Help Me Grow® National Center

Policy Brief

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As resources continue to be egregiously misplaced toward time-consuming, unnecessary, and expensive medical and behavioral health services, health care costs, including Medicaid and Medicare, grow at uncontrollable rates. As a result, our country's most at-risk children suffer. ***Help Me Grow*** *must become part of the national strategy to control these costs and get our children the treatment they need and deserve.*

Cost Benefits of "De-medicalizing" Childhood Developmental and Behavioral Concerns:

National Replication of *Help Me Grow*

A costly lack of options

During two-year old Shana's routine checkup, her exasperated mother expresses concerns over her daughter's ongoing behavioral outbursts. The mother describes Shana as very strong-willed, unpredictable, and easily upset, and also reports episodes resembling breath-holding spells. The pediatrician refers the mother to a local specialist, a pediatric neurologist. Two months later, at the earliest possible appointment, Shana receives a neurological examination that is unhelpful in identifying a cause for Shana's behaviors. She is then referred for an EEG test to rule out the possibility of a seizure disorder. After a total of almost 4 months, the child has been declared free of neurological disease, yet no recommendations or assistance has been provided for the initial concerns. The cost of the visits and subsequent tests are covered, in part, by the family's basic health insurance plan and, in part, are incurred by Shana's family, and over the course of a year total several thousand dollars. Over the next two years, Shana's behavioral problems persist, causing her to enter school a year late, enrolling in a special education program where paired professionals work with her to manage her outbursts.

The above vignette reflects many of the realities in the current state of pediatric management of behavioral and developmental concerns. Caregivers of at-risk children rely too heavily on costly and oversubscribed medical and behavioral specialists, while community-based programs and services offering valuable support are underutilized. The National Center for Children in Poverty at Columbia University reported, in 2008, that "despite overwhelming evidence supporting prevention and early treatment intervention services, funding is heavily focused towards deep-end treatment like … intensive services." While pediatric specialists provide critical services, long wait times and limited capacity result from inappropriate referrals. Child health providers and parents are too often ill-equipped to identify and make use of the vast array of community-based resources designed to support families facing early childhood behavioral and developmental challenges. In many cases of tertiary care (i.e., specialty) referrals, there are more beneficial, cost-effective, and readily available community alternatives.

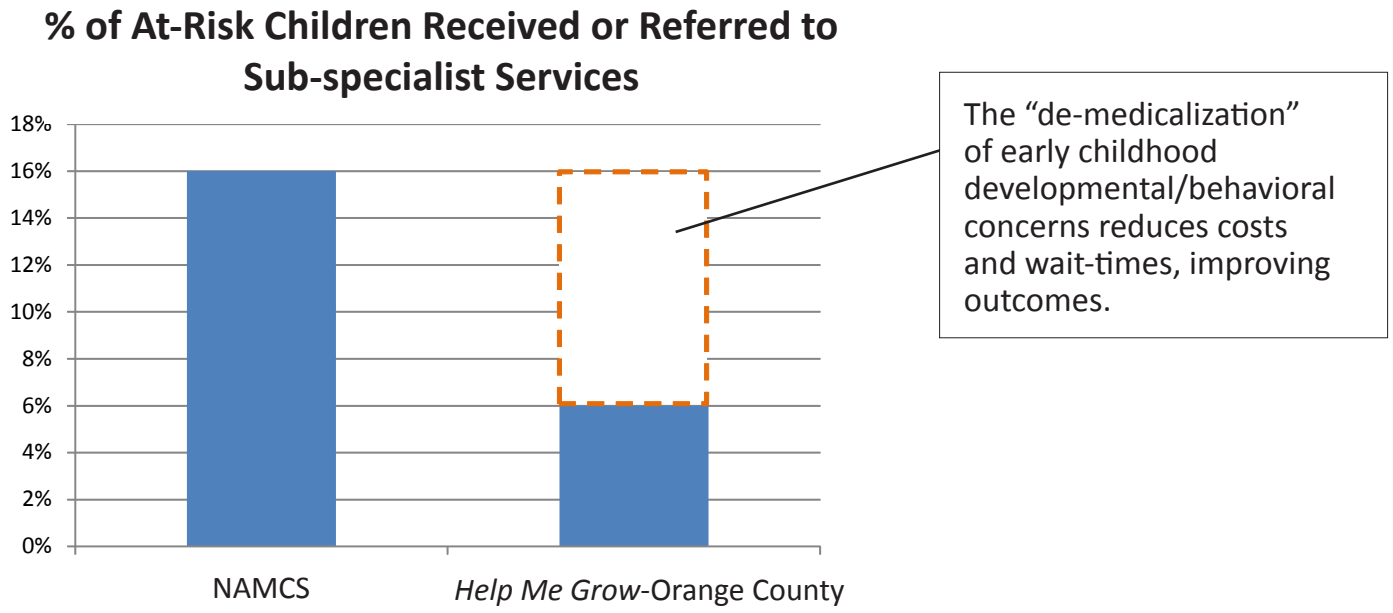
Help Me Grow creates linkages to existing resources

By connecting families with concerns for their children's development and behavior to appropriate, community-based programs and services, *Help Me Grow* supports families as informed and engaged stewards of their children's early development. The system also provides child health providers with cost-effective alternatives to unnecessary, time-consuming, and expensive medical specialty referrals and, by preserving the capacity of specialists, ensures that tertiary care is available to those children who need it most. Now being replicated in 16 states, *Help Me Grow* promotes the early detection of children at risk for developmental and behavioral problems, provides a centralized call center as a single point of entry for community-based programs and services, and links children and their families with the appropriate resources quickly and effectively. Rigorous data collection allows for continuous quality improvement, while also demonstrating the system's success. For example, since 2002, 85% of children and families referred to Connecticut's *Help Me Grow* have been successfully connected with community-based programs and services.

A Model for "De-medicalization" Savings

Data collected by *Help Me Grow*-Orange County demonstrate that the system is indeed creating the desirable shift away from expensive and often difficult to access medical and behavioral specialists towards more readily available community-based programs and services.

We compared the Orange County data to a sample of physician visits collected through the National Ambulatory Medical Care Survey. The sample includes visits from children ages birth through five presenting with behavioral or developmental issues. In the sample, 16% of visits resulted in referral to another medical or behavioral health specialist. In contrast, of 8,872 families who accessed *Help Me Grow* in Orange County, CA, between 2007 and 2009 with a behavioral or developmental issue, only 6% were referred to medical or behavioral health specialists. This decrease in reliance on specialist referrals represents an important benefit of *Help Me Grow*. This "de-medicalized" 10% represents families who were connected more quickly to more cost-effective treatment options.



So, what is this 10% change in referral rates worth? We estimate the foregone initial costs of medical specialist consultation and diagnostic testing to be over $2,300 per child. Based on this conservative estimate, we calculate the potential nationwide savings of early detection and intervention through *Help Me Grow* would total over $54 million per year. In 2009, *Help Me Grow*-Orange County allocated $136,344 of its budget toward the 2-1-1 Care Coordinators, the key source of de-medicalization value creation, representing a cost of $585 per caller. Based on these estimates and Orange County's budget information, we estimate national net savings of $49.8 million per year.

Scoring scalable savings benefits

In 2009, *Help Me Grow*-Orange County connected approximately 2,326 families to services, representing over 1% of the 0-5 year old population of Orange County. Using the 10% figure, we calculate that 233 Orange County children fell into the "de-medicalized" category in 2009. Scaling this up to the U.S. population, we find that nationwide replication has the potential to "de-medicalize" an estimated 21,865 children annually through earlier detection and more cost-effective treatment.

Table 1. Replicating "De-medicalization" Across the Country

	Orange County	Expected Nationally
# of yearly *HMG* Callers	2,326	218,651
% of 0-5 Population	1.08%	1.08%
Number "De-medicalized"	233	21,865
Care Coordination Costs	($136,344)	($1.09 million)
Total Savings	$542,253	$50.9 million
Net Savings	$405,909	$49.8 million

Of course, this model fails to capture longer-term savings expected to accrue through early detection and intervention to state and federal special education and juvenile justice programs, or the unquantifiable long-term benefits to society of raising happier, healthier individuals. Nonetheless, this conservative proxy for the cost savings created by getting children more quickly into appropriate treatment effectively demonstrates the urgency with which the *Help Me Grow* system should be replicated nationwide.

Nobel Prize Laureate economist James Heckman recently wrote to the Joint Select Committee on Deficit Reduction citing the critical need for and promising returns to investments in cost-effective early childhood development programs. Data collected by the Orange County *Help Me Grow* affiliate demonstrate not only the effectiveness, but also the cost-savings potential of such a facilitated system of providing families and caregivers of children in need of behavioral or developmental interventions with helpful, prompt, and efficient treatment.

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Data tables and references available at www.HelpMeGrowNational.org. June 2012