Early Developmental Screening Initiative (EDSI)
A Brief Introduction

Through the Early Developmental Screening Initiative (EDSI), First 5 LA has launched a strategic partnership with multiple organizations in Los Angeles County to enhance the systems of care that support early identification and promotion of young children’s development. Partners in the coordination of this project include California State University Los Angeles, Children’s Hospital Los Angeles, Cedars Sinai Medical Center, the Center for Children’s Healthcare Improvement (CCHI), and the UCLA Center for Healthier Children, Families and Communities. EDSI is also partnering with Public Health Enterprises Foundation Women, Infants and Children (PHFE-WIC) and the BioMed WIC program. During the planning stage of this project, additional collaborations will be formalized. Organizations and individuals involved in the project team represent parents, parent educators, pediatric primary care providers, and early care and education and family support professionals.

Background
Improving the delivery of developmentally oriented services can improve early childhood parenting experiences and the timely identification of developmental problems. Clinicians, health systems and communities are not effectively providing services that promote optimal physical, cognitive, social and emotional development. Clinicians and other professionals working with young children and families face time and resource constraints. Given the great gains that are being made in both knowledge of early identification and intervention, and the opportunities that communities have to optimize children’s learning and development, many professionals are also reporting a need for more training as well as greater supports within community systems to make their early identification efforts more effective. Some professionals feel unprepared and too rushed to meet the multiple needs of the families they serve. Since some key publicly-funded programs for young children and families are deficit-based rather than asset-based, there has often been a requirement to frame the needs of a child and family in terms of deficits rather than in terms of building on assets. This approach has limited the resources available to promote the earliest identification and intervention before problems become severe.

To improve early identification and reduce current disparities, our vision is to use a population-based approach to improve developmental services that is family-centered, culturally appropriate, empirically-based, and seeks to address all parent concerns. Through establishing clear roles, responsibility, and communication, we believe that pediatric clinicians as well as other “platforms” of early childhood professionals and programs can make better use of their observations and interactions with parents, to assure that parents are well informed and that they receive the appropriate supports.

Goals
The goal of EDSI is to transform community systems in Los Angeles County to lead to earlier identification and intervention for young children with developmental or behavioral concerns. This will be achieved by two interrelated, coordinated strategies of promoting a policy agenda that supports the desired community changes, and enabling communities to better define and to improve the pathways to early identification and family support. Over a five year period, the EDSI will engage a diverse group of participants in structured community-based learning.

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collaboratives to plan, implement, test, and refine a set of system improvements. Between 4 and 6 communities will work together on the following outcomes:

1. Enhance parent knowledge of child development, activation as health care consumers, and receptivity for services/supports;
2. Clearly define and improve roles of health care providers, family support and early care and education professionals, and community organizations and interventionists;
3. Implement better defined and functional pathways between population-based and targeted family supports and services;
4. Build and improve relationships among providers and agencies; and
5. Identify and promote policies that support the targeted community outcomes.

Vision and Principles
EDSI aims to identify and implement best practices in surveillance, parenting education, parent support and activation, and community collaboration to improve preventive and developmental care for children on a community scale. Participants in the learning collaboratives will work from a population-based model of care that seeks to create practical, supportive, evidenced-based interactions between parents, prepared and organized professionals, and a system of relevant community supports. Parents play a crucial role in advocating for the support they and their children need; activating parents as consumers will play a large role in this initiative. Reflecting the systems approach, the EDSI will convene a quarterly Steering Committee of champions in an array of sectors to advise on improvement strategies and to build and implement a policy agenda.

Activities
The EDSI will progress through 5 phases during its five year program period. First, the EDSI partnership will conduct a policy needs assessment that will outline the major, policy-oriented strengths and weaknesses in which the project will operate. Based on the policy, governmental, agency, and business assets and opportunities, the partnership will develop a set of improvement strategies.

In phase two, these strategies will be implemented, tested, and refined. The partnership will identify 4-6 communities in which to hold the collaboratives, and begin to develop community-level needs assessments. Participating childcare organizations, pediatric health care practices, family support agencies, and interventionists will work with the partnership to improve the system of care which they comprise. The participants will convene on a regular basis as a large group, work independently on their strategies, and receive direct assistance and coaching from the partnership. While all communities will work on similar improvement strategies, we know that communities differ somewhat in their resources and in the specific needs of parents based on economic, cultural, and other factors.

In the third phase of the project, improvement strategies will be further refined and plans made for expanding the improvement process to additional communities. Lessons learned will be presented to the Commission and to stakeholders through a policy summit. Phase four involves an expansion of the learning collaborative to additional communities. Some of the participants in the first collaborative will be included in this one as champions and mentors for first-time participants. Phase five will enable the strategic partnership to document successes and lessons learned and will culminate in a final policy summit.

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