The Early Developmental Screening and Intervention (EDSI) Initiative designs, tests and spreads better ways of providing developmental care. EDSI works with primary care practices, early care and education settings and community systems to adopt evidence-based care and innovations that produce consistent, improved results for families.

Learn more about how EDSI works and our programs at [www.edsila.org](http://www.edsila.org).
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Executive Summary

• **About EDSI**: The Early Developmental Screening and Intervention (EDSI) Initiative designs, tests and spreads better ways of providing developmental care. EDSI strives to improve the care provided by doctors and early care and education providers; to activate and prepare families as health care consumers; and to develop community systems that produce better outcomes. The initiative delivers improvements in developmental care, and then drives the sharing of these improvements, creating a ripple of change in the overall system of care.

• **Optimizing the value of community systems and resources**: Systems are complex and uncoordinated. Working harder, relying on time-limited special programs and funding, and single-sector improvement initiatives will not lead to lasting change. Improving outcomes means changing our health and human services systems. Collaboration is essential for making improvements that keep the larger system in balance. EDSI uses a systems change framework that drives action, fits better ideas and more accountability into existing practice, and leverages local resources.

• **Using an improvement approach**: A community systems approach to meeting developmental care needs for all children seeks to align the efforts of doctors, early care and education programs, WIC programs and other early childhood organizations. Organizations come together to develop new tools and partnerships that create new pathways for effective care. EDSI’s collaboration with several communities include (1) diverse providers coming together to work as a network rather than in silos, (2) creating community data dashboards that show how the system is working in real-time, which mobilizes providers to take effective, collective actions that can change outcomes for a population of children, and (3) testing and implementing tools and processes that connect young children and families to needed care.

• **Impact on developmental care**: Participants report that small tests of change helped them introduce improvements without staff resistance. Results have included better-defined referral processes, greater connection of families to supports and fewer special education referrals, greater willingness of primary care physicians to use structured screening tools, and more consistent efforts to help parents to develop the skills needed to coordinate their child's care.

• **Next steps for sustaining and accelerating progress**: Reflecting on progress and uniqueness, participants emphasize the value of a neutral entity to convene and coach participants in a structured systems improvement process.

**Next steps in the Collaboratives** include further testing and implementation of care planning tools, testing processes and linkages, commitment of larger delivery systems to the desired outcomes and to routine measurement of progress, and working with both the public and private sector to better braid existing funding streams.

The **essential infrastructure** includes coaching, expertise and synthesis of what works in real-time, continued refinement of measurement and mapping of progress and results, and easier ways of collaborating including on-line networking and data reporting.
About This Report

In 2005, First 5 LA charged the Early Developmental Screening and Intervention (EDSI) Initiative with identifying effective ways of implementing and spreading developmental screening. EDSI uses a proven model of improvement to help primary care physicians and early care and education programs make permanent changes in developmental care. The goal is consistent, improved results for young children and their families. This report describes EDSI’s efforts to have an impact on the health and development of populations of children by introducing a process improvement approach to improve community systems of services and supports. The report describes ways of sustaining the infrastructure for process improvement in community systems.

How does the collaborative learning process produce these results? How can collaborative learning continue in community systems in Los Angeles County? The report begins with the approach to innovation and learning undertaken by several communities in Los Angeles County. The report outlines the capacities that need to be in place to sustain and accelerate these efforts.

1. The EDSI Population Learning Collaboratives

The goal of EDSI Population Collaboratives is to create community systems of developmental care that consistently produce desired parent experiences, health/developmental outcomes, and value for all young children in a geographical area. Many early childhood providers are improving care in their individual service sectors. The Population Collaborative maximizes and balances those activities to have population impact. The Collaboratives bring together key parts of the early childhood system (policy organizations, community agencies, primary care providers and ECE settings) with a commitment to improving outcomes. EDSI follows an approach to improvement that has achieved breakthrough results in many industries, sectors and systems. Simply put, this approach works.

EDSI designed these Collaboratives based on evidence of how organizations and systems make enduring, large-scale improvement. Each community adopts a shared vision, works as a network to offer the services and supports that can and should be consistent for families, measures monthly progress toward specific target goals, and tests promising ideas that can be brought to scale if they work. The Population Collaboratives are prototypes of the “look and feel” of a new developmental care system for Los Angeles County.

About the Communities

Two communities partnered with EDSI to find systematic ways of responding to the needs of young children in their areas. Each community has unique characteristics, strengths and challenges that contribute to learning. Each agreed to:

1) Come to consensus about shared goals and targets;
2) Share and analyze together measures of performance and progress;
3) Work together to develop and test specific system and policy changes; and
4) Share learning from successes and challenges (in monthly calls and community meetings)
Each participating community – Pacoima, and the Magnolia Place Community Initiative catchment area – has an early childhood collaborative that is working to improve the system of early childhood services and supports for young children and their families. Each has an active working group of organizations from several sectors. Each emphasizes prevention, identification and response to concerns, and connectivity and flow. The focus is on making improvements within programs and to build better connections between programs. Further details about the communities are provided in Attachment 2 - About the Population Collaborative Communities.

Framework for the Collaboratives: Goal Targets and Drivers
For large complex systems, it is essential to be clear about what we are striving to accomplish. Clear aims, goals and measures are important for success. By working harder, organizations can manage the needs of one child. The system breaks down when it goes to scale for a population of children because it becomes too complicated and time-intensive to meet all needs. EDSI works toward systems of care that work not just within a program but for all children in a community.

EDSI established a framework to guide the work. This framework includes evidence-based ideas for accomplishing population goals by multiple levels of the early childhood system working together. Goal targets show the specific performance that the community hopes to reach. These goals include outcomes, family experiences and processes of care. Goal drivers show the ideas that local organizations use to achieve those goal targets.

Exhibit 1 shows the goal targets and goal drivers for providers/organizations and for the networks/systems that influence what organizations can and do provide. Exhibit 2 shows the specific change ideas used in the improvement efforts. The Population Collaboratives focus on three goal drivers that involve direct services and supports:

1. **Have a system in place to assess and stratify children by risk**
   The organizations that comprise current community early childhood systems do not always work together efficiently despite sharing a common purpose. Care that optimizes outcomes for a defined population of children has several features: measuring outcomes for the population; standardizing care for children with developmental risk so that it is more consistent, and less ad hoc; and simplifying and tailoring care for children based on their level of need, to use existing resources more efficiently and provide better care.

2. **Activate parents, elicit concerns and provide parenting education.**
   This includes supporting parents to manage their child’s needs. It includes building parent expectations for the care they should receive. It includes discussing children’s development with parents as a means of identifying both strengths and needs, and building parent agency in their interactions with early childhood professionals.

3. **Build reliable linkages between services and supports that surround children and families.**
   An effective community based network of services and supports has the connections in place to align the efforts of different sectors. This leads to more efficient use of resources. It creates synergies across organizations. It reduces the friction among organizations that currently leads to delays and missed care. It creates a system that is easier for families to navigate and use.
Exhibit 1. Goal Targets and Drivers

**Target Goals**

**OUTCOME**
Fewer than 10% of children are vulnerable on EDI domains at kindergarten
Fewer than 16% of children have risk on 36 month ASQ

**PROCESS & OUTCOME**
10% annual increase in % of children ages 0-5 read to daily
90% of children have family goals met (social conditions, health, economic stability, nurturing parenting)
90% of mothers have ongoing peer support
90% of children/families discuss resources for families, and social support, with professionals
90% of parents report receiving family-centered care
90% of parents are asked about family stressors, and depression, at appropriate intervals
90% of parents are asked if they have concerns about their child
90% of children receive developmental screening

**Goal Drivers: Providers**

Have a system in place to assess and stratify children by risk

**Goal Drivers: System/Network**

Provide leadership, shared vision, collaboration

Design care for the population

Activate parents, elicit concerns, and provide parenting education

Increase capacity and capability to provide services & supports

Build reliable linkages among services and supports that surround children and families

Provide quality improvement supports

Measure performance

Exhibit 2. Change Ideas for Providers/Organizations

**Target Goals**

**OUTCOME**
Fewer than 10% of children are vulnerable on EDI domains at kindergarten
Fewer than 16% of children have risk on 36 month ASQ

**PROCESS & OUTCOME**
10% annual increase in % of children ages 0-5 read to daily
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90% of parents are asked about family stressors, and depression, at appropriate intervals
90% of parents are asked if they have concerns about their child
90% of children receive developmental screening

**Goal Drivers**

Have a system in place to assess and stratify children by risk

**Goal Drivers**

* Define categories of risk
* Define core services/supports (content, frequency, follow-up) for each risk level
* Enumerate children
* Use categories of risk to provide or link families to core services/supports
* Track children & families with medium or high risk
* Co-manage issues across multiple providers (e.g. child care, doctors, home visitor)

**Change Ideas**

* Activate/build skills of parents: knowledge, preparing for care, taking positive actions at home, navigation of care supports
* Elicit concerns about learning & development
* Use maternal depression screening
* Provide treatment/support for maternal depression
* Increase parent participation in playgroups and affinity groups
* Address barriers to full family engagement (e.g. transport, basic needs)

* Standardize the process for hand-offs/referrals
* Pursue needed consultation on "next steps" from agencies/disciplines
* Link to ECE, unmet family needs
* Prepare parents for referrals
* Share information about concerns and strengths across providers
Measuring Improvement in the Population Collaboratives

The purpose of measurement is to encourage and track improvement. It helps organizations plan changes. It provides feedback on progress to the Collaborative overall and to organizations about their own processes. Setting high performance targets encourages the Collaborative to use strategies with high leverage and impact because modest changes will not achieve high targets.

Measures for the Collaborative

Goal targets are measured for a sample of children living in the community. Each organization also collects these measures to track their progress. Core measures adopted include:

- 10% annual increase in % of children ages 0-5 read to daily
- 90% of children have family goals met (social conditions, health, economic stability, nurturing parenting)
- 90% of parents are asked if they have concerns about their child’s development
- 90% of children receive developmental screening
- 90% of children/families discuss resources for families, and social support, with professionals
- 90% of parents report receiving family-centered care
- 90% of parents are asked about family stressors, and depression, at appropriate intervals
- 90% of mothers have ongoing peer support

Community Data Dashboard

The Community Data Dashboard shows how well a community system of services and supports is helping young children develop and thrive. It portrays data in ways that increase understanding and encourage action. It focuses communities on outcomes. The Dashboard maintains a full population focus by describing experiences and outcomes that represent all young children in the area. It also shows how well specific sectors are doing on key care processes. The purpose is improvement, not judgment. It tells a story that connects multiple, diverse organizations to a common change process.

Exhibit 3 shows a dashboard. This example also is provided as Attachment 3 – Pacoima Data Dashboard. A full description of the content is provided as Attachment 4 – Community Data Dashboard Description.

- Third grade reading scores are an outcome that predicts school and life success. These scores show the percentage of children in local schools who are either “proficient” or “above proficient” in third-grade reading based on annual standardized testing. The California State Board of Education established "proficient" or above as the desired goal for students. The reading scores are shown for all third-grade children in local area schools. They are also shown for those children whose parents have less than a high school education.

- Developmental progress for young children at kindergarten entry: Kindergarten teachers in schools within the Population Collaborative communities completed the Early Development Instrument (EDI). The EDI is a checklist that kindergarten teachers complete on children in their class. It measures developmental progress in all domains of health/development by school entry. The EDI covers key domains of children’s development, including Communication and general knowledge, Physical health and well-being, Language and cognitive development,
Exhibit 3. A Community Data Dashboard

Social competence, and Emotional maturity. EDI domain scores show the proportion of children who are developmentally vulnerable. They show the proportion of children whose scores fall below the 10th percentile.

- EDI maps that accompany the Data Dashboard show any differences in children’s vulnerability according to the neighborhoods where they live. Exhibit 4 – Early Developmental Instrument, Language and Cognitive Vulnerability in Pacoima shows one of the data maps that the EDI provides.

- The Community Data Dashboard also shows the percentage of kindergarten children in the reporting schools who have an Individualized Education Plan (IEP), meaning that they are receiving special education. Schools report these data when they complete the EDI checklists. It is intended as another readily available measure of developmental well-being.

- Rates of family hardships include composite measures of social, economic, parenting and health characteristics of local families. The Dashboard also provides rates of several specific hardship measures, as examples. These describe community and family contexts that shape young
children’s development. This helps communities prioritize what is needed to move outcome measures.

- The Dashboard offers quarterly parent reports of their experiences with care. This section includes processes and experiences that could improve the Dashboard outcomes significantly if they were provided reliably and optimally.

- The Dashboard shows the reach of improvement efforts to young children in the community. The idea is that the well-being of all children in a community will not shift by targeting small numbers of children. Displaying “reach” helps the community focus efforts on universal strategies and on improving parts of community systems that reach many children. The Dashboard shows the proportion of children who are in regular contact with the health and early care and education sectors (as gray horizontal bars). The Dashboard also shows the proportion of children who are in regular contact with providers in these sectors who are actively improving their care and support to families (as green horizontal bars). This focuses the community on their progress in reaching all young children in Pacoima with the care and supports that change outcomes.


Source: Early Development Instrument (EDI) Community Profile, Los Angeles County, California 2009-2010. UCLA Center for Healthier Children, Families and Communities.
Activities of the Collaboratives

A key difference between EDSI and other collaborative efforts has been the focus on measuring and sharing data at the community and organization-level in real time as well as using process improvement methods to improve care. Process improvement methods are used to plan, test and implement changes.

The Population Collaboratives progressed through a series of goal-setting stages. The activities within each of these time periods are summarized below.

Establishing a shared vision and outcomes

The goal was learning if a shared vision was possible – could participants agree on shared outcomes – and to determine if the key agencies saw this as adding value and a worthwhile investment to their organizations, and if there was sufficient interest and commitment based on attendance at meetings and having productive discussions together about the shared vision. Collaborative participants decided to focus on children with “medium” developmental risk because services and supports are least defined for this population. The group decided that medium risk should be defined based on developmental screening results, family psychosocial needs, and the level of parent activation/self-management.

This phase was accomplished through the first convening, individual follow-up discussions and an on-line survey to assess priorities.

Learning to use process improvement methods

The goal was becoming familiar with methods of process improvement and learning how to apply this approach to the work of the group. This includes learning the steps to successful change, the importance of having a clear question/hypothesis and trying it out and acting on what’s found, and the importance of taking small steps with a larger aim in mind. EDSI helped participants learn the model by applying it to their own ideas related to the overall aim. This helps organizations test ideas that are not so complex or new that they are unable to learn the improvement steps.

This phase was accomplished through webinars on the Model for Improvement, and in-person and conference call coaching on the process of creating aim statements and 30-day goals.

Reaching consensus on defining risk and core services/supports for each risk level

The goal was getting consensus on applying a population management approach to a complex, siloed community system. This included identifying key areas to focus on that would change outcomes for children with medium risks, reaching consensus on the criteria for classifying children by risk, and agreeing on the ideal service/support package for the children with medium developmental risk. Participants agreed to proceed with definitions that were minimally acceptable, with the idea that the first step was to standardize processes and that refinement was possible later. The Collaboratives developed a Resource Toolkit that describe core services to provide or refer to. The Toolkit also included parenting education materials that all organizations would use to increase consistency of messages to parents.

Selected materials are available at www.edsila.org.
Exhibit 5 – Collaborative Tool: Working as a Network to Standardize Care shows the common processes that the organizations agreed to work on. This set the stage for being more consistent in how to respond to identified needs. Examples of tools include parenting education on how to raise and discuss concerns with a doctor or other professional (Exhibit 6 – Collaborative Tool: Building Parent Activation). The Collaboratives also developed a community care plan to encourage consistent care and linkages across organizations (Exhibit 7 – Collaborative Tool: Community Care Plan).

**Actively testing ideas for managing the needs of a population of children**

The goal for this period was to start an active testing phase in managing a population of children. This includes continuing to develop parts of the Community Care Plan and the Resource Toolkit. The Collaborative also began to identify a measurement scheme for measuring success of the collaborative. The Collaborative agreed to begin testing specific sections/components of the Care Plan that were the least defined and needed to be in place to get started. Participants tested ways of making sure that the goals for families/children in key sections were clearly outlined and that there was basic agreement on ways to assess if the family had met those goals. This included some parallel testing. Some focused on ways of identifying within their own organizations the extent to which families had “met” goals identified in the Care Plan. Other organizations tested ways of operationalizing the risk classification criteria and scoring.

Exhibit 5. Collaborative Tool: Working as a Community System to Standardize Care

**How do we provide effective care, and optimize parent actions?**

- Discuss well-being
- Identify risk
- Assess need in core services and support
- Response (provide care)
- Tracking/follow-up

**What processes and tools do we need to meet our “system care goals”?**

- Consensus on language that makes it comfortable & effective to discuss child development and family well-being
- Parent preparation for care
- Consensus on definition of risk
- Consensus on scoring of risk (classification)
- Describe core services/supports (universal, medium and high risk)
- Agreed-upon way of assessing need/status in each area of care
- Steps for creating an action plan, and for implementing the plan
- Compile and make available effective materials
- Develop registries
- Protocols for feedback loop between organizations
- Explanations (“scripts”) and contact forms that prepare parents for referral
- Protocols for referral
- Shared resource development
Exhibit 6. Collaborative Tool: Building Parent Activation

Exhibit 7. Collaborative Tool: Community Care Plan
**Helping families connect more easily with community resources**

Organizations began to test the Community Care Plan with children and families. Organizations also began to test the Provider Talking Points and Parent Scripts to early intervention agencies where applicable. These Talking Points and Scripts helped provide more systematic about how they explained the purpose of a referral. The group refined the Care Plan and Resource Toolkit based on results of testing with clients so that administration could be systematic, easy to use, and used consistently across providers. The group worked on how to assess risk so that more time could be spent with parents with higher risks.

**Ongoing: Measuring performance, testing tools and linkage and referral**

The Population Collaboratives advanced to testing all processes (identifying risk, assessing need, responding with core services/supports, referral/linkage, registry/follow-up). Organizations began to take some activities to scale. Each organization customized the process flow to manage the needs of children with medium risks. This may include tracking “medium risk children” and using a registry to track services and supports that lead to goals of the Care Plan.

**Progress of the Collaboratives**

Participants report that small tests of change helped them introduce improvements without staff resistance. Results have included better-defined referral processes, greater connection of families to supports and fewer special education referrals, greater willingness of primary care physicians to use structured screening tools, and more consistent efforts to help parents to develop the skills needed to coordinate their child’s care.

**Comments from organizations in the Population Collaborative about how developmental care is improving:**

“Our Mental Health Counselors, who are responsible for conducting needs assessments for each family, are beginning to ask questions with greater depth and exploration. They are also focusing more on empowering the parents to develop the skills needed to coordinate their child’s care, rather than depending upon service providers to do so.”

“All clients 0-5 at our centers receive the Ages and Stages Questionnaire (ASQ) screen at Intake (if they have not received one elsewhere). Clinical staff at our centers and Project SAFE use the Talking Points and parent education materials with some clients. Staff have verbalized increased awareness and enthusiasm in working with parents on parent activation (talking points/parent education materials) and the impact this has on stabilizing clients/family.”

“Case managers are much more knowledgeable about developmental screening tools and can explain to parents why referrals are needed for their child. These referrals are gaining more importance, no longer given less priority because they are “non-medical.”

“We have a much-better defined process of referring to North LA County Regional Center and a contact and a referral process for LAUSD Preschool Services.”

“Our work with “Recognition and Response” in the Pacoima area has resulted in an increase in children connecting to needed services and a decrease in referrals for Special Education.”
2. How to Sustain Collaborative Improvement

There is strong evidence from multiple disciplines, industries and sectors about what it takes for better approaches to take hold on a large scale and be sustained over the long term. The Population Collaboratives have tested ideas that have the potential for spread. The goal is to keep scalability and spread in mind, following strategies steps to spread that are based on the science of improvement (WE Deming) and on EM Rogers models of diffusion, as well as literature on social learning and change. According a well-accepted framework for effective spread (Langley et al. 2009), four areas influence the likelihood and rate at which new ideas take hold. These include:

(1) **Better Ideas** – This means being able to describe what should be different and offering evidence that a business case exists for the alternative. How does the new way produce better results than the old way, with the same or fewer resources (time, cost)?

(2) **Set-up** – This means having the infrastructure for an innovation and learning process. Typical elements include developing successful sites that serve as examples to others, communicating what works to others, and supporting providers and systems through a transition process with coaching and other means.

(3) **Leadership** – This means having leadership that describes why the changes work better than the status quo. Leaders take responsibility for ensuring that policies support the desired processes, hold themselves accountable for achieving the target results, and provide unrelenting pressure for change overall and in their systems.

(4) **Social system to spread change** – This means using strategic communication to support sharing of what works. Typical strategies include using champions to spread the message, having a process to help organizations make the transition to new processes of care, mobilizing social networks of the targeted professionals, ensuring that information about the better ideas and value spreads through these networks, and offering technical support for the spread of knowledge and tools through on-line workspaces and other means.

Two additional elements support the four areas of the framework.

- **Measurement and feedback** – Ongoing measurement and feedback is necessary to secure lasting commitment to the change process. Just as measurement is vital to effective organizational change, ongoing feedback about spread is vital to leaders so that tactics can be refined as needed. This feedback shows what other inputs may be needed to reach targets.

- **Knowledge management** – Documenting what works and how to put it in place is essential for effective spread. Many initiatives seeking change put significant effort into advocacy and exhortation. Knowledge management is a process of compiling what works and sharing it in ways that make it easy for organizations to adopt.

These elements are detailed in the following section with a description of why they matter and how EDSI strives to position the work of the Population Collaboratives to optimize its success and ultimate spread.
(1) Better Ideas

**How Does It Work?**

Encouraging better ways of delivering care means describing what should be different. It requires showing an alternative that produces better results with similar or fewer resources, in terms of time or cost. This alternative must work in the kinds of practices and systems that would implement them. As described by Langley et al (2009), Rogers (2003) found that five factors influence how quickly a desired improvement takes hold and spreads in an organization. These include:

1. the relative advantage of the change, compared to the status quo or to competing ideas;
2. compatibility of the change with the current values and needs of organizations;
3. complexity of the change, with more complex ideas having less chance of adoption;
4. testability, which offers organizations the ability to test and adapt ideas for their own setting, and;
5. observability of the ideas in one’s own organization or in others.

Having better ideas means understanding the full set of changes that are needed to make a process effective. For example, national demonstration projects to promote the 2001 and 2006 developmental screening recommendations of the American Academy of Pediatrics (AAP) found that even practices that successfully incorporated screening into their practices found limited value. The practices did not have community resources in mind or effective referral process that helped them respond to needs that they identified.

**How Do We Achieve It?**

The EDSI Population Collaboratives use a structured process of testing and documentation. EDSI has taken several steps to develop and document the “better ideas”.

- The EDSI Population Collaborative is developing a “change package” of better ideas. This change package describes the design ideas and tools used by others to achieve the specific target goals of the collaborative. Because the Population Collaborative concept was launched in 2009, more time is needed to demonstrate meaningful results.

- EDSI has leveraged transformative efforts in other sectors. EDSI has forged collaborations with the Los Angeles Unified School District (LAUSD) Saturday Prevention and Intervention Program (“Preschool Clinics”). The new ideas, collaboration and new resources offered through this program have encouraged Population Collaborative participants to continue their efforts. LAUSD has linked Preschool Clinic programs to the Pacoima and Magnolia networks, in hopes that partnering organizations will help parents connect to care and receive follow-up. This synergy benefits all of the organizations involved.

- EDSI took initial steps toward a communications strategy to make an effective case for the Population Collaborative concepts. A website and film showcase the progress. Continued collaboration depends upon a widespread belief that results are attainable in a well-organized system. Providers must also believe that it is worth expending effort to achieve those results.
Comments from organizations in the Population Collaborative about better ideas, and making the case for improvement:

“We have a better appreciation for the need for a common language and terminology between laypeople, educators and health service providers, and to reduce redundancies and gaps in how we respond to families at risk.”

“The development of the matrix/care plan has been very helpful because each individual agency can see its part in the "big picture" and learn how "core services" are defined (e.g. ECE, parenting education and support).”

“As a collaborative I think we’ve learned the importance of parent-directed care. That we need to look at helping families to effectively self-direct through systems as they are made aware of the fact that they are crucial to the success of their child(ren)'s health and development.”

“Parents are starting to come to us for an evaluation of developmental or behavioral problems (either referred, or by word of mouth from other families).”

What Is Still Needed?
Essential next steps using better ideas to sustain the collaborative infrastructure include:

- Effective use of social media to share the ideas, tools and results from the two communities;
- Continued support of the two communities to build the evidence that the approach improves not only processes of care but also developmental outcomes;
- Ongoing ability of organizations in the two communities to leverage other transformative efforts, including the LAUSD Saturday Prevention and Intervention Program, the Los Angeles County CEO service integration initiative in Metro LA, and others.

(2) Set-up for Change

How Does It Work?

Providers are more likely to try an alternative to current practice when it is modeled by peers, advocated by trusted entities, and supported by coaching and tools that ease the transition. Studies and popular literature on diffusion of innovation have categorized individuals according to when they adopt new ideas. Rogers (2003) categorizes individuals as innovators, early adopters, early majority, late majority, and traditionalists. Learning collaboratives begin with early adopters because they are the first group to decide to adopt changes. An essential part of successful testing and ultimate spread is to understand what it will take to reach increasing numbers of locations and organizations.

- Successful sites serve as examples to their peers. Their ability to describe how the processes work and to demonstrate that care is easier to provide, or at least no more difficult, is essential.
- Infrastructure is vital for widespread adoption. Few providers change their behavior without some level of support. The more complex the process, the greater the challenge. This means that sufficient coaching support is vital to the success of learning collaboratives that focus on developmental care.
How Do We Achieve It?

• There are particular kinds of support infrastructure that have been shown to work with the providers and systems targeted by EDSI. EDSI improves care as well as office flow, but some of the changes are not easy to implement because they require teamwork and adaptation to each specific office context.

• EDSI uses the Model for Improvement to help organizations make sustainable change. EDSI faculty and staff provided the coaching support, the design ideas and tools, and the logistical support necessary for organizations to form a collaborative network and learn from each other. EDSI coaches organizations to test small changes that help them bring professional recommendations into their office systems. The practices focus on changing their systems, just not increasing the volume of individuals served in a specific time period, to make sure that they are “hardwiring” improvements that will last.

• EDSI incorporated new design ideas and a structured improvement process into communities that had a critical mass of early adopters, in key sectors. These include resource and referral, pediatrics, mental health, WIC, family resource center, Regional Center/Early Start, the school district and school readiness centers. These early adopter organizations have greater readiness to try new ambitious ideas.

Comments from organizations in the Population Collaborative about infrastructure to support results and spread:

“The PDSA process helped to focus how we move forward with training additional FCC’s [family child care] on the ASQ. Staff are incorporating parent activation questions with home visits for 80 families.”

“System changes take time and must be conducted systematically...small significant changes lead to sustainable, larger changes.”

“The process of developing/implementing/integrating systems is not linear which can lead to frustration and confusion at time. There is value of having a neutral entity (EDSI) to help the Collaborative stay on task and focused.”

“It would be nice to be able to have a ‘service coordination meeting of the Collaborative agencies, to discuss specific ‘hard to crack’ cases and see how we could coordinate the child’s care better. Maybe these concrete cases will teach us all more about how the various agencies’ systems work, and how to improve communication and services between agencies.”

“Some barriers are non-negotiable; regulations, confidentiality, some funder’s requirements. But to the extent that we can, it would be great if things could be streamlined for families -- if the point of entry for care provided access to other services without the family needing to tell its story over and over to a series of strangers who pass them down the line.”

What Is Still Needed?

Essential next steps using set-up for results and spread to sustain the collaborative infrastructure include:

• Continued support of the two communities to build the evidence that the approach improves not only processes of care but also developmental outcomes;
• Expansion to additional communities so that the tools can be refined and validated in communities with different organizations and resources;
• Ongoing improvement coaching and support to the communities so that the testing and refinement process can move from testing parts of the new system to putting all of the processes in place, from assessing need to tracking and follow-up.

(3) Leadership

How Does It Work?
Leaders have the responsibility of communicating the better ideas to the providers and organizations in their networks. They also make it possible for those ideas to work in the current system. Typical barriers include policies and incentives that are at odds with the desired actions. An additional challenge for the Population Collaboratives is that it can take time to produce benefits for any single organization. Effective sustainable change requires a relentless shared focus on outcomes across organizations. Leaders are needed to set high expectations for system performance and work to remove barriers to progress.

How Do We Achieve It?
• In EDSI's Population Collaboratives, the focus on community networks means that there is no single leader to drive the improvement process. Collaboratives may have the greatest chance of success when there is a single entity that sets expectations and aligns incentives. EDSI has played a facilitation role and sought lead organizations with a specific mission of integration and changing services and supports at a population level.
• EDSI connected the learning collaborative process with Los Angeles County leaders who are driving major transformation initiatives. This includes leaders from LAUSD and the Magnolia Community Initiative, among others.
• EDSI's Steering Committee has offered guidance and support to the Population Collaborative design. The Committee set the expectation that various sectors and providers need to work together in a meaningful way. The Committee also identified early adopter organizations and communities that would be the best places to test these improvements. Committee members also encouraged participation of their organizations in the physician learning collaboratives.

Comments from organizations in the Population Collaborative about leadership:

“The Pacoima Community Initiative (PCI) would be the community entity that finds value in this work. PCI talks about what’s happening in the community and could link the work to the broader community. At this point, it seems that the prototype could be a subgroup of PCI that can say, ‘We are creating linkages for families that would otherwise fall through the cracks.’”

“We need to ensure that our staff maintains communication with one another, especially when working through new processes and procedures. Not just the representatives attending the meetings, but our respective teams, as well. This emphasizes the responsibility on us as managers, coordinators, etc. to really take time & prepare our staff members for their role and participation in pilot processes.”
What Is Still Needed?
Essential next steps using leadership to sustain the collaborative infrastructure include:

• Continued support of the two communities to build the evidence that the approach improves not only processes of care but also developmental outcomes;
• Resources for lead organizations to support their leadership role in the shared improvement process;
• Ongoing improvement coaching and support to the communities so that the testing and refinement process can move from testing parts of the new system to putting all of the processes in place, from assessing need to tracking and follow-up.

(4) A Social System to Spread Change

How Does It Work?
Innovations spread most effectively between peers and peer organizations. The speed and rate at which organizations try new ideas is influenced by the extent to which peers communicate about their goals, efforts and results. It is essential for champions (early adopters) to be part of social networks through which information about the better ideas can flow.

A range of technologies are now available to aid the communication process. On-line platforms have the potential to support real-time sharing of results and expertise. On-line communities post material, offer real-time feedback to questions or problems, and co-develop solutions to common problems. With appropriate set-up and coaching, creating on-line professional communities makes it easier for organizations to share what works or to organize a testing process that would be burdensome for any single organization working alone.

How Do We Achieve It?

• EDSI began the Population Collaboratives in areas with organizations that were not only early adopters but also had leadership roles with other professional networks. These networks to which the Population Collaboratives are now linked include the Family Resource Center Network of Los Angeles County (FRCnLAC), the network of Los Angeles County resource and referral agencies, the Department of Mental Health ICARE network and Birth to Five Collaboratives, the Community Clinic Association of Los Angeles County, the regional WIC program network, Project SAFE (Support and Advocacy for Family Empowerment), Friends Family and Neighbors (FFN) and the Pacoima Community Initiative.
• EDSI developed an on-line workspace with social networking with the intent to reduce the burden of collaboration among current participants, and also to reach more organizations. Organizations in the Pacoima Collaborative began to use on-line workspace to post monthly data and view their progress.

Comments from organizations in the Population Collaborative about networking among peers and organizations:

“As a medical practice, the networking helped us to convince fellow pediatric providers to do screening. I needed to convince colleagues that once we identify children, we have places for families to go. This was the best way for us to have an answer for where children could go.”
“Initially, we started our learning with the Early Development Index (EDI) and EDSI with a core, and very quickly it spread to others. We felt it worked well to start with a smaller construct for learning, and then take it out to the larger community - going out and connecting people around the Dashboard and how the outcomes drive your action.”

“We have been involved in networks that have been funded initiatives. But for us this felt different because it is built more on a ‘Wiki’/Open Source network. It’s been about peer producing ideas. It is voluntary collaboration and realignment of what we have. You need the freedom to figure out what will work. It gives you the room to use your best wisdom to come up with ideas. You are not constrained by what people think you should say. It generates real time applications and helps people work through and release the history so that collaboration can take place.”

What Is Still Needed?
Essential next steps to strengthen a social system for spread include:

• Linking workforce and professional development efforts so that more providers and organizations are working toward common care strategies, thereby reinforcing each others efforts;

• Supporting development of on-line workspaces that are easily accessible by organizations in any geography within Los Angeles County, to promote sharing of results, posting of tools, and also offering a platform for posting webinars and other resources and media that encourage participation in improvement efforts.

Measurement and Feedback

How Does It Work?
Offering real-time measurement is fundamental to improvement. Measurement and reporting gives organizations insight into their system and helps them decide what ideas to test, and make sure that things are working and adapt if not. Similarly, tracking the process of spread shows if the key components for widespread adoption – better ideas, set-up, leadership and social system – are having the desired effect.

How Do We Achieve It?
• The EDSI Population Collaboratives created Community Data Dashboards to show the performance of other providers in the community system, and the overall developmental and family needs in their surrounding community. These data dashboards were designed with long-term sustainability in mind. They rely on data gathered periodically through existing community organizations (WIC) and the early adopter organizations.

What Is Still Needed?
Essential next steps in measurement and feedback include:

• Continued refinement of the Data Dashboards;
• Consensus on core and optional, evidence-based measures for local Dashboards;
• Development of on-line data input and reporting to reduce the costs and effort associated with tracking progress in real-time.
Knowledge Management

Knowledge management refers to capturing the ongoing learning from collaboratives. Failures and successes provide useful information. This is particularly important in the early stages of developing better ideas and tools.

How Does It Work?

Knowledge management includes documenting effective ideas and tools. It also applies to efforts to spread these ideas on a large scale. Future organizations will find it difficult to use tools and replicate the results if leaders and/or collaborative managers do not document the testing process.

How Do We Achieve It?

• EDSI staff documented key learning as organizations tested ideas for putting improvements into place. Documenting the learning process in one community created a set of tools that the next community could test and adapt.

What Is Still Needed?

Essential next steps in knowledge management include:

• Development of on-line data input and reporting to reduce the costs and effort associated with tracking progress in real-time.

• Supporting development of on-line workspaces that are easily accessible by organizations in any geography within Los Angeles County, to promote sharing of results, posting of tools, and also offering a platform for posting webinars and other resources and media that encourage participation in improvement efforts.

3. Next Steps to Sustain Improvement and Collaborative Infrastructure

After five years, EDSI is approaching a “tipping point” for widespread adoption of developmental screening among physicians. EDSI is also positioned to produce breakthrough results with the Population Collaboratives, given initial progress with the approach. Organizations are beginning to achieve results with the new tools and processes. What is needed to sustain improvement in the Population Collaboratives?

Comments from organizations in the Population Collaborative about Collaborative infrastructure:

“We need continued meetings, at least, quarterly to support and strengthen the foundation started with the current EDSI project.”

“We need to continue to develop, plan and execute tools for determine system changes. Next, we need to expand the network of stakeholders in the community to participate in the system design.”

“We need to begin implementation of Talking Points/Parent Education materials on a wider scale to determine the effectiveness of our current system (points, materials etc.) before we roll it out to use in conjunction with outcome measures.”

“We need to 1) increase awareness and outreach within the community, 2) Increase the network of collaborating partners to insure our ability to respond to the individual needs of children and families, 3) Institutionalize the components of the collaborative into our ongoing
operational program and budget, and 4) Work with both the public and private sector to better braid existing funding streams and services.”

“Fine-tune our tool for developing effective parent/provider interactions and get into the community and start providing trainings.”

“In Pacoima, we joined because we felt like we were in our silos, and we wanted to know more about what was available. Once we had the chance to get together, we had the chance to learn about what was being done and how we could link our families in.”

**Maintaining the partnerships and progress through the next developmental stage.**
The EDSI Population Collaboratives are at a key developmental stage. The tools, design ideas and momentum in both communities provide a strong foundation upon which substantial new progress can be made to drive better outcomes for young children in Los Angeles. They are actively testing design ideas that the Best Start initiative and others have adopted, and their target goals and strategies are fully aligned with the First 5 LA Strategic Plan. The Population Collaboratives are only beginning to realize their potential. Population Collaborative participants have suggested that another 18 months of support will be required for them to implement fully the improved processes underway. The progress of these communities will have direct relevance to the other 12 Best Start place-based efforts and to countywide strategies.

**Linking collaborative learning efforts to emerging initiatives with improvement or transformation mission.**
Partnering with novel initiatives helps the Population Collaboratives advance. The LAUSD Preschool Clinics and several other emerging initiatives support the design ideas for a better system that the Population Collaboratives work towards. Partnership with LAUSD Preschool Clinics enables Population Collaborative participants to test new referral and linkage processes. This includes examining ways of exchanging information, tracking and follow-up with children with developmental risk. Both Collaboratives are now working directly with the Preschool Clinics. This leveraging is essential to nurture the systems change ideas that are well-valued but often difficult to put into place.

**Incorporating improvement methods into place-based efforts**
The time has come for multiple sectors to take concrete steps toward a shared system of promoting healthy development, reducing risk, and early detection. The place-based approach recognizes that relationships between organizations are an essential part of working as a system. This vision is embodied within the First 5 LA Strategic Plan and the Best Start investment. A quality improvement approach helps communities find common ground and use creativity, ideas that transform care, and ambitious goal-setting to produce more value from their work.

The EDSI Population Collaboratives reside in Best Start geographies and can continue to experiment with system changes that the literature suggests are essential for a functional system of care. These include shared responsibility for population outcomes and making the changes that can realistically improve those outcomes. Through meaningful collaboration process improvement methods, these two place-based community learning collaboratives appear to be producing better results for families without changing roles and responsibilities in unsustainable ways, or relying on time-limited grant support to sustain the improvements.
Existing and new Collaboratives can align new place-based efforts with current roles of community providers, encourage innovation, increase accountability and expectations for results, provide real-time data about the care they provide and the experiences that parents in their community report, make resources easier to understand and navigate, and support mutually reinforcing improvements across organizations so that providing care is easier and more streamlined. Support of the current Population Collaborative communities is best seen as a shared local, county and state investment. Efforts have the greatest chance of rapid and sustained improvement when they effectively build from some existing network infrastructure and the early adopters in the community.

*Effective communication about the progress of the Population Collaboratives.*
Success and spread of the Population Collaboratives requires ongoing strategic communication about goals, results and future potential. The communication needs to target diverse key audiences with a successful call to action. Several goals shared by foundations as well as public and private organizations include effective “systems change” and “data integration” and “workforce development”. The Population Collaboratives are taking concrete steps to address each of these complex concepts. Clear explanation of how the Collaboratives promote these goals will not only advance the Collaborative but also help a larger circle of audiences benefit from their lessons learned. This can shape perceptions, willingness and action on the part of providers and organizations and the leaders who influence their ability to achieve better care and better outcomes.

*Building professional community through on-line networks and collaboration*
Achieving the promise of the Population Collaboratives requires collaboration across organizations, sectors and community geographies. Bridging these distances is particularly important in Los Angeles County. Reasons include our size, scale and boundless opportunity. EDSI developed innovative tools to bridge these distances and optimize collaboration. EDSI is pioneering new on-line workspace that is specifically designed for collaborative learning and improvement. This user-driven workspace will create new possibilities for cost-effective collaborative learning in Los Angeles and beyond.
Attachment 1: About EDSI

EDSI is a learning and improvement project. In 2005, First 5 LA charged EDSI with design, testing and identifying ways of spreading promising ways of implementing developmental screening. EDSI works with primary care practices and early care and education settings to test changes in their systems. The focus is care processes that will produce consistent, improved results for families. EDSI uses evidence-based process changes that have been shown to work. In these settings, EDSI focuses on practice improvement in three related aspects of care: (1) Eliciting and addressing parents informational needs and promoting positive parent/child interactions; (2) Identifying children at risk through screening and conversations with parents; and (3) Linking families to community resources.

EDSI recognizes that “every system is perfectly designed to achieve exactly the results it gets”. Improving outcomes means changing our health and human services systems. EDSI is pioneering a collaborative approach that convenes and creates new tools with agencies and providers to re-invent processes of recognizing and responding to concerns. EDSI uses a proven model of improvement. The collaborative learning approach achieves more than helping participating organizations improve their care. It also helps communities try promising innovative ideas and refine that benefit their communities and future communities. This continued innovation and refinement is essential for producing and spreading increasingly effective changes.

EDSI’s Results

- EDSI helped 600 doctors and medical staff increase their developmental screening rates to over 85%, improving care for more than 100,000 children in Los Angeles County.
- EDSI enabled six family medicine and pediatrics residency programs to teach new skills and practices to physicians who are just entering the workforce, reaching 40% of new pediatricians and 19% of new family medicine physicians graduating from Los Angeles-based programs.
- EDSI works with center-based and family child care home settings to introduce developmental screening and improve ways of discussing development and screening results with parents. EDSI introduced developmental screening tools to over 100 center and family child care home settings, which now use screening as a permanent part of their programs, reaching over 13,000 children annually.
- EDSI co-developed tools with the Los Angeles County Office of Child Care Steps for Excellence (STEP) program and created a community college course on communicating with families.
- EDSI partnered with local WIC programs to teach parents how to talk to their child’s doctor about development. Over 500,000 have been reached so far. This class is now a permanent part of WIC, reaching half of all Los Angeles County families.

About Collaborative Learning

EDSI Learning Collaboratives follow a specific method – the Model for Improvement – to produce effective and lasting results. The Learning Collaborative brings together organizations that commit to a testing and sharing process that lasts between 8-12 months. In the Learning Collaborative, participants set ambitious target goals, measure their progress monthly, and share ideas so that all members of the collaborative benefit from the collective experience. Organizations use a set of design ideas and tools to achieve the target goals. All participants follow a basic method for improvement referred to as plan-do-study-act cycles.
Faculty and staff provide the design ideas and tools, and they coach the practices to accelerate their learning and implementation. Learning Collaborative faculty include national and local experts in the areas of care targeted by the collaborative. A key feature of these faculty experts is that these individuals have actually accomplished the desired results in their own practices. This gives the faculty not only the credibility but also the knowledge and experience to ensure that all practices in the Learning Collaborative succeed.

Learning Collaboratives are more than a method of improving care in participating organizations. They are a system for identifying what works, for continuing to develop concepts and tools that can achieve even better and more reliable results, and for testing promising but unproven design ideas among leading organizations that care for children. EDSI Learning Collaboratives are a process for developing and spreading innovations in developmental care that achieve the best possible results in the current system.

EDSI collaboratives have included:

- Pilot Physician Learning Collaborative (2007)
- Expansion Physician Learning Collaborative (2008-09)
- EDSI/AAP Physician Learning Collaborative (2009-10), co-sponsored by local Chapter 2 and Chapter 4 of the American Academy of Pediatrics, and including practices from Los Angeles, Orange, Ventura, Riverside and San Bernardino counties
- Residency Program Collaborative (2009-10), including five Los Angeles residency programs in family medicine and pediatrics
- Learning Collaboratives with early care and education settings (Pilot in 2007, San Fernando Valley and City of Santa Monica/Office of Child Care Steps to Excellence (STEP) in 2009-10)
- Pacoima Prototype Collaborative (2009-ongoing)
- Magnolia Community Initiative Collaborative (2009-ongoing)
Attachment 2: About the Population Collaborative Communities

About Pacoima

Pacoima, California is a community of 100,000 people, including 9,000 young children ages 0-5 years. Pacoima’s Community Schools initiative seeks to improve academic success of elementary, middle school and high school students. Pacoima was awarded a Promise Neighborhoods planning grant in Fall 2010 and is launching a First 5 LA-sponsored Best Start initiative in early childhood. Pacoima joined the Transforming Early Childhood Community Systems (TECCS) national network. These initiatives build upon long-standing collaborative efforts to improve academic success, and reduce high school dropout rates and gang activity.

EDSI is leveraging a broader systems change effort in Pacoima that seeks ways for early childhood services and supports to change academic and social outcomes. Many organizations are joining forces because sector-specific initiatives and targeted programs are not sufficient to improve outcomes for all children. The organizations seek to share responsibility for shared outcomes.

Pacoima established the following aim for its partnership with EDSI:

“The group intends to improve early childhood development and school readiness outcomes by developing a community-wide system to promote healthy development by tailoring services for young children and families according to family needs, goals, and values. We will work across service sectors to increase family participation in care, improve sharing of information across sectors, promote health and development for all children, and provide active management for children with significant problems and risks. We will conduct a “prototype” of the enhanced system in the Pacoima community.”

Since 2009, EDSI’s partnership with Pacoima has:

1) Introduced the Early Development Instrument (EDI) to help neighborhoods engage in collective actions that support all young children in Pacoima. EDSI maps the results of EDI checklists completed by kindergarten teachers to neighborhoods, using boundaries that have meaning to residents. Residents and providers can compare language, social competence, emotional maturity and physical health across neighborhoods. They can take specific actions to build on strengths and fill gaps, learning from each other what is working well.

2) Developed a Community Data Dashboard to mobilize residents, providers of services and supports to young children and families, and policymakers to take effective actions to improve school readiness. The Dashboard shows EDI results and other measures across the age span of 0-8 years. Quarterly measures for providers in the Pacoima community show real-time progress toward ambitious target goals.

3) Launched a system design and improvement process to create care pathways that work for all young children in Pacoima. This connects diverse programs and providers to shared accountability and a common change process. Providers work toward meeting family needs no matter which organization is the starting point.

Participants include Northeast Valley Health Corporation, the Los Angeles Unified School District, the Los Angeles Education Partnership, California State University Northridge Family Focus Resource & Empowerment Center, North Los Angeles Regional Center, the WIC program, Broadous Ready for
About the Magnolia Place Community Initiative

The Magnolia Place Community Initiative is a voluntary network of 70 organizations that came together with the vision of children succeeding at unprecedented levels. The Initiative covers 500 square blocks, including West Adams and Pico Union neighborhoods and the North Figueroa Corridor, is implementing a primary prevention model. Key strategies are (1) building neighborhood-based social networks, (2) increasing economic opportunities and development; and (3) increasing access and use of family-desired services, activities, resources and support.

The Magnolia community change approach recognizes that families shape their child’s development, health and learning. The Initiative galvanizes residents and organizations to shape a local response that creates safe and supportive environments for neighborhood children. A major focus is strengthening protective factors for individuals, families and neighborhoods. The Initiative uses a peer production process and collective action to make positive changes. The Initiative is highly innovative and seeks universal, scalable strategies. Experiments underway include network-wide training in empathetic care, universal elicitation of needs and linkage of families to care, and co-location of multiple county departments to improve reach and positive interactions with families.

Magnolia established the following aim for its partnership with EDSI:

“The aim of the Magnolia Community Initiative is to design, create and test new approaches to transforming the system of protective factors for mothers of young children -- family functioning, health and well-being, school readiness and economic stability. We will provide residents with a seamless, comprehensive client-based service and community-based support system, by sharing client information to improve the delivery of coordinated/integrated services and supports to clients, outcomes for children and families, and eliminate duplication of efforts and realize cost savings. We intend to promote early childhood development by improving maternal mental health, supporting healthy mother-child dyads, and establishing a sustainable community-wide system that meets the pre and postnatal maternal mental health needs of all women in the Magnolia Place Network catchment area. We will work with all levels of the community (mothers, families, friends/relatives, providers) to increase support (including screening and referral, direct response/intervention, and connecting families to services/supports), increase protective factors, and reduce stigma.”

Since 2009, EDSI’s partnership with the Magnolia Community Initiative has:

1) Introduced the Early Development Instrument (EDI) to help neighborhoods engage in collective actions that support all young children. The Initiative sponsors community dialogues to enlist community members in discussions about protective factors and their children’s well being, and to define neighborhood boundaries.
2) Developed a **Community Data Dashboard** to mobilize residents, providers and policymakers to take effective actions to improve school readiness. The Dashboard shows EDI results and other measures across the age span of 0-8 years. Quarterly measures for providers in the Initiative catchment area show ambitious target goals, as well as real-time progress towards the targets.

3) Launched a **system design and improvement process** to create care pathways that work for all young children in the Initiative catchment area. This connects diverse programs and providers to shared accountability and a common change process. Testing and spreading better system design ideas helps providers work toward meeting family needs no matter which provider is the starting point.

Some of the key agencies include the Children's Bureau of Southern California, Children’s Institute International, The Echo Center, the Los Angeles County Departmental of Mental Health, a County Team led by the Los Angeles County Chief Executive Office (including the Department of Children and Family Services, Los Angeles County Office of Child Care, Department of Child Support, and Department of Public Social Services), Family Source, and the Los Angeles Perinatal Mental Health Task Force.
Attachment 3: Pacoima Community Data Dashboard

Pacoima Community Dashboard
December 15, 2010

Proportion of Kindergarten Children:

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<th>No.</th>
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<th>Phys</th>
<th>Lang</th>
<th>Soc</th>
<th>Emo</th>
<th>1+</th>
<th>2+</th>
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% of 3rd Grade Children Who are Proficient in Reading

% Parents Reporting Reading to Their Child Daily

% Parents Asked About Developmental Concerns

% Parents Discussing Child Care w/ Child’s Doctor

% Parents Asking About Maternal Depression

% Parents Asking About Domestic Violence

% Parents Asking About Family Stressors

% of Children Reached

% of Children Reached

% Affected by Hardship Area

% Children Receiving Developmental Screening

% of 3rd Grade Children Who are Proficient in Reading

% of Parents Asked About Maternal Depression

% of Parents Asked About Domestic Violence

% of Parents Asked About Family Stressors

% of Parents Asked About Maternal Depression
Attachment 4: Community Data Dashboard Description

The Community Data Dashboard shows how well a community system of services and supports is helping a population develop and thrive. It portrays data in ways that increase understanding and encourage action. Population outcomes in multiple domains of health, learning and development is a central feature of the Dashboard. Goals include:

- Focusing communities on outcomes;
- Prioritizing and decision-making, using population and systems thinking;
- Connecting many people and organizations to a common change process;
- Shared accountability, and setting expectations for change;
- Catalyzing effective action by measuring progress towards services and support goals in real time.

Selecting Measures

The Community Dashboard provides regular “snapshots” of well services and supports are helping a population develop and thrive. The measures are selected based on evidence that improvements drive long-term outcomes in health, learning and development. Measures are those that a community collaborative considers helpful as they consider possible breakthrough improvements to their systems of services and supports. The Dashboard describes experiences and outcomes that represent the full target population in a community. Most of the information comes from surveys of residents/parents to ensure that these individuals are the “voice” of the system.

Strategy for Feasible and Sustainable Data Collection

The early childhood community data dashboard developed by EDSI shows progress at several points across the age span of 0-8 years. EDSI’s dashboards strive for feasibility and sustainability in data collection. Partnership between the community collaboratives and local WIC programs has made this possible. Data for most measures comes from questionnaires completed by parents of children ages 0-5 years at local WIC centers that serve the specific community. This is a sustainable and scalable way for communities to collect regular information that describes what families need, and what experiences parents and children are having with the service/support system.

Reflecting Contexts and Experiences That Shape Long-Term Health and Well-Being

The Dashboard includes third grade reading scores as well as measures of school readiness at kindergarten; developmental progress for children ages 1-4 years; and rates of family hardships in social, economic, parenting and health. Annual measures of the community and family contexts that shape young children’s development helps communities prioritize what they need to work on to move the outcome measures. The Dashboard includes measures of positive health promoting behaviors because direct parent-child interaction has the greatest impact on children’s healthy development.

Measuring Real-Time Performance of Specific Sectors

The Dashboard’s quarterly data describes improvements in care by providers in the community that are actively trying to improve care for young children. This section includes processes and experiences that could improve health, developmental and learning outcomes if they were provided reliably and optimally by all appropriate providers to all young children.
**Measuring the Reach of Improvements**
The Dashboard also tracks the reach of improvement efforts to all young children in the community. The idea is that the well-being of all children in a community will not shift by targeting only small numbers of children in specific programs. Displaying “reach” helps the community focus efforts on universal strategies and improving parts of community systems that reach many children. The Dashboard shows the proportion of children who are in regular contact with the health and early care and education sectors. The Dashboard also shows the proportion of children who are in regular contact with providers in these sectors who are actively improving their care and support to families. This focuses the community on their progress in reaching all young children in the community with the care and supports that change outcomes.
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The Center for Health Care Quality is dedicated to improving the health of children by creating a structured approach to accelerate the integration of health systems research and bedside application.

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