<div style="border: 1px solid black; text-align: center;">

STATEWIDE SCREENING COLLABORATIVE
- CALIFORNIA EARLY CHILDHOOD DEVELOPMENT SUMMIT -
NOTES

Thursday, July 10, 2008, 9:30 am – 3:30 pm
Sacramento and Los Angeles (via videoconference)

</div>

Participants of the Summit

▸ See attendance list at the end of these notes.
▸ Los Angeles participants included researchers of the UCLA Center for Healthier Children, Families and Communities, who are involved with the Early Developmental Screening and Intervention (EDSI) Initiative. They, and other LA guests, participated in this meeting as part of their own local 2-day summit for EDSI.

Reference Materials Distributed in Advance

▸ Summit Materials: Agenda and Desired Outcomes; introductory presentation by Penny Knapp, MD, Medical Director, California Department of Mental Health
▸ Achieving Better Child Health & Development (ABCD) Screening Academy Project Logic Model
▸ NECTAC's "Developmental Screening and Assessment Instruments", May 2008 (http://www.nectac.org/~pdfs/pubs/screening.pdf)
▸ Introduction to Gina Airey Consulting (independent consultant who worked with planning group to design summit; facilitated and documented meeting)

<div style="border: 1px solid black; text-align: center;">

PURPOSE OF SUMMIT
To agree to a direction for the ongoing work of the State Leadership Collaborative on Early Childhood Development including:
1) A preliminary vision for working together;
2) Immediate next steps for producing results and sustaining our work.

</div>

▸ *Results: Participants agreed that this purpose had been fulfilled. Feedback forms reflected high satisfaction with the summit and enthusiasm about continuing the collaboration. See details below under each outcome below.*

DESIRED OUTCOME OF SUMMIT #1
Agree to a shared intention to **continue the work** of the State Leadership
Collaborative.

▸ *Summit Results: Participants agreed to continue the collaborative work. They also acknowledged that the direction, priorities and roles will be further defined in subsequent meetings. They dubbed the group the **"Statewide Screening Collaborative"** to: 1) open future participation to important "statewide" partners beyond current representatives of "state" agencies; 2) clarify and emphasize the focus on screening.*

▸ The agreement to proceed was made after reviewing some highlights of the history of this group. The State Screening Collaborative was convened by MCAH in September 2007 as a strategy of the Logic Model developed by the Achieving Better Child Health & Development (ABCD) Screening Academy Project. Strategy #7 of the logic model was specific to promoting leadership and coordination among state programs involved with screening, with the ultimate goal of promoting healthy development for all children.

▸ For example, the nine participating departments in the previous State Screening Collaborative articulated a commitment to making a difference in families' lives and agreed at the December 2007 meeting to the following goals (adopted from the State Interagency Team):

  - Build community capacity to promote positive outcomes for vulnerable families and children
  - Maximize funds for our shared populations, programs and services
  - Remove systemic and regulatory barriers
  - Ensure policies, accountability systems and planning areas are outcome based
  - Promote practice that engages and builds on the strengths of families, youth and children
  - Share information and data

DESIRED OUTCOME OF SUMMIT #2
Commit to a **common vision of effective policy and practice** that transcends all
participating departments/agencies, integrates their work, and leverages their expertise and
resources in service of that vision. Understand each agency's role in that vision.

▸ *Summit Results: The planning group for the summit had drafted text to describe how the collaborative might work together and called this a "vision". Participants preferred to view a "vision" as a succinct statement of what this Collaborative aspires to and is working toward. In the discussion of the drafted "vision" text, two results were produced: 1) Participants highlighted important ideas – whether included in text or missing - that were later incorporated into objectives and strategies. 2) They discussed essential ideas for potential mission and vision for the Collaborative. These statements were not vetted during the meeting. Clarity about each agency's role will unfold as they refine strategies and action items.*

‣ **Potential Vision:** Q: What is our guiding aspiration for the future? Ultimate outcome. A: Optimal development of all California children. Normalized life trajectory for all California children.

‣ **Potential Mission:** Q: Why do we exist? Purpose. A: To promote healthy development of California children… by advocating for and implementing screening throughout the life course.

‣ Penny Knapp, MD, Medical Director, California Department of Mental Health reviewed a presentation that outlined: evidence that early intervention works, some accomplishments to date, current issues, possible solutions, current screening, domains of screening, necessity of working together particularly in current funding environment, and the imperative to screen children who might benefit from early intervention and to identify screening that opens any necessary door. This set the context for the day's discussions.

DESIRED OUTCOME OF SUMMIT #3
Agree to **preliminary tangible objectives** that could be included in a future roadmap to guide the Collaborative's work.

‣ *Summit Results: Participants agreed to two primary objectives that will drive the priorities of the Statewide Screening Collaborative. These priorities emerged readily with strong consensus. These objectives are elaborated upon under outcome #4.*

Objective 1: Improve synergies among state programs involved in recognition and response activities (ABCD strategy 7 for promoting leadership and coordination - within Implementation Matrix at the System Level (Policy))

Objective 2: Adopt common language, standard tools and screening protocol (for families and children that affect healthy childhood development)

‣ **Process Note: Criteria for strategic objectives.** These two objectives were identified after the participants brainstormed a list of potential criteria for choosing a few strategic objectives. While it was useful to think about what might guide their selection of objectives, ultimately these may be viewed as guiding principles. The list was not vetted nor prioritized nor applied to "test" potential objectives. For reference, these criteria/principles were:
    – Focuses on where collaborative has shared influence or input
    – Focuses on where collaborative has expertise or other strengths/assets
    – Maximizes funding
    – Reduces duplication
    – Leads to action; leads to improvement; outcomes-focused
    – Potential for greatest impact – either short or long term
    – Reflects vision; serves to normalize child's life trajectory and healthy development; normalize early identification
    – Feasible; realistic
    – Maximize opportunities for children & families to receive services

---

DESIRED OUTCOME OF SUMMIT #4
Generate **possible strategies** for fulfilling these objectives.

▸ *Summit Results: For each of the objectives, potential strategies were identified. Next steps related to these strategies are reflected under outcome #7 (agenda topics for Collaborative's September meeting and current action items).*

▸ **Objective 1: Improve synergies among state programs involved in recognition and response activities** (ABCD strategy 7)

- Build capacity for ongoing collaboration
- Engage state leadership to champion and sustain collaboration and integration
- Understand roles and services of agencies (to assist us in integration and avoiding duplication)
- Solicit and incorporate input from local jurisdictions, CBOs, and others to guide our priorities. Include them before policy made. Important role in framing the questions and practices to be tested.
- Offer a laboratory to assist the state in testing out local ideas for change (a la EDSI community collaborative work)
- Create high-performing integrated systems
- Share successes and update policies and practices accordingly
- Impact/Influence the development of legislation; add our expert information at opportune time
- Leverage and ensure compliance with existing state and federal mandates that support both objectives
- View "policy" broadly and look for opportunities to promote our vision for screening in scopes of work, contracting, specific screenings, etc.

What are immediate and important opportunities to advance this objective?
- There are at least four concurrent efforts that overlap in their focus on childhood screening: CA First 5 Special Needs; First 5 Association Early Child Mental Health Initiative; ABCD; this Statewide Screening Collaborative
- SB527 pilots for screening for autism (DDS to develop practices)
- SB1629 Early Learning Quality Improvement Act – to create state early learning quality improvement commission. State preschools not required to screen.
- Legislative radar screen: inform collaborative and monitor for opportunities to influence
- Collect and make most of past recommendations from related efforts

▸ **Objective 2: Adopt common language, standard tools and screening protocol (for families and children that affect healthy childhood development)**
- Come to consensus about top tools (based on agency experience and existing analysis) (E.g., ASQ, ASQSE)
- Ensure that screening conducted by one agency/dep't is accepted by others (in the process of delivering care)
- Screening is: universal (normalized – part of normal development and process of care); used to identify strengths, empowers families and providers (move beyond perspective of "screening out" to avoid cost of services); and

used as a means to facilitate communication among families and various service providers
- Emphasize the critical aspect of engaging families, their strengths and their concerns
- Emphasize systems perspective
- Ensure "no wrong door". Families with children at risk/developmental delays/with special needs are always led to appropriate downstream activities and integrated care.
- Utilize existing benchmarks for screening – don't start from scratch. For example, what DDS already reports to state
- Bundle with other existing benchmarks – for example immunizations – to assist practitioners
- Focus on opportunities throughout the life course to impact childhood development. Recognize that early childhood development is influenced by genetics, alcohol or drug use, family social-emotional and physical environment, etc. Life course perspective includes women's health throughout childbearing years. In general, early childhood development defined as pre-natal to age 5
- Leverage existing legislation (e.g., SB2669 protocols for hospitals not implemented; detect + toxicologies)

What are immediate and important opportunities to advance this objective?
- First 5 Association: Mesh local level with statewide. Screen for autism, developmental, social-emotional, maternal depression
- First 5 Commission – new contract with WestEd regarding special needs projects
- Head Start re-authorized. Screening and ongoing assessments requirement. "Valid and reliable tool" – determined by grantees. This collaborative could make recommendations endorsing tools – and these would avoid duplication
- IDEA: also valid and reliable tool required and therefore regional centers to comply with
- Collect and make most of past recommendations from related efforts that overlap with our mission/vision
- Many Southern California efforts (e.g., LA Early Intervention Collaborative); share updates and recommendations
- ABCD Toolkit online (hiring contractor now)

DESIRED OUTCOME OF SUMMIT #5
Understand the **role and importance of state leadership** in supporting statewide efforts to identify and support children with or at risk for developmental delays. Determine what would be needed from high-level state leadership across departments in order to drive, support and/or fund these strategies.

DESIRED OUTCOME OF SUMMIT #6
Brainstorm how to **engage and mobilize high-level state leadership**.

▸ *Summit Results: Participants acknowledged the importance of leadership (defined as anyone with authority and resources who influences/impacts their work). It was viewed as premature to engage in this discussion.*

▸ Q: What is needed from leadership? A: Resources. Approval for release time/participation in trainings for a range of staff that has roles in screening activities or have the opportunity to support the strategy of "no wrong door".

▸ As a preliminary activity to engage leadership, participants agreed to brief appropriate leaders of their agencies on today's progress*.* Today's notes can be used to support this activity.

DESIRED OUTCOME OF SUMMIT #7
Agree to **subsequent work** to create a roadmap and implement strategies. (Future roadmap would include: how to best partner, areas for leveraging, roles and responsibilities, timeframe, milestones, etc.)

▸ *Summit Results: Immediate next steps are outlined below. How to build a "roadmap" was not yet clarified.   It was agreed that having two objectives and related strategies will direct the work for now. Janet Hill, MCAH, convener of this meeting, and Adreena Lowe, newly in DSS role, are two key resources for coordinating this role. The group brainstormed other options for sufficient staffing to sustain the Collaborative.*

What can we do now in preparation for developing a roadmap for Collaborative's work?
- Lessons learned – implement what made other efforts work – which we believe includes:
  - Measurable goals
  - Work between meetings to ensure very productive meetings
  - Dedicated staff to support
  - Workplan
- Resources to support collaborative (Janet; Adreena?)
  - Use logic model and today's work to create an initial workplan
  - Propose metrics related to drafted objectives/strategies
  - Align with DSS's workplan/strategic plan
  - Seek funding for staffing

Suggested agenda items for the next meeting of the Statewide Screening Collaborative, September 12, 2008 (time and Sacramento location TBD):
- Understand each others' (depts) services & strengths

- Summary table prepared in advance that summarizes key information about participants in Collaborative (template and example from MCAH to be provided; then each supplies information and MCAH compiles):
  - Whether agency provides direct services or screening

  - Target populations – who serve & how?

  - Difference between screening and assessment. What are tools and requirements?

  - Governing mandates/Statutory requirements related to screening & assessment. What is in contracts with plan/ requirements?

- Relationships with counties, universities, foundations. With what key jurisdictions and organizations do you work and in what way?
  – Linking with other statewide efforts
    - How will we integrate and learn from: F5 Special Needs; F5 Assoc Early Child Mental Health Initiative, ABCD, Statewide Screening Collaborative
  – Update on legislative radar screen: what's mechanism, how structure info sharing on "watch bills", how do, how keep going, etc., is listserv sufficient?
  – ABCD Online Toolkit - progress

Immediate Action Items from the Summit:

- Other invitees for future meetings:
  - Dept of Managed Care
  - CDCR: Juvenile Justice
  - Administrative Office of the Courts
  - CMS: CHDP & CCS
- Notes from today's meeting draft sent to participants
- Populate and distribute table with dept info (outlined above)
- Reports/Recommendations from past & related efforts – collect & circulate (e.g., SIT's AOD Workgroup – Peggy; mental health initiative strategic plan – Janet, Adreena; Hawaii ECCS Screening Collaborative – Janet; ABCD State Summary Report)
- F5CA Special Needs: Inter-jurisdictional meetings RE screening. Will have follow up meeting with Janet, WestEd to discuss how to work together.
- Legislative radar: propose how to structure info sharing on "watch bills", how do, how keep going, etc.; listserv sufficient?
- Seek DMH Act funds to provide support to Collaborative (Janet, Adreena with Penny's support); See if HRSA grant is a potential source for staffing to the Collaborative (possibly First 5 CA)
- ABCD Online toolkit (Janet)

SUMMIT PARTICIPANTS

NAME	AFFILIATION	E-MAIL ADDRESS	PHONE NUMBER
SACRAMENTO			
Airey, Gina	Gina Airey Consulting (facilitator)	gina@ginaairey.com	(818) 571-0432
Bean, Peggy	Department of Alcohol and Drugs	pbean@ADP.CA.GOV	(916) 322-0495
Bollig, Sue	WestEd	mbollig@wested.org	(916) 492-4009
Cima, Laurel	MCAH	Laurel.cima@cdph.ca.gov	(916) 650-0314
Del Sarto, Suzanne	Department of Developmental Services	Suzanne.delsarto@dds.ca.gov	(916) 654-1605
Dubey, Erin	First 5 California	edubey@ccfc.ca.gov	(916) 263-1021
Fuller, Mike	First 5 California	mfuller@ccfc.ca.gov	(916) 263-1324
Hill, Janet	MCAH	Janet.Hill@cdph.ca.gov	(916) 650-0366
Irvin, West	Department of Social Services	West.irvin@dss.ca.gov	9916) 654-1305
Jocson, Maria	MCAH	Maria.Jocson@cdph.ca.gov	(916) 650-0378
Knapp, Penny	Department of Mental Health	Penny.knapp@dmh.ca.gov	(916) 654-2309
Lopez, Catherine	MCAH	Catherine.Lopez@cdph.ca.gov	(916) 650-0381
Lowe, Adreena	Department of Social Services	Adreena.lowe@dss.ca.gov	(916) 657-3629

NAME	AFFILIATION	E-MAIL ADDRESS	PHONE NUMBER
Mathur, Monica	WestEd	mmathur@wested.org	(916) 492-4081
McKisson, Marjorie	Department of Alcohol and Drugs	mmckisson@adp.ca.gov	(916) 327-4178
Ramstrom, Karen	MCAH	Karen.Ramstrom@cdph.ca.gov	(916) 650-0386
Rouillard, Shelley	MRMIB	SRouillard@mrmib.ca.gov	(916) 323-4130
Sun, Richard	Department of Health Care Services	Richard.sun@dhcs.ca.gov	(916) 449-5020
Treadwell, Cheryl	Department of Social Services	Cheryl.treadwell@dss.ca.gov	(916) 651-6023
Zito, Mike	Department of Education	mzito@cde.ca.gov	(916) 323-9727
LOS ANGELES PARTICIPANTS INCLUDED…			
DuPlessis, Helen	UCLA Center for Healthy Children, Families and Communities	hduplessis@verizon.net	(310) 794-0947 (office)
Espinosa, Leila	UCLA Center for Healthy Children, Families and Communities	lespinosa@mednet.ucla.edu	(310) 794-0924
Inkelas, Moira	UCLA Center for Healthy Children, Families and Communities	minkelas@ucla.edu	(310) 794-0966

State Leadership Summit for Early Childhood Development

Penny Knapp MD,

Medical Director

California Department of Mental Health

7/10/08

Our Goals for Today

Seek a common vision of effective policy and practice to serve children under age 5:

o That works for all participating departments/agencies,

o That integrates leverages their expertise and resources,

o That clarifies each agency's role.

Early Intervention works
(http//:che.georgetown.edu)

BUT, we face 4 dilemmas:

1. Infants & Preschool children may not be "targets" for services

2. Parents may not qualify for services

3. Silos interfere with coordination

4. Not enough $

1: Serving very young children

Our agencies may target older clients (e.g. DMH), restrict services to children with special needs (DDS), not serve until need is dire (DSS), or limit coordination in providing services.

Improving aim for services
to small targets: what have we done?

- Mental Health: DC 0-3 to DSM-IV crosswalk
- DDS: Early Head Start, improved screening
- DSS: Child Welfare Services reform
- Health: AAP MHTF --> algorithms for recognizing early developmental & mental health problems
- ECE: linking Head Start, child care, community services to identify children in need.

2: Parents may not qualify for services

e.g: MATERNAL DEPRESSION

- The highest risk for first episode of major depression is during childbearing years

- Prevalence: 10-15%.

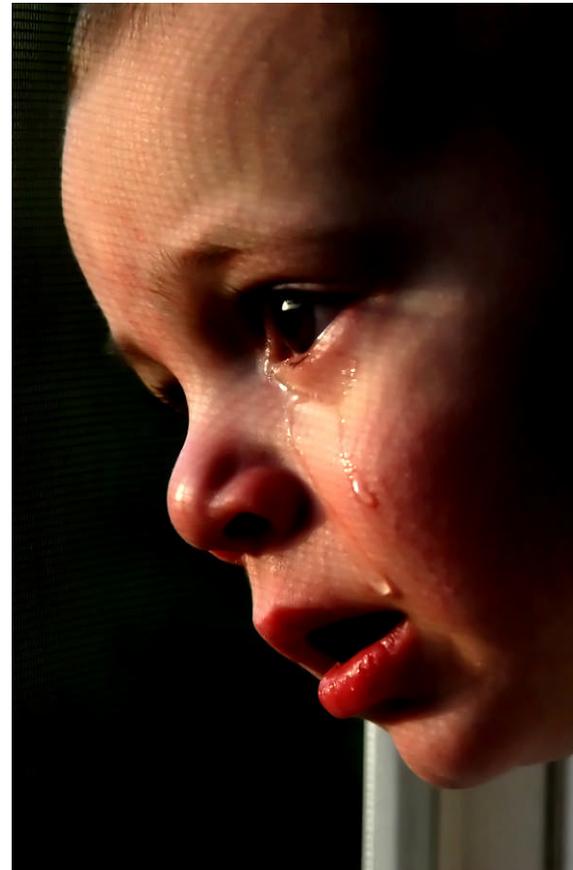- If left untreated, 30-70% experience depression for a year or longer.

BUT

- Mother may not be "sick" enough for services, or may not be a client.

Maternal depression - prevalent, and an opportunity for intervention

Children of depressed mothers have

- Behavioral problems,

- Emotional problems,

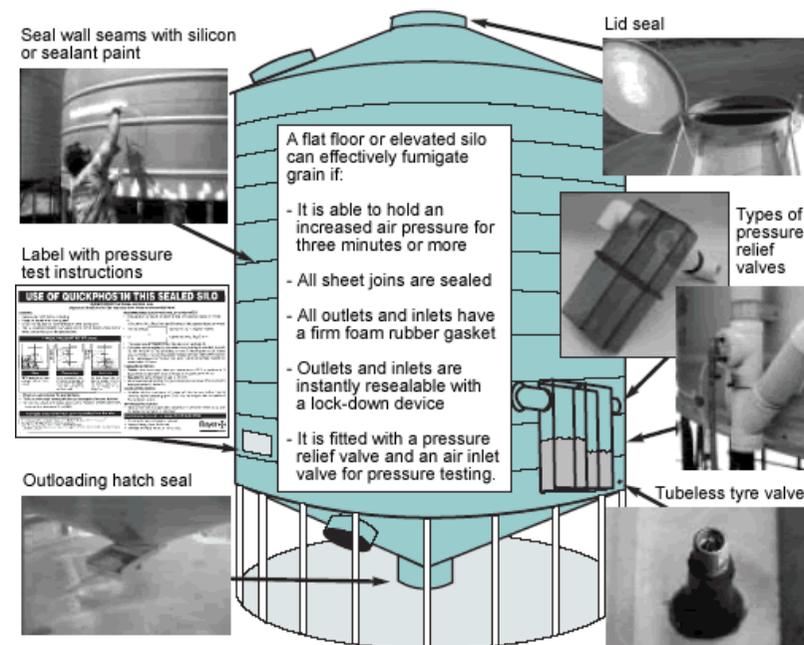- Problems with their own relationships later in life.

Possible solutions

- Broaden services for e.g. depressed mothers who don't qualify for specialty mental health services

- Empower and inform parents so, if they identify problems in their child, they can access services.

- De-stigmatize early services for children

3: Silos- Can we find a common language?

A strategy:

Identify common terms to describe children at risk that are understood by keepers of all service silos.

4: Not enough money

At a time when the State is in deficit, we cannot afford to waste a single precious dollar!

Funding Strategy

This demands increasing efficiency, early detection, and cross-agency collaboration to avoid duplication or services or denial of services.

One strategy is to adopt common screening tool(s) so that a child, <u>screened once</u>, can enter the right door to services.

How does screening fit in?

OUR TASKS NOW:

1. to screen children who might benefit from early intervention
2. To identify screening that opens any necessary door.

What does screening accomplish?

Too often, it is used to keep the "wrong" individual outside, with the goal of reducing costs of care.

This may, however, prevent prevention.

Domains for Screening

- Parent mental health
- Parent stress/support
- Child's development
- Child's social emotional status
- Child's physical/medical health - CSHCN
- Parent-child relationship
- Parent substance abuse

Where does screening currently occur?

Current statutory and programmatic requirements for early screening

- ADA, IDEA part B and Part C
- Eligibility guidelines often not linked to community diagnostic services.

Other venues for early screening

- Regional Centers (each determines specific approaches, no state standard
- Medical Home (AAP guidelines emerging; variable adherence
- Mental Health (county/program specific)
- DDS (CAPTA implementation moving toward standard screening)

How may screening inform decisions?

How much risk?

What strengths assure resilience?

What are the trade-offs of waiting v.s. offering an intervention?

The role and importance of state leadership

Develop economical strategies to:

- Identify very young children with or at risk for

developmental delays or social-emotional
 problems.

- Integrate services

- Bridge the continuum from prevention to early
 intervention.

Working together we can:

Support parents to optimize their children's development.

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

<table>
<tr><td colspan="4">
Outcome: Promote healthy development for all children

Drivers of the Outcome: What are the "drivers" or features of our system that give us the greatest chances of achieving the desired outcome?
Strategies: What are ways of strengthening those drivers/features of the system?
Timeframe: Are there short term or only long term activities that the ABCD group can identify?
Initial Action Steps: What activities will the ABCD task/working group explore?
Lead/Support: Who will participate in the task/working group? Who has ideas about the area or has vital input?
</td></tr>
</table>

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
Incentives and Motivation			
(1) Recognized and agreed upon tools for assessing development and behavior & having conversations about development, along with training and support for use of these tools	Short Term Long Term	o Consider how CHDP Health Assessment Guidelines Manual Revision could be more explicit on expectations for care and use of structured tools o Explore issuance of a joint CHDP and Medi-Cal Managed Care policy letter recommending use of structured screening tools and pointing clinicians to the website o Explore issuance of a DDS/ Foster Care policy letter on CAPTA's mandated requirement for developmental screening for children with substantiated abuse and neglect under 3 years old. o Explore development of website with partners that is accessible to clinicians, to support use of tools o Explore ways of offering trainings to clinicians and other early childhood professionals on use of structured tools	*Leads:* CHDP representative; Janet Hill and Catherine Lopez, MCAH Program, Public Health *Support/participation:* First 5 CA, F5 Association, local CHDP (Alameda?), Medi-Cal Managed Care, CDE (Child Development Division)
(2) Link payment with quality/Adequate reimbursement for all	Long Term	o Learn from health plans, including Medi-Cal managed care plans, what they would be willing to consider regarding pay-for-participation (in learning activities), pay-for-	*Co-leads:* Richard Sun, MediCal, Janet Hill and Catherine Lopez, MCAH

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
activities desired within quality care		improvement, and/or pay-for-performance as it relates to content of well child care, and assessment of development/behavior Advocacy for enhancing payment subgroup: o Explore ways of enhancing payment for quality developmental services	*Support/participation:* MRMIB, Health plans, Moira *Payment enhancement subgroup lead:* Alyce Mastrianni, CFCOC (To be confirmed) *Payment enhancement subgroup support/participation:* advocacy organizations, such as CA WIC Assn, First 5, AAP
(3) Expectations for care are identified, prioritized, promoted, and reconciled with realities of practice	Short Term Long Term	*Health care sector* o Consider how CHDP Health Assessment Guidelines Manual Revision could be more explicit on expectations for care and use of structured tools o Assist health plans to encourage/enable clinicians to test alternative tools in practice that are consistent with AAP guidelines, in lieu of MC Staying Healthy form o Provide input into Staying Healthy re-design so that tool is consistent with AAP guidelines for care and does not detract from the monitoring of development and focusing on development within well child care o Explore ways of reducing the cost to clinicians of using a structured tool such as ASQ or PEDS (i.e. remove financial disincentive to use of tools) o Explore partnership with Underwriter's Assn.	*Co-Leasd (Health Sector):* Penny Knapp, DMH; Dr. Sun., Medi-Cal; CHDP representative, Janet Hill and Catherine Lopez, MCAH *Support/participation (Health Sector):* Joe Donnelly, AAP, Moira, health plans *Lead (ECE Sector):* Mike Zito, CDE (Child Devt

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
		o Determine what FFS uses for HA form equivalent o Make sure MHSA concerns are addressed o Website to support standards, etc *ECE sector* o Participate in conference calls about quality rating systems (QRS) as part of the information sharing/developing /recommending best practices o Use appropriate means of dissemination of this information (after management review at CDD). o Lead a discussion statewide on ensuring better cooperation and utilization of best practices on administering the DR Access (for children with developmental issues) between local education agencies and Head start, and disseminate this information via various means. o Consider potential for a quality rating system and/or provide guidelines/assistance on goals for best practice to counties that are considering putting a quality rating system into place o Identify and share expectations for ECE settings (e.g., share with ECE settings what ideal monitoring would look like) o Identify ways that licensed/subsidized ECE settings can enhance their monitoring of development using the DRDP and/or other structured tools o Consider potential for a quality rating system and/or provide guidelines/assistance on goals for best practice to counties that are considering putting a quality rating system into place o Share what has worked and what can be improved regarding developmental conversations within Head Start	Division), Leila Espinosa, UCLA *Support/participation (ECE Sector)*:Bobbie Rose from CCHP, Debra Moser-Region IX Head Start disabilities specialist Ellenor Hodson, Abbey Alkon, UCSF

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
Shared Vision and Engagement			
(4) Public and professional messages for key audiences (e.g., universal developmental screening, child development milestones, etc.) including the public, professionals, and decision-makers	Short Term Long Term	o Identify messages that different agencies (including First 5) are using around development o Develop some common messages around children's development that all agencies could use (e.g., making it normal to discuss development regularly – "Parents should share a picture of their child's development with providers") o Test messages (for example, share with some local agencies to get reaction) o Develop ideas for what a spread strategy might look like and communicate that to agencies that have a public messaging focus (such as First 5 state & local commissions) o Identify what aspects of the "recognition and response" concept are meaningful to agencies and can be leveraged o Have meeting of stakeholders to sharpen and coordinate messaging o Explore spread of WIC involvement with parents (e.g., adapting a version of "Talking with the Doctor" throughout WIC programs in CA o Identify other means of increasing parental expectations for care (e.g., health plans notifying parents about key ages/stages within well child care) o Develop talking points for key individuals in policy positions o Test talking points with some decision-makers (for example: ask if several possible messages would be compelling to them; what would they need to know about developmental monitoring/recognition and response to get their attention? o Long Term: Ensure Message Spread	*Lead:* Janet Hill and Catherine Lopez, Public Health *Support/participation:* First 5 –state and local, Elizabeth Gonzalez (F5 LA), AAP reps

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
Community Supports for Recognition & Response			

(5) Community approach to promoting development & ensuring monitoring takes place/providers work as a system	Short Term Long Term	• Articulate what shared responsibility for children's outcomes could look like (as opposed to vesting responsibility with only clinicians or ECE settings)
		 • Share successful strategies for supporting the recognition & response process among clinicians and ECE settings (such as Help Me Grow, ABCD II strategies, etc.)
		
		 211 Subgroup:
		 • Leverage 211
		     o Identify state and community referral systems that are in place or under development
		     o Explore universal consent form with applicability for statewide use
			Co-Leads: Alyce/Moira
			
			 Support/participation: Laurie Soman or Mara McGrath
			
			 211 Subgroup Lead: Joe Donnelly, AAP; Alyce
			
			 211 Subgroup support/participation: Dr. Sun, Medi-Cal, State 211 Association, 211 LA, Limor

(6) Promote consultation as a strategy where there are limited resources, knowledge, and/or capacity	Long Term	• Share what has been learned about ECE consultation (centers, family child care) from the SNAP program • Strive to sustain SNAP/promote similar consultation models • Articulate value of consultation for ECEs for decision-makers • Explore ways of extending consultation resources to primary care pediatric practices	*Co-Leads:* DDS, Leila Espinosa, Janet and Catherine Lopez *Support/participation:* Bobbie Rose, Abbey Alkon from UCSF
Promoting Leadership and Coordination			
(7) Improve synergies among state programs involved in recognition & response activities (Make it easier for	Short Term Long Term	• Presentation to and engagement of State Interagency Team • Share with agencies (including county First 5 commissions) what effective methods have been for creating a supportive community infrastructure for early detection/recognition &	*Lead:* Janet Hill and Catherine Lopez, MCAH, Public Health *Support/participation:*

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
providers to understand and link parents with available resources; State agencies jointly identify/address service gaps)		response • State agencies (CDE, DHS, DPH, DMH, DDS, etc.) articulate linkages between systems • Explore how state agencies could encourage local agencies to do more effective outreach to providers (e.g., shared outreach visits to clinician offices, shared materials about early childhood resources) ○ Identify ways that current state agencies screening group can address recognition & response ○ Develop State Screening collaborative ○ Identify service gaps • Address gaps, including via policy changes	State Screening collaborative
Capability and Capacity for Care			
(8) Workforce development	Short Term Long Term	• Explore ways that "recognition and response" principles of care can be a greater focus for clinician and ECE training • Articulate ways that clinicians and ECE personnel can gain skills in "working as a team", "working as part of a system", and "working with other disciplines" • Offer CQI competency development to residency programs, linking the CQI to development/recognition & response aspects of care • Professional training of residents • Leverage UC system and resident training • Explore means of strengthening ECE training in developmental monitoring	*Co-leads:* Dr. Donnelly and Dr. Knapp, Janet Hill and Catherine Lopez MCAH *Support/participation:* Mike Zito, CDE (Child Devt Division)

ABCD Strategy Implementation Matrix - SYSTEM LEVEL (POLICY)

Strategies	Targeted Timeframe (Short Term: 9 months; Long Term: 3-5 years)	Initial Action Steps (Proposed)	Lead/Support of the Working Group
Promote Continuous Learning Culture			
(9) Promote continuous self-reflection and learning	Short Term Long Term	• Describe effective ways of helping early childhood professionals improve their practice (e.g., through detailing, collaboratives, health plan QI activities, DRDP training and support) that have worked in California, elsewhere • Explore interest of agencies, key organizations in supporting these types of improvement activities	*Co-leads:* Moira and Alyce *Support/participation:* Leila Espinosa, Laurie Soman, Silvia, F5 Association, local F5s
Performance Measurement (Gauging Success)			
(10) Consensus on measures and reporting	Short term Long term	o Explore what measures of early detection would be – what are possible measures, what would different agencies find compelling/of interest for their planning & services? o Identify a process for getting consensus on what useful measures of early detection would be o Identify ways of collecting and/or publishing & sharing meaningful data o Create code to identify if SE (socioemotional) screening tool used? o Tracking	*Co-leads:* Alyce and Moira *Support/participation:* Laurie Soman, Silvia, First 5 county commissions