

Minnesota's ABCD III Project Objectives

Population: Medicaid enrolled children ages 0-5, with a breakdown of ages 0-3

Frequency: Baseline and annual measures taken

Objective 1: Early intervention services in the pilot communities will receive increased referrals of children (closer to the expected rate) and the referrals will be earlier (based on child's age) than had previously occurred.

Objective 2: Clinics will know when to refer children based on screening results and to whom children should be referred. Each community agency and clinic will have a good working relationship with the other. Necessary information will flow well between primary care providers and community agencies and service providers. Providers will feel more comfortable with referrals made and know what happened as a result

Objective 3: Participating clinics will have a systematic process in place for screening, referring and managing services for young patients and their families that will include communication between providers and the family. Pilot communities will have standard communication mechanisms in place to provide timely referrals and feedback between clinics and providers and agencies where children are referred.