

# **Early Developmental Screening and Intervention Initiative**

## **Implementation Plan**

This document captures the results of the first year of the EDSI project which has been dedicated to planning and design, and lays out the plans for year two of the project and beyond. The purpose is to describe succinctly and concretely the various aspects of EDSI, including the Learning Collaboratives, WIC partnership activities, the policy agenda, and plans for evaluation of the various aspects of the project. This plan presents the results of Steering Committee advising, team meeting minutes, and products and decisions achieved throughout the planning year.

### **The Planning Process**

This document illustrates our evolving thinking on the various pieces of the project, and how that has been influenced by our advisors. Our process during the first year has been to pull together a team of local and national experts who have brought content expertise about optimizing developmental services from a systems approach, working with and supporting parents around child development, and quality improvement as well as knowledge of local resources and systems of care. Our team has achieved its Year 1 planning goals through a set of working groups tasked with particulars of the planning process. These working groups have included a collaborative design group, a group dedicated to WIC activities, a parent education group, a policy group, a collaborative implementation team, a data subgroup, a faculty group, and the Steering Committee among others.

The policy agenda has evolved simultaneously through the design process, research and planning for each has informed the other. During the second year, the policy work is less emphasized than the learning collaborative, but this document briefly describes our plan for continuing engagement of key stakeholders and preparation for the Policy Summit in year three. Planning for EDSI activities in conjunction with WIC include a parent education session and one-on-one counseling at selected WIC sites within the partnership areas, and the development of materials that can be used during the classes. The purpose of this multi-tiered design is to work toward implementation at all levels: policy, service providers and community outreach.

### **EDSI Planning Deliverables in Year 1**

The EDSI initiative includes three major areas of concentration: (1) the learning collaborative, (2) the partnership with WIC, and (3) the policy agenda.

#### **1. Learning Collaborative**

The planning for the first Learning Collaborative has included several stages. These included the following:

- a) a system model and the design of a “charter” or contract for participants and a specific design of the collaborative;

- b) development of a change package or curriculum for the clinician and the early care and education teams;
- c) criteria for geographic area selection process, which now is culminating in a needs assessment study of the partnership areas; and
- d) a measurement plan for the collaboratives.

### 1.1 Community Selection

The EDSI project will implement learning collaboratives in selected areas of the county to jumpstart and explore best practices in creating changes in early identification processes throughout the county. We began with plans to implement collaboratives that would encompass 4-6 communities, each representing different areas of the County. We decided to start with a pilot learning collaborative in two geographical areas in 2007 that would test the change concepts and create a cadre of clinical practices and early education settings that could support and bring best practices to the future expansion collaborative in 2009.

We turned to our Steering Committee members as well as key stakeholders in the community to help us think through and develop our criteria for participation in the learning collaboratives. The areas were determined through a process of discussion and feedback, gathering comments from the Steering Committee, community stakeholders, discussions within a community selection subcommittee of the EDSI project, as well as from First 5 LA staff. The Steering Committee, during the June 15<sup>th</sup> meeting, suggested that EDSI should select those areas where we would have the best chances of success. The rationale is that we would learn more from success than from failure. The Committee suggested that EDSI avoid working in a geographic area that has little chance of success even if the need is greatest in a particular area. Stakeholder interviews provided similar feedback and additional information on specific organizations that had experience trying different models of supporting early identification.

As we entered the recruitment phase for the pilot Learning Collaborative, the EDSI team identified five Partnership Areas for recruitment and participation: the Metro area, the Westside, Northeast San Fernando Valley, San Gabriel Valley, and the Harbor area. These Partnership Areas, described in more detail below, emerged from our policy environment scan and interviews with Los Angeles leaders in early childhood services and supports. We sought to maximize leveraging of existing programs and investments. The first collaborative is a pilot with a greater focus on testing “stretch” ideas and innovations. We expect to involve the Metro and Westside areas where we can draw from some unique resources and capacities, including First 5 investments that are demonstrations and have an orientation toward spread. With the second Learning Collaborative over two years away, we can expect some changes in resources and local readiness in these and other areas of Los Angeles. Our final delineation of the geographic areas for this Collaborative, and the detailed assessments of this second set of Partnership Areas, will take place in 2008.

Given that providers across Los Angeles have different levels of capacities, needs and available resources, we have proposed “readiness criteria” for participation to ensure that (1) participating providers can reasonably expect to achieve their goals and (2) EDSI and First 5 LA learn as much as possible about what can work, how it can work, and what barriers to change may exist

in the future. For EDSI, readiness refers to provider capacities and the physical and social resource capacity that providers can draw from when attempting the changes sought by the collaboratives. This includes the ability to share, test and implement innovations, both within organizations and across the system of care. The final criteria for readiness cover the availability of leadership and key champions as well as available resources such as existing networks and public and private programs.

EDSI compiled brief summaries of readiness criteria in the current geographical areas identified for the pilot and expansion learning collaboratives. Our criteria include geographic and population diversity, and readiness to engage in the learning collaborative and implement the strategies for change. A secondary consideration is community need for a substantial improvement in developmental monitoring. By meeting these criteria, we are confident that the lessons learned during the pilot and the expansion Learning Collaboratives in 2007 and 2009 can lead to successful spread throughout Los Angeles County. We are also mindful that the greater the engagement throughout Los Angeles, County, the greater our chances of social if not financial sustainability of project goals. It is our hope that connections between champions in our Partnership Areas and peers outside of these Areas will aid future spread. The following points outline our thinking about learning relevant lessons for, and spread to, other areas of Los Angeles County.

- **Provider Capacity** – For the pilot collaborative in particular, having success requires a willingness to innovate and to test new ideas. Our identified Partnership Areas include a number of community clinics that have a strong history and recognition of innovation, partnership, and leadership among their peers. Clinicians in both the Metro and the Westside areas have recent experience with the structured improvement methods of the learning collaborative. These areas also each have ECE settings with a track-record of testing new ideas related to early identification and/or inclusion, and also with demonstrated commitment at the necessary administrative level to such changes.
- **Other First 5 Investments** – EDSI seeks to leverage other existing First 5 investments. We can build from the partnerships, knowledge and capacities established in our proposed areas. We have developed initial plans for linking EDSI with First 5 School Readiness centers, the Special Needs Project Demonstration, and the First 5 LA funded Little by Little and Child Health Works projects, among others. We expect to work collaboratively with First 5 LA initiatives as appropriate, such as PFF, Healthy Births, Healthy Kids, and with Baby Zones as they are rolled out.
- **County Agency Initiatives** - We have endeavored to involve important countywide agencies in the broad planning level and as local level participants. Our Partnership Areas include each of the five full assessment DCFS hubs. Several SPAs that have particularly active ICARE planning are included. As another example, we expect that the SPA 4-based DMH SAMHSA grant involving Childrens Hospital Los Angeles will improve the access of EDSI participating clinicians to mental health services and care coordination for young children in the Metro Partnership Area.

- Regional Centers – Our project will involve all of the 7 Los Angeles County regional centers: Eastern Los Angeles and San Gabriel/Pomona Regional Centers in the San Gabriel Partnership Area, Harbor and South Central Los Angeles Regional Centers in the Harbor Partnership Area, Westside and Lanterman Regional Centers in the Westside Partnership Area, Lanterman and South Central Los Angeles Regional Centers in the Metro Partnership Area, and North Los Angeles County Regional Center in the Northeast Valley Partnership Area. In the same way, EDSI will benefit by the participation of Family Resource Centers throughout Los Angeles and the surrounding communities both in the Learning Collaboratives and through engagement with the Family Resource Center Network of Los Angeles County (FRCnLAC).
- Local Education Agencies – Like the Regional Centers, the local education agencies will be essential partners in the Learning Collaboratives. We expect that the Partnership Areas will engage multiple school districts, including Los Angeles Unified School District, Long Beach Unified, and Santa Monica-Malibu.
- Political Engagement – The EDSI project has a countywide focus in the messaging and policy aspects of the initiative. Engaging political leadership throughout the county is important for this broader goal. The proposed Partnership Areas will involve multiple cities, including Los Angeles, Carson, Long Beach, Wilmington, Santa Monica, Pacoima, Van Nuys, Alhambra, San Gabriel and El Monte among others. The Partnership Areas include SPAs 2, 3, 4, 5, 6, and 8. Taken together, the Partnership Areas include each of the five Supervisorial Districts.

## 1.2 Outline of Partnership Areas

Below are brief descriptions of the partnership areas we proposed to include for the EDSI Learning Collaboratives. We include specific key champion organizations or people identified that can support the work in the area as well as those that have already begun the important work of attempting to implement better systems of early identification in their community.

### *Metropolitan Partnership*

The Metropolitan Partnership Area is located in SPA 4 and will include participants from the metropolitan Los Angeles area. The area includes key EDSI champions who have a tradition of connections across sectors serving young children, including Hope Street Family Center, as well as clinicians with a tradition of community-oriented health care. In addition, the Metro area includes numerous School Readiness Initiative sites, and more specifically at least one *Ready For School* site (Tenth Street/Bill Cruz) that incorporates specific screening activities in the center and surrounding community child care providers to which they outreach. The Metro area is also home to the coordinating agency of the Special Needs Advisory Project, Pathways, which is recognized for multiple strengths among referral and resource agencies including care children with special needs. The Lanterman Regional Center is also a key partner in this area with experience and champions in early identification and screening-having recently run Touchpoints training. The Metropolitan area promises to be an area committed to the EDSI goals and with a track record in creativity and successfully implementing innovations.

### *Westside Partnership*

The Westside Partnership Area is located in SPA 5 and within Supervisorial Districts 2 and 3. It is envisioned to specifically focus a large effort in the targeted area of Mar Vista, which is both an area of high need as well as an area with existing champions and efforts to build upon. The Westside's readiness to take on the goals of EDSI is evident in the existing screening efforts already underway at Westside's Children's Center, which is the only First 5 California Special Needs Project Demonstration site in Los Angeles County. This project has already established protocols for screening and referral as well as existing collaborative partnerships between clinicians and ECE settings. The history of collaborations across community agencies and resources, including clinics like the Venice Family Clinic and child care providers like Westside Children's Center and the local Head Start agencies, make the Westside an ideal area to implement a learning collaborative.

### *Harbor Partnership*

The Harbor Partnership Area would meet EDSI readiness criteria in several specific ways. The area brings together a group of physician champions in community clinics (such as The Children's Clinic) and larger medical groups (such as Talbert Medical Group) with expertise in the area of developmental monitoring, community engagement, and providing quality care to children with special needs. A number of others who have made investments that build capacity for collaboration and improved services relating to early identification include Wilmington, a prevention initiative site. The Harbor Partnership area promises to bring together innovative new programs and physician and education champions for collaboration across several high-need areas. The Harbor Partnership Area will include participants from Long Beach, Carson and the Los Angeles/Wilmington area. The area falls within SPA 8, and is under the jurisdiction of Supervisorial Districts 2 and 4, Los Angeles City Council District 15, and the city governments of Carson and Long Beach. The Harbor partnership area will include, but is not limited to, the zip codes 90805, 90806, 90813, 90810, 90745, 90744, among others.

### *San Gabriel Partnership*

Among the potential champions in the area is Citrus Valley Health Partners with a range of community benefit activities and a strong collaborative history. The region includes two regional centers— San Gabriel/Pomona Regional Center, and East Los Angeles, Regional Center. There are also multiple Resource and Referral agencies to provide assistance with child care for families. Among the school readiness initiative sites are the Mountain View School District and Pomona Unified SD and Early School Success in Montebello. The San Gabriel Partnership area brings together existing partnerships and numerous community resources to contribute to the EDSI collaborative. The San Gabriel Partnership Area is located in SPA 3 and is covered by Supervisorial Districts 1 and 5.

### *Northeast San Fernando Valley Partnership*

The Northeast Valley Partnership Area provides a number of opportunities to build and strengthen existing partnerships among community agencies to promote EDSI goals in this community. The area is home to the Northeast Valley Health Corporation with five clinic locations in the area and operating the WIC program for San Fernando Valley. NEVC has established partnerships with surrounding community resources, including the Vaughn Next

Century Learning Center. Hathaway Children and Family Services is another community resource with established connections to early care settings to provide mental health services in this area. This area offers key champions with School Readiness Initiative grantees, including the Vaughn Next Century Learning Center and Child Care Resource Center, Hathaway, as well as the *Ready for School* site of Broadus. The Northeast Valley Partnership Area is primarily located within SPA 2 and spans Supervisorial Districts 3 and 5. It includes the cities of San Fernando, Arleta, Pacoima, and Van Nuys.

### 1.3 Needs Assessments in the Geographical Partnership Areas

As EDSI transitions from planning to implementation, we are examining each partnership area more closely to make a detailed assessment of the resources that the collaborative participants can take advantage of in their community. We will briefly describe the demographics of the communities as it relates to EDSI activities, using existing data sources, including recent needs assessments that have been conducted in the communities. While this is not meant to be an exhaustive community resource mapping, we will begin to outline some of the major resources that can be tapped into for the purposes of early identification and referral. We plan to document the existing resources that are part of the county infrastructure to support families. We are largely drawing from interviews in Summer 2006 with county agencies and also plan to conduct interviews with key staff at regional/local and community agencies to gather more specific information on their services, in January 2007.

A draft of the agencies and programs include the following: Regional Centers, Resource & Referral Agencies, First 5 programs, Family Resource Centers and Family Empowerment Centers, and Head Start programs, WIC, and others. The interviews will cover the following information on each agency/service:

- Service area – in whatever way it is defined by the agency,
- Eligibility – as defined by the agency. For example, if eligibility is determined by income.
- Limitations in the agency/organization's service delivery
- The types of training offered and collaborations with ECE, pediatric clinicians, and parents, and
- The referral network, other agencies with whom the agency shares information

We have selected areas with the most capacity and readiness during the 2007 collaborative. It is our expectation that the three other areas will have transformed somewhat in the array of resources and other local capacity for participation in the 2009 collaborative. For instance, we anticipate that other initiatives in the process of ramping up will be in the implementation phase, including the DCFS family service hubs, P-3, etc.

### 1.4 The EDSI Learning Collaborative I – Metro and Westside, Los Angeles, CA

The overall goal of the EDSI Initiative is to transform community systems in Los Angeles County to promote healthy development for all young children and achieve earlier identification and intervention for young children with developmental or behavioral concerns. The mission of the EDSI Collaborative is to implement reliable systems for providing effective preventive and developmental supports to children younger than five years of age. Teams from primary care

practices and ECE settings will work to support families' efforts to promote positive developmental outcomes for their children by use of evidence-based strategies. The collaborative will strive to meet its mission by sharing ideas and knowledge, methodology for change, implementing proven concepts and measuring for progress.

Beginning in the spring of 2007, 30 primary care practices and up to 10 ECE sites from five geographical areas in Los Angeles County will participate in a Learning Collaborative designed to enhance care for children up to five years of age. Selected teams will participate in three two-day Learning Sessions, each followed by an action period where they will have the opportunity to try out changes in their setting. During the action periods, sites will measure their progress toward improvement goals. Project faculty will coach teams to assist them in applying key change ideas into their own organizations. The first two learning sessions are scheduled for March 26-27, 2007 and June 7-8, 2007. The final session will be held in October 2007.

Teams will make changes in three broad areas during the collaborative.

- 1) Eliciting and addressing parents' informational needs and promoting positive parent/child interactions
- 2) Identifying children at risk
- 3) Linking families to community resources

#### *The Collaborative Faculty*

The EDSI Learning Collaborative brings together local and national experts from a variety of fields for the three learning sessions. The faculty co-chairs are Dr. Marian Earls and Richard Cohen, Ph.D. Dr. Earls is a developmental and behavioral pediatrician and is Medical Director at Guilford Child Health in Greensboro, North Carolina. Guilford Child Health is a public-private partnership between two community health systems and the department of public health, which serves low income families. Dr. Earls served as clinical director for The Commonwealth Fund's *Assuring Better Child Development (ABCD)* Project, which sought to assist states in improving the delivery of early child development services for low-income children and their families, and her clinic is a pilot site. Dr. Earls continues as consultant and trainer with the *ABCD II* Project, which aims to expand screening within state Medicaid programs, and chaired the Healthy Development collaborative faculty in Vermont and North Carolina. Dr. Earls also chairs the American Academy of Pediatrics Learning Network that is working with a cadre of practices from around the country to test the 2006 AAP recommendations on surveillance and screening.

Dr. Cohen is the Executive Director of the Westside Children's Center in Los Angeles, California. Westside Children's Center provides subsidized childcare as well as foster care, adoption and family preservation services. Dr. Cohen served as Director of Head Start in Pasadena/Glendale and as Director of the Pacific Oaks Research Center. Dr. Cohen's work focuses on access to quality, comprehensive services for disadvantaged children and families, with special interest in the intersections between early childhood and the child welfare system and in the importance of multi-disciplinary approaches in optimizing outcomes for children and families.

### *Partnership Area Participants*

We currently are working closely with the collaborative faculty and improvement advisors to design a meaningful way for other providers in the partnership areas to participate within the Break-through Collaborative framework. Such participants could include the regional center Early Start director, FRC director, WIC site or regional director, or other local partners. It is unclear whether these participants would participate in change strategies and data collection or would engage more in defining the local system for identification and referral.

### *Recruitment*

Recruitment is already underway for the 2007 collaborative. Our plan calls for participation by 10-15 physician practices in each of the Metro and Westside areas, for a total of 25-30 practices. Under advisement of the faculty chairs and Cincinnati partners, and in collaboration with our local physician partners, consultants, and steering committee members, we have begun a campaign of formal and informal contact with potential participants. Our recruitment strategy also relies on through personal local chapters of the AAP and other professional associations, specialized professional groups, and newsletter announcements. Through our partnership with WIC, we have been able to gain access to provider lists for all of their sites within our Partnership Areas, helping us to create communities of providers and consumers within the collaborative.

Our recruitment strategy for the ECE participants during this first pilot collaborative is quite different than the come-one-come-all strategy described above. Our meetings with Mike Shannon, Laura Escobedo and others familiar with the ECE setting have made specific recommendations both about the types of ECE settings that would have the capacity for participation, and about the appropriate channels for recruiting these participants. Our plan for recruitment with ECE settings is to work with the leadership to select sites that will be strategic partners during this pilot collaborative, comfortable with some uncertainty and with infrastructure and staff capacity to maximize our learning for future spread. It is expected that recruitment will continue up to the month of March, and that ECE settings will receive some coaching on completing the initial data collection involved during the prework phase.

The breakthrough series model helps its participants to learn by doing. Even before the first session, practice teams begin compiling information about their site to share with other participants at the first session and to have a baseline measurement of their performance around certain key areas of improvement. At this stage, participating practices and ECE settings will sign a charter agreement with the collaborative to commit to the performance goals and adhere to the plan for participation. During the learning sessions, practice teams will hear from local physician and ECE experts and develop their own aims and changes in line with EDSI goals.

In between learning sessions, participants hold weekly team meetings, collect data on a weekly basis, and participate in monthly phone calls with our supporting faculty who provide support and advice as the teams report on success and challenges with their improvement efforts. Teams also have access to monthly reports on their performance around the changes, based on the

weekly data collection. (For a more detailed discussion of the measurement and evaluation plan, please refer to the separate section in this document.)

### *Participation of Medical Practices*

It is our goal to recruit from a variety of practice types including community clinics, private pediatric practices, residency training programs, and family medicine clinics among others. While we understand the challenge this presents in terms of balancing the assets of each of the practices. Our conversations with quality improvement experts have reinforced the idea that, while this can be challenging, it also will ensure the best learning for future spread of the systems through out Los Angeles County.

Specific strategies are outlined below.

#### **1. Implement practice-wide systems for the delivery of preventive and developmental services**

- Develop practice-wide guidelines for the provision and documentation of preventive and developmental services
- Create tools (e.g. preventive services summary, flags on chart) to prompt providers regarding needed preventive and developmental services
- Train office staff to identify and prompt clinicians about needed preventive and developmental services
- Use chart screening and prompting tools at well-child AND non-well-child visits; offer preventive and developmental services and risk screenings at non-well-child visits for children behind on these services
- Review and update guidelines for the provision and documentation of preventive and developmental services annually

#### **2. Implement practice-wide systems for anticipatory guidance and parent education**

- Develop practice-wide guidelines for the provision and documentation of anticipatory guidance and parent education (AGPE)
- Create tools to prompt providers regarding age appropriate AGPE : preventive services summary (pss), health maintenance record
- Train and utilize non-physician clinic personnel to conduct problem-focused counseling on specific topics (e.g. car seat safety, toilet training)
- Organize, make accessible, and provide patient education materials that are consistent with practice guidelines
- Review and update anticipatory guidance and parent education guidelines annually

#### **3. Use structured screening tools to elicit parents' concerns and identify children at risk of developmental delay or behavioral issues**

- Elicit parents' concerns about their child's development using standardized, structured tools (e.g., PEDS, ASQ)
- Use structured tools to conduct psychosocial screening for maternal depression, substance abuse, and domestic violence to identify children at risk

#### **4. Activate parents and focus visits on the parents' informational needs**

- Utilize a formal tool to encourage parents to consider their informational needs prior to the visit
- Prompt families to ask questions at the beginning of each well-child visit

- Identify parent/family strengths at well child visits

**5. Identify and utilize community resources to meet the needs of the practice population**

- Organize and make accessible a list of most commonly used community resources
- Identify and train a staff person to regularly update the community resources list
- Identify and utilize (if available) a clearinghouse (e.g. resource and referral line) for needed community referrals
- Establish a relationship with personnel at key community agencies

**6. Standardize and monitor the community agency referral process**

- Create or adapt standardized referral forms for sending information to and requesting information from community agencies
- Utilize a tracking system to follow-up on referrals to community agencies

**7. Systematically evaluate performance**

- Utilize a recall system to follow-up with children who have missed well-child appointments
- Use a chart review to measure performance of preventive and developmental services on a routine basis
- Use chart reviews and/or parent surveys to measure performance of anticipatory guidance and parent education on a routine basis
- Distribute evaluation results (chart review or parent survey) to all clinic staff to aid in planning new system changes
- Review and update guidelines for the provision and documentation of preventive and developmental services annually
- Review and update anticipatory guidance and parent education guidelines annually
- Review effectiveness of community resources annually

*Participation of ECE Settings*

The 2007 collaborative will include a small number of early care and education teams, about 3-5 in each partnership area. After reviewing the capacities of the various types of early care and education settings through our stakeholder interviews and policy scan, we found that the types of settings best suited to test the changes are center-based care programs. Centers will comprise the majority of ECE participants in the first collaborative. Teams from center-based programs are expected to include the center director or program director, the lead teacher and an aide or administrative staff member.

During our planning we considered the inclusion of family childcare settings for a number of reasons. One reason is the widespread use of this form of childcare, especially for children younger than three. In addition, these providers have an increased need for support, education and assistance in the area of parent engagement, promoting the development of children, and in early identification. While centers tend to have greater infrastructure, some family childcare home providers have a supportive system through a local family child care home provider network. These networks serve as a forum for these providers to exchange and share ideas as well as receive training and support in their work. Therefore, we believe that family childcare providers in a support network like those that exist in the Metro and Westside areas could test the changes with some success. With some supportive resources already invested in the Westside and Metro areas, specifically the Westside Children's Center's Family Day Care Home Network

and the Ready For School program staff supporting family child care providers in the community surrounding Tenth Street/ Bill Cruz Elementary, there is an opportunity to learn from providers who have additional resources in their area that complement the work of the Learning Collaborative.

The changes that we plan to test with the early education teachers and staff are still in draft form. We are currently meeting with key Steering Committee members who have experience with early care settings to comment on the feasibility of the changes we have drafted. Below is an outline of the changes currently under review.

- 1. Implement a system for providing parents with information and education**
  - Develop a plan for the school and home to address a child’s developmental needs.
  - Tailor activities within the ECE setting to child’s individual needs.
  - Identify “go to” person as resource for parents and families (teachers as coaches).
  
- 2. Use organized approach to elicit parents concerns and identify children at risk of developmental delay or behavioral issues**
  - Use a process to periodically elicit and document parent concerns about a child’s development or other family needs.
  - Discuss concerns and mutual observations about their child’s development with parents.
  - Use a standard form or process for teachers to record their observations about a child’s development and share with parents.
  - Record the child’s medical home and recent medical history (or refer as needed).
  - Have a process to provide parents with information about child development and behavior.
  - Discuss observations [and learn about development] regularly with peers.
  - Provides/receives reflective supervision or mentorship.
  - Establish resources for ongoing consultation and training.
  - Use health consultation and other external resources available to assist in identifying children at risk as well as making referrals
  
- 3. Identify and develop relationships with community resources to meet the needs of young children.**
  - Consistently encourage parents to share concerns with the child’s medical home.
  - Use health consultation and resources in the community to help teachers understand and identify risks and useful community resources.
  - Increase awareness of existing community resources.
  - Have a process of sharing with parents relevant community resources and checking on their connection.
  - Share observations about children’s strengths and special needs with child’s kindergarten teacher.
  
- 4. Systematically evaluate performance**
  - Periodically reflect on how the setting is meeting its goals.

Within the next few months, we anticipate finalizing the change package and charter (please refer to Appendix 3), along with determining the appropriate data collection tools and instruments to evaluate the success of providers in implementing the proposed changes.

### 1.5 Measurement strategy

We expect to measure impact of the collaborative using the following data collection tools: (1) a “systems inventory” of the participant settings regarding activities surrounding screening and monitoring, (2) a chart review in clinician practices, (3) a parent visit survey, and (4) a modified version of the Promoting Healthy Development Survey (PHDS).

- (1) A form called the System Inventory (completed once monthly) is a list of changes such as, having a way of documenting what anticipatory guidance topics were talked about on that date. The team reviews the list monthly and indicates if the change is not yet implemented, partially implemented, or implement systematically for all patients/parents.
- (2) A chart review tool (completed weekly or monthly) is a one page form that would be filled out by clinicians on well child visits (a total of about 20 completed per month). The form includes about 8 questions such as “is there a structured development screen for this visit”.
- (3) A parent survey (about 5 completed, per week, or a total of about 20 per month) is a one page survey in English and Spanish which a parent would be given after a well child visit (for a child 0-5 years). An example of a question is, were you asked if you any concerns about your child’s learning, behavior or development. Ideally this would happen after the visit and before any immunizations. A designated person in the practice hands this form to the parent and ask them to complete it just after the visit.
- (4) The Promoting Healthy Development Survey (PHDS) is a longer survey that a sample of parents would complete prior to the first learning session, and another sample would completed following the collaborative. This survey would likely be completed at home and mailed back to UCLA. This survey provides information to the practice and ECE settings about the specific needs and current experiences of parents of children they care for.

### ***WIC Partnership***

Based on discussions of the EDSI model between EDSI staff and both PHFE and LA Biomed WIC programs, it was determined that health literacy and parental views of medical care are important issues for WIC clients. The initial scope of work laid out plans for PHFE WIC to develop a class for parents on health development and health literacy, LA BioMed WIC sites would implement the class developed by PHFE WIC and share in training for the classes. In addition LA Biomed sites intended to implement a process for asking parents in selected WIC centers about developmental concerns and prompting them to discuss these concerns with their child’s pediatric provider. This process would include a protocol for periodic follow-up on any referrals associated with concerns that parents raise, during monthly, bimonthly, or quarterly WIC visits. To complement EDSI’s system perspective, this parent engagement project focuses on promoting effective parent-provider interactions and speaking to a physician about concerns regarding a young child’s development.

We have planned two activities related to EDSI with PHFE WIC. The first is an educational sessions that would be a regular module within WIC centers, and the second is a one-on-one interaction between WIC paraprofessionals and WIC clients regarding identifying and addressing developmental concerns. Both of these interventions will begin at sites selected in partnership with PHFE WIC and that are located within the Metro and Westside areas.

## *1. Educational session*

Although the educational sessions are not required for WIC clients, virtually all clients participate. We expect to implement an educational session for parents that will have two key messages: (a) parents are the best observers of their child and the most knowledgeable about their child's development, and (b) physicians (and other service providers) rely on parents to tell them about the child so that they can both assess and provide advice or help to the parent. We expect to provide parents with some tips related to these messages (e.g., easy ideas to help them raise concerns). We have been working closely with the senior health educators at WIC, as well as Shannon Whaley. The education session will be offered as a regular 20 to 30 minute class that would be added to the rotation of WIC educational sessions. These sessions typically include pregnant women as well as parents with children up to age 5 years, and the same class is offered to all WIC clients who come in on that particular day.

These classes are designed more as a group discussion and they give information through activities that are meant to draw out participation and share experiences. Like other WIC classes, this new class will be designed to be interactive rather than didactic, with parents encouraged to share their own experiences and discuss solutions together. The current plan is that EDSI staff will also be involved in the training of paraprofessionals who will deliver the class but PHFE-WIC health educators will lead the actual training. PHFE WIC will test pilot the content and delivery of the course in the first quarter of the fiscal year (Jan-March 2007).

Once finalized, the class will be implemented and evaluated in several pilot WIC sites and ultimately spread for use at LA BioMed-WIC sites. Our original plan was for LA Biomed and PHFE WIC staff to receive this training together. Since training is only rarely done now through all-day or all-staff sessions, PHFE WIC will train staff at the pilot sites and develop a training plan for spread to other PHFE WIC locations and LA Biomed staff.

## *2. One-on-one counseling sessions with parents*

One-on-one counseling sessions are a standard part of WIC services and are typically 10-15 minutes long. EDSI staff will develop together with WIC several new messages to incorporate in their current protocol that will emphasize some of the same messages from the class and will allow parents to raise any particular concerns. This new topic that would be added to regular counseling sessions would be heavily scripted as has been done with Little by Little (A First 5 funded project). Paraprofessionals would follow prompts on their screen with a series of questions to pose to clients. In our initial discussions, PHFE WIC staff noted that this new activity not extend the current length of the counseling session by more than about 2 minutes. It is during these sessions that we might consider administering items from the PEDS or several Ages & Stages (ASQ) items. We might focus on the two major areas that parents have concerns about and that are frequently under-identified in the current health system (behavior and speech). This would take place for the purpose of emphasizing the message of communicating with the clinician, rather than more for actual monitoring or screening.

### *Development of written materials*

During our conversations in the WIC-EDSI working group, we have thought carefully about the types of materials that are most necessary to support the partnership activities. Our current plan involves developing two distinct resource materials, both at about a 4<sup>th</sup> grade reading level. The first is a four-page information sheet and the second is a resource sheet.

We expect to have a four-page information sheet available for pilot testing by late January 2007. Our discussions have centered on a plan to develop an insert (that is a 4 page, 8 1/2x11 inch pamphlet) that could complement the topics already discussed in Little By Little (thus not repeating information already available) but that could also stand alone in sites that do not have access to the whole LBL package. To complement the general audience for the education session, the sheet is imagined as a workbook that can be used during the session and shared with friends or hung on the refrigerator later. While our key focus is on language and behavior, the message of the pamphlet would address the parent provider encounter. The messages about behavior and language are important beyond a specific age range too, as are the tools for parent action.

We agreed that there should be 3 central points covered:

1. You are the best observer of your child. Trust your intuition. You can help your doctor make good decisions by sharing information/observations about your child.  
These are the same messages as will be emphasized in the WIC education class.
2. Language and behavior are key areas of concern for parents and professionals. There are things parents can do to be prepared to talk to the doctor about these areas. If you are concerned, these are appropriate issues to take to the doctor.
3. It is natural to have concerns. You can talk to your doctor. You can use the observations/activities from previous sections to help communicate concern to doctor.  
You can also seek an evaluation at your regional center.

While most LBL brochures are specific to a three-month age group, the current plan is that this new insert will not be age specific. Instead it will provide messages about parent-clinician encounters and parents as observers that are relevant to all parents of young children age 0-5 years. This brochure provides an opportunity to leverage the successful LBL program. This program ends next year and PHFE is looking for ways to sustain it. We have discussed the possibility that these materials might be used for settings outside of WIC as well given their quality and importance. For example, it may be possible for L.A. Care Health Plan to share these materials with their members, and at minimum as resources for providers on their website, to improve parent-provider interactions countywide.

In supporting participants in developing a system view of identification and intervention, we also anticipate working with collaborative participants to develop a community resource sheet with a few of the key stable resources that serve families in the community. Beginning with our needs assessment, EDSI is working with local providers to determine the most essential and reliable providers for families in the local Partnership Area. EDSI will be working with WIC and others to design a sheet that can be shared throughout the community. This product will also contribute to building a common language about resources, referral, and communitywide identification.

## *Environmental Policy Scan*

Describing the policy landscape in the county surrounding EDSI has been an integral part of this year. The policy component of EDSI has included the engagement and convening of a Steering Committee, conducting some key stakeholder interviews, keeping engaged with other groups that are integral to supporting and are in alignment with the EDSI mission, and creating a written report that describes the current policy landscape with regards to early identification and screening and documents the policy opportunities for sustaining and supporting EDSI. EDSI staff conducted a first round of stakeholder interviews to gather information on the pulse of current and upcoming early identification efforts in Los Angeles County and elsewhere. In addition, EDSI staff wrote a policy scan report to summarize some of the key opportunities in the county that can help support and sustain the EDSI mission. Much of the information gathered through the stakeholder interviews and separate research helped to inform this report.

The Steering Committee was convened and met in June and October 2006. During these meetings, the Steering Committee provided their feedback on the criteria for participation in the collaborative, the selection of the areas that would participate in the learning collaboratives in the pilot and implementation phases, the changes and goals for participants and the EDSI systems model. EDSI staff also kept engaged with other community organizations including EII, ICARE, FRCNLAC, and First 5 LA.

In the next year, the policy component of the EDSI project will move forward with continued engagement of steering committee members through quarterly meetings. In addition, we expect to have a second round of discussions with stakeholders to gather more detailed information about recent developments in the area of early identification around the community. We will also continue to attend and participate in meetings hosted by the Early Identification and Intervention group (EII), the Family Resource Centers in Los Angeles County (FRCnLAC), ICARE, CCS and First 5 LA. We also continue to work with First 5 as it rolls out its Prenatal to 3 Initiative and its baby zones. This next year will also serve as our planning year for a Policy Summit, to be convened sometime in 2008. The goals of the policy summit will be to raise, discuss and plan potential solutions for the system-level challenges to achieving diffusion of EDSI goals as well as to identify opportunities to leverage promising policy developments. Stakeholders will include members of the community and representatives of key agencies and organizations (such as the health department, L.A. Care Health Plan, Early Start programs, and so forth) that have potential roles to play in various elements of the EDSI systems design.