

## **Summary Findings of Progress in Building a Universal Developmental Screening System in Washington State**

This report<sup>1</sup> summarizes two cycles of qualitative stakeholder interviews to capture the developmental progress and needs of a multi-sector effort to introduce developmental screening of young children as a comprehensive strategy in Washington State.

*Background.* Washington State has a significant history of coordinated efforts on behalf of children and families. The existing state structure includes: (1) the first cabinet level department of early learning in the United States, (2) a comprehensive State Early Learning Plan based on extensive cross-system input, (3) coordination of the Early Childhood Comprehensive Systems (ECCS)/Kids Matter efforts for many years, (4) the development of a state-private partnership supporting home visiting service system development for the state, (5) the award of the Project LAUNCH grant to the state of Washington to address system capacity building, and (6) a Race to the Top grant with implications for engagement with families of young children.

As the overall system has emerged, it became clear to multiple stakeholders that early intervention with at-risk children needed to be supported by a comprehensive effort to introduce universal developmental screening as a critical public health surveillance and referral system. The UDS effort began in December 2009 as a multi-agency and professional stakeholder initiative. Although prior to 2009 screening work existed in some agencies, this work was uncoordinated. Washington State's Project LAUNCH program, a U.S. Substance Abuse and Mental Health Services Administration grant, provided critical support to this multi-sector effort. The state process continues beyond the close of Project LAUNCH at the beginning of 2014. UDS development is organized around a partnership group of roughly 20 active leaders and an allied group of an additional 50 professionals at the beginning of 2014.

*Objective milestones demonstrating change.* The UDS planning process met four principal milestones: (1) the creation of a common 'strategic framework' and 'outcomes map' to guide coordinated development of the system, (2) initiation of two pilot efforts to test public access to screening, (3) policy development to align with emerging primary care practice, and (4) the successful integration of Help Me Grow in the state.

Help Me Grow is a national strategy to identify and respond to the developmental needs of at-risk children by supporting broad based professional development and use of screening strategies, supporting broad promotion of the value of early detection and early response services, and by using emerging data to guide progressively refined plan of actions to support children at risk. The decision to pursue this competitive award was a consensus decision for the UDS partnership to build capacity and a structure for professional development, parent education, and a portal for testing screening procedures. WithinReach, an established state nonprofit with strong ties to the Department of Health and Department of Social and Health Services, is the lead agency for Help Me Grow. Help Me Grow is now a continuing part of the state capacity to educate and connect parents of young children as an integrated part of the growing state early childhood system.

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<sup>1</sup> This report was prepared as part of the overall evaluation of Project LAUNCH, a USDHHS SAMHSA grant awarded to Washington State. The evaluation was led by Dr. Christopher Blodgett at Washington State University.

*Qualitative stakeholder interviews.* We employed semi-structured qualitative interviews to assess quality of the collaborative work, strength of shared work relationships, and participant reports of progress. A core group of participants were recruited who were regular participants and knowledgeable of the nature of the work and its progress over time. We also attempted to recruit participants from a range of organizations involved in the UDS effort. Interviews were completed in late 2012 and again in late 2013.

In addition to the qualitative interviews, we introduced the Wilder Inventory (Mattessich et al., 2001), a valid survey of collaborative success, in late 2012 and then repeated in late 2013. Wilder Inventory surveys were introduced in Yakima in the 2011 and then repeated in 2012 but not 2013. We solicited completion of the Wilder surveys from the qualitative interview participants regardless of their decision to participate in the interviews. As result, we have completed Wilder surveys describing progress over a three year period.

As we introduced the Wilder, the first cycle of surveying asked the participants to rate current status and retrospectively to report the status of the collaborative a year earlier. Retrospective ratings of events is an acceptable evaluation method particularly suited to circumstances where the start of work or relationships is ambiguous, fluid because of start-up, or requires some orientation to issues and concepts before someone is informed enough to provide feedback. As a result, in the state work, we have a retrospective baseline in 2011 and reports of progress in 2012 and 2013.

*Objective milestones demonstrating change.* The UDS planning process met four principal milestones (1) with the creation of a common ‘strategic framework’ and ‘outcomes map’ (these reports are provided as attachments in the most recent annual program report) to guide coordinated development of the system, (2) with initiation of two pilot efforts to test public access to screening, (3) with policy development to align with emerging primary care practice, and (4) with the successful integration of Help Me Grow in the state.

The strategic plan is a consensus document that guides multi-agency efforts over the next several years. Critically, this plan complements and enhances other state efforts such as the Early Learning Plan. The pilot of the UDS screening in the past year supported both a statewide test of universal developmental screening through a website and call center but also aligned this state effort with a local pilot in Yakima. The local pilot also supported local capacity building and explicitly linked local and state development efforts. Finally, Project LAUNCH helped align the state’s UDS efforts with the emerging medical home model in primary care. This alignment associated the emerging UDS plan with state efforts to anticipate and respond to the Affordable Care Act reforms that will define care in coming years. Associated activities have been support for the expansion of Help Me Grow Washington Spanish ASQ screening and bi-lingual staff care coordinators as well as technical assistance in writing reimbursement guidance for Medicaid payments for screening.

*Stakeholder interviews.* A core set of questions were used to address the operations, collaborative effectiveness, and perceived progress on goals at each of the two assessment points. Participants were drawn from an identified core leadership group of regular participants knowledgeable about the history and operations of the consortium. Seventeen core collaborative

members participated in the initial interview cycle and 16 participated in the second cycle of interviews conducted in late 2013. This represented respectively a 60% and 66% participation rates for the two assessment points from the core leadership team identified for the interviews.

In this summary, we highlight issues independently identified either by the majority of participants or a significant minority defined as five or more of the participants.

As the framework for the interviews, we used the Collective Impact (Kania & Kramer, 2011) recommendations regarding effective collaborative efforts and its five interdependent characteristics: a clear common agenda, an accepted backbone support organization, shared measurement systems, mutually reinforcing activities, and continuous communication. In the remainder of this discussion, we describe the findings from the two cycles of interviews using this Collective Impact framework.

*Building and sustaining a common agenda.* Common agenda was recast in the interviews as a discussion of clarity in long term and intermediate objectives for the collaborative. When we spoke with key participants at the end of 2012, there was consensus regarding the long term purpose/common agenda but the group struggled with the intermediate objectives organizing movement to these goals. The consensus statement of the group regarding the common agenda was:

- Create and install a universal developmental screening system that will routinely and regularly screen children from birth through five and identify them early for intervention or supports needed. The system will match those in need up with resources in the community with the ultimate goal of helping children be successful in school and in life.
- Create the infrastructure for universal developmental screening and adding the necessary connectivity piece to local resources.
- Effect the societal change and have universal developmental screening become a cultural norm.

There was some lack of clarity about the intermediate objectives, but most respondents identify the following implementing targets:

- Expand awareness regarding the need for universal developmental screening.
- Create an education structure to provide support for those that will conduct screenings.
- Identify a lead agency to build the mechanical infrastructure and to house the obtained data.
- Identify local resources and develop a plan for those families who live in areas without adequate services.

In 2012, despite clarity on the long term goals and an emerging consensus on intermediate objectives, participants stated that the work plan to drive the path forward was not clear and the group was struggling to agree on shared tasks. This lack of clarity engendered some tension for participants at the time. In the second interviews at the end of 2013, participants report that (1) the long term goals remained in clear focus and (2) that the UDS collaborative had made significant progress on clarity about the intermediate objectives defining an emerging shared work plan. Several themes emerged but shared the common agreement that the collaborative had shifted to a more focused body of work.

- A stronger emphasis on creating a data measurement system to support accessible screening and track the number of children that have been screened and referred.
- A focus on leveraging existing efforts and funding development to expand the work sustainably. For example, use of the Early Childhood Comprehensive Systems grant to provide needed support for continued efforts was a leveraging strategy identified.

While there was clear progress over the year in building the common agenda, it is important to note that a significant minority still felt that clear and detailed work plans is needed to advance the work.

Asked if the right systems and leaders are in the discussion, participants felt that a good foundation was in place but that key partners still needed to be engaged. This speaks to scope of challenge in attempting universal response. The notable change from the first to second interview cycles was the engagement of local health authorities and the impact their inclusion had in shaping activities in 2013. The majority of participants stated that at the end of 2013 stable participation from individuals and institutions characterized the work, and this was an indicator of the health of the overall effort. We were also able to document that at the end of 2013 participation from key leaders had emerged addressing a challenge noted in the first interviews. However, participants felt that continued engagement of systems was a critical task with engagement of the Office of the Superintendent of Public Instruction and the Department of Social and Health Services as notable components of the system yet to participate.

In the late 2013 interviews, two central tasks appear to create some tension for the UDS process. These are continued expansion of the participants in the UDS process and the desire of many participants to transition to a concrete work plan. The successful expansion of participation is a strength but the result is that the group has to invest the time to integrate new members and perspectives. This is particularly necessary because while UDS development is a common value, screening meets differing needs across participating organizations. As the group expands membership, understanding and integrating these diverse perspectives can dominate the UDS group's time at a cost to moving to a consensus work plan. The principal example of this in the late 2013 interviews was the increased participation by local health jurisdictions in the UDS process. Participants spoke to how the local jurisdictions' priorities required the UDS process slow down to educate and engage new members but that the local jurisdictions in 2013 helped focus the intermediate objectives through a concrete work plan. Balancing the inclusion of new participants with the transition to concrete action is the principal work challenge of the UDS development effort.

There was clear consensus in the late 2013 interviews that the Outcomes Map has been a definitional document to help build agreement in the UDS effort. Several respondents made a strong case for the creation of additional framing documents now to help advance the work further. Specifically, several participants recommended a document that would illustrate how the different partners' objectives and grants are connected and where the intersections are with the universal developmental screening work. The recommendation was that such a document would help identify key cross-agency partners and help organize to a more detailed work plan. While the launch of screening and referral systems is still early in a testing phase, participants at the end of 2013 pointed to tangible progress in selection of screening tools and the methods for

collection and use of data. This progress was identified as a clear indicator of progress in the 2013 calendar year.

We found in the second cycle of interviews that the definition of intermediate objectives moved from engagement and mobilization of participants to more explicit operational statements of what progress in UDS implementation needed to look like. Examples of potential metrics for the success of the state UDS effort include;

- The range and number of organizations asking to be part of the universal developmental screening movement.
- The degree to which the UDS state effort is supported by the workforce in implementing agencies.
- The extent to which parents participate in the screening and referral process.
- The extent to which successful programs, such as help Me Grow, expand and sustain.
- Creation of a billing code for developmental and autism screening is a major short-term measurement of success.

Asked to assess the success of the UDS effort through the end of 2013, the majority of participants stated there was significant progress in formation of the group and steps to implementation. This positive statement was tempered by the slow pace of building consensus and progressively adding new partners in the work. Explicitly acknowledging the dual tasks of engagement and transition to practical action could help norm expectations in the group and clarify progress made on both levels as the UDS work continues.

*The backbone organization and communication.* In the late 2013 interviews, the majority of the participants state that the UDS effort has moved into a stable organizational structure with Department of Health (DOH) staff serving as the backbone organization. Individual leaders both within and outside of the Department of Health are progressively integrated in this work. DOH staff's leadership role was established in 2012 but this backbone function is seen as working effectively and a stable structure for the UDS effort. Individual champions are well-established as well supporting the vision and operations. No recommendations for change emerged in the 2013 interviews. A tangible indicator of management success is the high level of satisfaction with the communication practice in UDS.

In summary, participants in the two cycles of UDS qualitative interviews describe a state effort that is stable in its foundation but that is still emerging in terms of scope of reach and translation to real changes in practice. Balancing the building of the collaborative with the translation adoption of UDS in routine practice defines the work at this time. Participants acknowledge the central role of Project LAUNCH in helping the creation of UDS effort and the need to transition from Project LAUNCH to continuing work supported by successor grants such as the Early Childhood Comprehensive Systems grant.

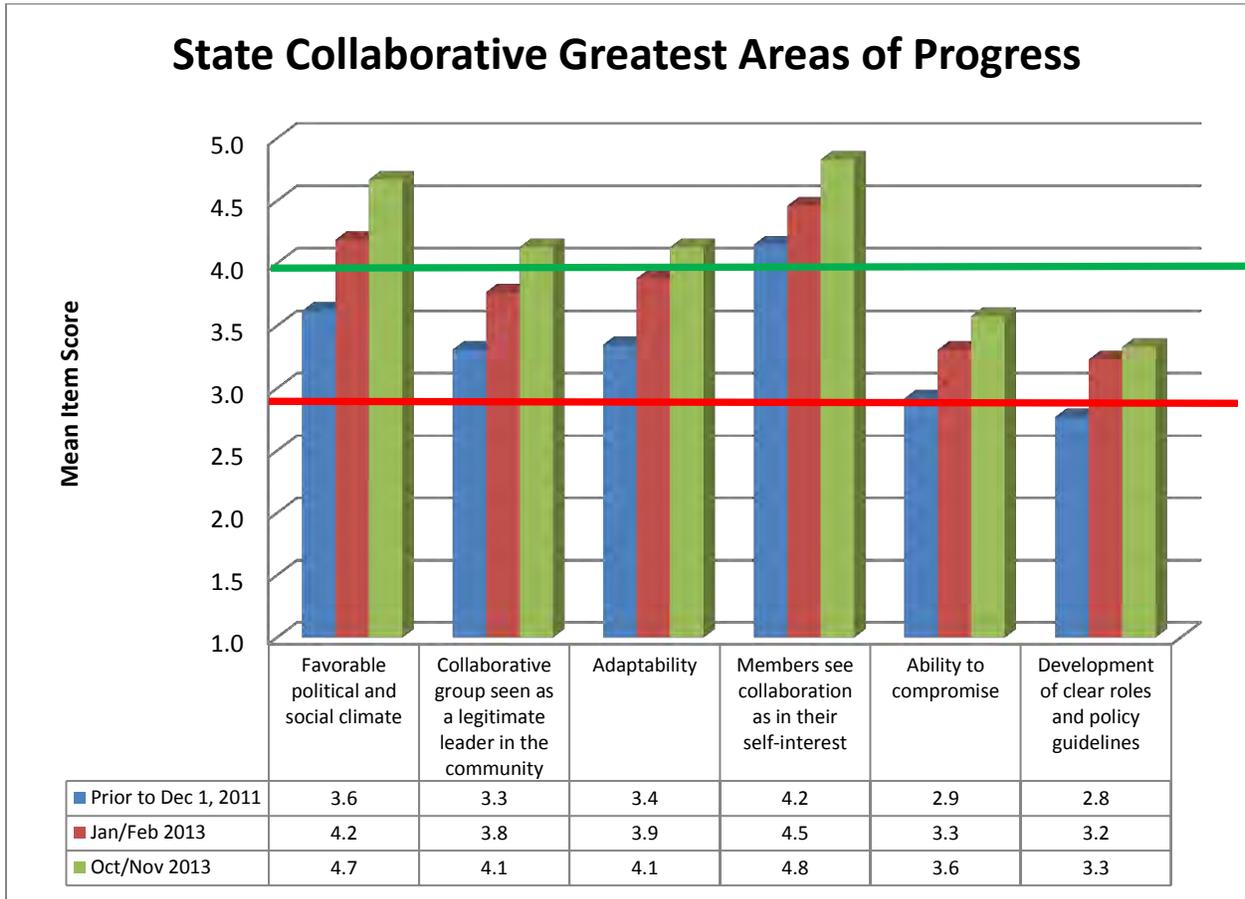
*The Wilder collaborative survey.* As a companion to the qualitative interviews, participants in UDS were asked to complete the Wilder Collaborative Factors Inventory. The Wilder is scored on a five point scale: scores of less than three indicate areas of significant challenges, scores from 3-4 indicate areas where work is progressing but is seen as not fully meeting expectations, and scores above four are seen as areas of collaborative strength.

Please note that the respondent group for the Wilder is small, N=13, and that statistical analysis is not appropriate. The sample, however, is representative of the core state collaborative group.

We have three reports of collaborative practice using the Wilder: a retrospective look at the status of the work with participants reflecting on the status of UDS in late 2011, status as of late 2012, and status as of late 2013. Consistent areas of strength across the three reports include: (1) a unique sense of purpose and shared vision, (2) effective communication, (3) a belief the collaborative is based on mutual self-interest, and (4) effective leadership.

Areas of greatest gains (defined as a mean score change of 0.5 points on the five point scale toward improved function) over the three years include: (1) emergence of the UDS effort as a legitimate leader in this work; (2) adaptability and facility for compromise with the group; (3) a growing sense of belief that the collaborative advances individual interests; and (4) increasing clarity about roles and policy within the collaborative. These change scores by item are summarized in the next figure.

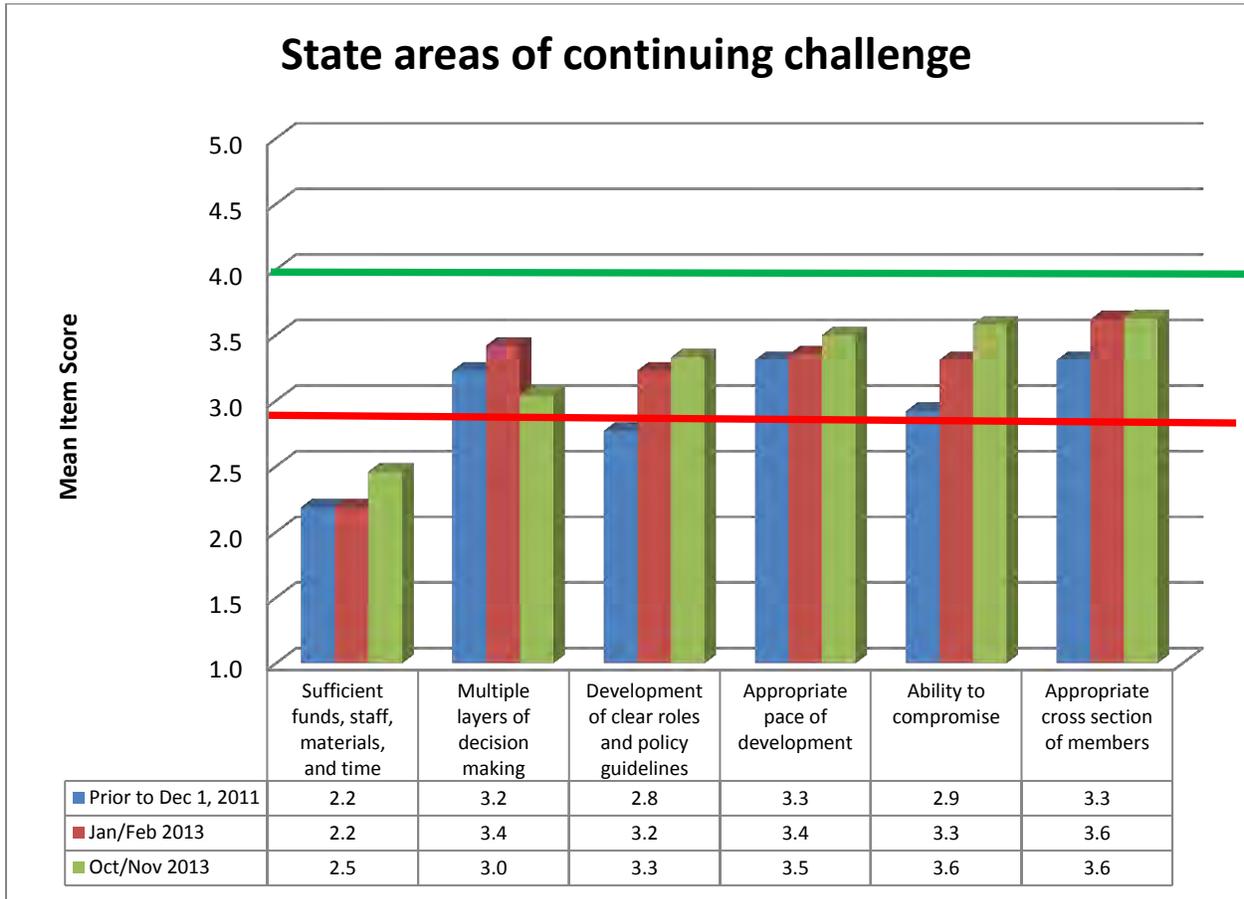
Figure 1 State Wilder Survey Results- Greatest Progress



Green line: threshold for an area of strength. Red line: threshold below which there is a concern.

While the participants describe many indicators of the health of the collaborative, there are also clear areas of challenge. These include: (1) resources, (2) challenges about decision-making and roles, (3) satisfaction with the pace of development, (4) the ability to reach consensus, and (5) the scope of participation. These areas of potential focus for improvement are presented in the next figure.

Figure 2 State Wilder Survey Results- Areas of Continuing Challenge



In summary, there are multiple milestones and participant reports documenting the early success of an ambitious UDS state system change effort. While a strong foundation been established, the UDS effort faces some specific continuing challenges that need to be managed to support continued success.

**References**

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 Mattessich, P., Murray-Close, M., & Monsey, B. (2001). Wilder Collaboration Factors Inventory. St. Paul, MN: Wilder Research.