Achieving Improvement in a System of Early Identification and Intervention in Los Angeles County

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The Need to Improve Early Identification and Intervention

Parents, providers and policy makers value the idea of identifying and intervening early when young children have developmental or behavioral problems. Despite this, current performance falls far short of what is possible. National studies show that up to 50% of children with delays and up to 70% of developmental problems are not identified until school entry. What is the reason for this gap? The current resources, policies and patterns of care are not driving the outcomes that are possible. Despite good intentions, federal and state program development in early childhood has produced staggering complexity. In addition, the nature of early childhood development does not fit neatly into the diagnostic and risk-based criteria for specialized public programs that work for adults. Even when needs are identified early, parents and young children frequently find themselves caught in a cycle of screening and referral within the fragmented service system. As a result, there is a great need to develop capacity in Los Angeles County to monitor and support young children’s development at all levels: health promotion, prevention, and intervention.

The goal of this brief is to review how policy influences our desired results in early identification and intervention, to describe what we want from the system, and to offer ways of leveraging current efforts and resources to support improvement. Despite the challenges, this is an exciting time to pursue systematic change in early childhood. This report is a product of the First 5 LA Early Developmental Screening and Intervention Strategic Partnership. This brief is part of a larger policy report now available on First 5 LA’s website.

About EDSI: A Partnership for Improvement

First 5 LA began the Early Developmental Screening and Intervention (EDSI) strategic partnership with UCLA’s Center for Healthier Children, Families and Communities in 2005 in order to improve early identification and intervention for young children with developmental or behavioral problems. This means helping parents and young children with developmental issues at an early stage when intervention is more effective and less resource-intensive, and preventing future problems in learning, development and behavior through the efforts of parents, teachers, and primary care clinicians. EDSI works to improve care by early childhood professionals involved in early identification (pediatric clinicians and early care and education personnel) and to encourage these improvements through policy change.
Achieving an Effective System

It is often said that “Each system is perfectly designed to achieve the results it gets.” However, there is no single system for early identification and intervention. Instead, a range of early childhood professionals (such as clinicians and early care and education personnel) work independently. For effective early identification and response to take place, these providers as well as specialized early childhood programs need to work as a virtual early childhood system that has clearly defined roles, relationships, and desired outcomes.

Creating a policy environment that supports EDSI goals is essential for accelerating the process of improvement and continued progress over time. The policy environment for EDSI includes not only the rules and regulations that influence resource allocation and the day-to-day practice of early childhood professionals but also the extent to which vision and leadership drive the system toward desired results. Achieving and sustaining improvements within communities depends in part on how compelling and feasible these strategies are to those who provide early childhood services. Provider views about the value and feasibility of improvements are shaped by a number of factors: awareness and attitudes about different ways of providing care, capability and training, available resources, expectations within their professions, quality and accountability provisions, and most importantly the motivation to continually do better. All of these factors together can make it possible to maintain the results achieved during the EDSI project, continue spread of these results throughout the County, and build on these results to achieve further improvements in early childhood outcomes.

Exhibit 1 shows that policy and organization influences the community system, which in turn shapes the outcomes for children and society as a whole. The exhibit shows areas where improving policy and organization would produce more timely recognition and response to young children’s needs. These areas include:

1. **Engagement and a shared vision** of what a system should achieve, on the part of leaders, providers, and parents
2. **System leadership and collaboration** to make sure that each key element is in place so that the system operates as intended;
3. **Measures of quality and outcomes** at all levels to provide a picture of current outcomes relative to goals, and to aid quality improvement;
4. **Encouraging a continuous learning culture** to equip providers with the ability to adapt to the needs of parents and young children and to any changes in available resources;
5. **Incentives and motivation** so that providing effective care becomes easier and providing ineffective care is harder;
6. **Supports within communities** that help parents and young children get the prevention, health promotion and care that they need;
7. **Capacity and capability** to provide effective, acceptable services and supports to young children and their parents.
Exhibit 1: Improvement Areas for Achieving Desired System Functions and Outcomes

Exhibit 2 gives examples of general strategies and specific steps within each of these improvement areas. The EDSI strategic partnership will convene policy summits in 2008 and 2010 to focus on these and other leveraging opportunities. The strategies and steps within each of the policy and organization areas will be elaborated further during these policy events.

The EDSI policy scan shows that considerable effort is already underway to improve policy and organization of care. We can take advantage of this activity to improve policy and organization of care even further regarding scope of services, eligibility, training, and financing and reimbursement that currently pose barriers to more optimal systems of early identification and intervention.

The larger EDSI report describes what a more ideal system would look like from the perspective of parents interacting with early childhood professionals regarding development and behavior; describes roles and current directions of sectors and stakeholders in the systems model; outlines current policy opportunities and constraints, and summarizes emerging efforts related to early identification.
<table>
<thead>
<tr>
<th>Improvement Areas</th>
<th>Types of Strategies <em>(examples)</em></th>
<th>Specific Steps and Current Leveraging Opportunities <em>(examples)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement &amp; Shared Vision</td>
<td>Increase awareness about early childhood Achieve consensus on desired results Increase parent expectations for care Make it normal for parents to discuss their child's development with clinicians and teachers</td>
<td>• Community-based information sharing and networking (e.g., Early Identification and Intervention (EII) Collaborative)</td>
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<td>System Leadership and Collaboration</td>
<td>Help payers, government, providers, advocates to see the value of investing in early identification Align the mission of relevant agencies</td>
<td>• Stewardship on early identification policies issues by First 5 LA • Collaboration around early identification in Service Integration Branch/IOG • Children’s Planning Council (CPC), including SPA/AIC Councils and Community Building Institute involving stakeholders and parents • Master plan for early childhood recognition and response</td>
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<td>Performance Measurement</td>
<td>Develop measures of early identification Achieve consensus on standard definitions Publish measures by a trusted organization</td>
<td>• Test/adapt outcomes, indicators, and measures for a diverse population • Include early identification measures in population surveys and indicator reports (e.g., Children’s Score Card, United Way, LA County Health Survey) • Implement similar indicators at system and service delivery levels</td>
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<td>Continuous Learning Culture</td>
<td>Make available evidence-based tools, resources, and processes of care Develop improvement networks that help providers put change into practice Provide effective coaching and consultation Enable peer-to-peer communication and support</td>
<td>• Quality improvement (QI) support for local providers and training programs • Multi-sector learning and coaching • Sharing of national and local evidence base • Make better use of existing tools/mandates for QI in medical care and early care and education, such as CHDP and DRDP</td>
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<td>Incentives and Motivation</td>
<td>Ensure that resources match expectations Link reimbursement to the quality of care provided Make linkages between providers and programs easier to understand and to navigate Increase accountability</td>
<td>• Reconcile expectations with mandates and financing (e.g., California ABCD Screening Academy) • Pay-for-performance/pay-for-quality (e.g., Medi-Cal, Steps to Excellence Program Quality Rating System) • Clarify responsibility for services across public programs</td>
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<td>Population-Based Supports</td>
<td>Increase outreach to parents Provide supports to help parents navigate the system of services</td>
<td>• Consultation to clinicians and ECE (e.g., Special Needs Advisory Project) • Connection to community resources (e.g., 211/Infoline, family resource centers, nurse advice lines, First 5 LA Prenatal through Three investments) • System navigation (e.g., First 5 California TLC)</td>
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<td>Capacity and Capability to Care for Families</td>
<td>Increase critical knowledge and skills within the early childhood workforce Create shared plans between providers and families Care facilitation and referral management IT support Increase access to primary care, early care and education, and specialized services</td>
<td>• Expand capable workforce through consultation, continuing education, content of training programs • Cross-sector learning, coaching, consultation • Relationships between providers &amp; community agencies • Parent input in design/strategies • Population coverage of prevention, health promotion, secondary, tertiary care • Appropriate use of specialized care</td>
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