

## **Mid-Level Assessments: A System Improvement Innovation**

When screening in pediatric offices shows developmental concerns, parents whose children are referred for further evaluations currently experience long waits. Once the children are evaluated, often it turns out that they do not qualify for many intervention services. Mid-level assessments, a health care system innovation, could change this by evaluating children sooner and connecting them to a variety of interventions more expeditiously. The Child Health and Development Institute's (CHDI) latest [IMPACT series](#) publication, "[Mid-Level Developmental and Behavioral Assessments: Between Screening and Evaluation](#)," provides evidence for the effectiveness of this new "mid-level" of assessment for children in Connecticut at risk for developmental or behavioral problems.

### **Full Assessments: A Systemic Bottleneck**

In Connecticut's current system, scarce resources at the evaluation stage create a bottleneck. This lack of evaluation capacity among developmental, behavioral and mental health services leads to delays in evaluation appointments and therefore timely referral to intervention services. The resulting wasted time, unnecessary expense and misdirection of resources compromises the ability of the system to optimize the surveillance/screening process and opportunities for timely intervention, to the detriment of children.

### **A Mid-Level Solution**

Mid-Level Developmental Assessments (MLDA) were identified in a 2006 Commonwealth Fund report as "a key strategy for enhancing pediatric practice linkages for developmental services and supports." MLDA strives to "appropriately evaluate children for whom surveillance and/or screening show concerns and then triage children into higher level evaluation services or community-based therapeutic services for intermediate intervention." The promise of MLDA is that it can be more expeditiously available, take less time to complete and cost less than current assessment options. MLDA can result in more timely and appropriate care as well as more efficient use of the scarce full evaluation resources in Connecticut.

Although initial research conducted in 2006 to assess the appeal and impact of MLDA was encouraging, a more thorough exploration of the feasibility and implications of this approach was needed. In 2009, with funding from the [Children's Fund of Connecticut's](#) Innovation Grant Program, CHDI awarded grants to three child-serving organizations (Pediatric Associates of Bristol, the Village for Families and Children and the Yale Pediatric Primary Care Center) to test MLDA. The goal of the demonstration project was to improve the alignment of needs and services by identifying implementation issues and developing recommendations.

### **Improving Services, Saving Money**

The pilot sites realized significant improvements on a number of important dimensions. MLDA revealed that only a small percentage (less than 20%) of children undergoing this assessment required more extensive evaluations. Eighty percent of children could be enrolled immediately in various development promotion and mental health programs that were readily available. Just about all of the children referred on to more extensive evaluations, qualified for services with stringent eligibility criteria.

In addition to more timely enrollment in intervention services and more efficient use of extensive evaluation resources, MLDA cost data suggest that this approach can save an average of \$540 per child, compared to use of full evaluation resources after screening. Accounting for the fact that MLDA would refer an estimated 20% of children for full

evaluation, this represents a 42% cost savings relative to current assessment and evaluation costs.

### **Creating a Sustainable MLDA System**

Pilot program results strongly favor rapid dissemination of MLDA. In addition, experience in the three different clinical settings led to a number of recommendations that address coordination, staffing capacity/competence and reimbursement issues:

- Integrate MLDA with other child assessment service systems to ensure the efficiency in early identification.
- Structure payment for MLDA services to reflect the time, staff and expense of assessments as well as care management that connect children to further evaluation or intervention services.
- Coordinate assessments, recommendations and services across providers of both primary care and development/behavioral health services.
- Monitor MLDA results and outcomes to inform state policy discussions, particularly on the subject of school readiness.
- Evaluate MLDA as a potential model to address adolescent socio-emotional development and substance use concerns to allow expeditious intervention before symptoms escalate.

MLDA represents an innovation that has shown considerable promise in terms of improved experiences for children and families, efficient use of scarce specialist resources and lower costs across the health care system.

The IMPACT may be downloaded from our website: [www.chdi.org/assessment-impact](http://www.chdi.org/assessment-impact). For a printed copy, please contact Cindy Langer, [langer@uchc.edu](mailto:langer@uchc.edu).

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