadhwani, Leah Ludlum, Nicole Brys, Gail Chodron, Anne Harris & Lynn Hrabik
- How: Virtual meetings

Provider Education

Next Steps:

- Finalize a package of what is available to providers and how each opportunity can be accessed
- Market to providers through a variety of venues

Family Education

Goals:

- Connect families to existing resources
- Discover families who are not currently accessing our resources
- Create resources that are missing
- Identify and support family leaders

Team:

- Nicole Brys, WiCII
- Gail Chodron, WiCII
- Lynn Hrabik, WiCII
- Meredith Vitaioli, WiCII & CYSHCN
- Becky Burns, CYSHCN
- Barbara Katz, Family Voices of WI
- Brigit Frank, Family Voices of WI
- Lisette Khalil, Well Badger Resource Center

Family Education

Outcomes:

- Connecting with EQT by Design
- Identified a new family leader for WiCII
- Created



Next Steps:

- Focus Groups to review curriculum
- Learn about connecting with diverse communities
- YouTube videos for CYSHCN Regional Centers

Assessing the Current Landscape

Act Early Supplemental Funding

- 1 year (9/1/20–8/31/21) COVID-related funding (\$75,000) available to all states and territories that meet application requirements
- Workgroup of the WI Act Early State Team
 - **Conduct needs assessment** to identify barriers to and opportunities for early identification and intervention (*existing and new data*)
 - **Develop, implement, and evaluate a plan** to address identified barriers and opportunities
 - Identify, implement, and evaluate strategies to **improve resiliency of children birth to age 5 and their families**

Breakout Group Instructions

- Random assignment into breakout rooms
- Assigned facilitators
- 30 minutes for discussion followed by a report out
 - How is COVID-19 affecting progress to achieve Act Early State Plan goals?
 - What successful responses or strategies have been implemented?
 - How have the barriers and opportunities to achieve the State Plan goals changed?

10 MINUTE BREAK



Idea Exchange & Action Planning

Idea Exchange & Action Planning

- How can we make progress on State Plan goals at this point?
- What are immediate action steps we can take?
- Who will be responsible for these action steps?

Wrap-Up

- Summary of what we've learned and decided
- Evaluation
- Next meeting: Wednesday, November 4, 2020, 8:30a – 1:00p



THANK YOU!

