

## **Birth to 5: Watch Me Thrive! Webinar for State and Early Childhood Staff— May 21, 2014**

Ngozi Onunaku: Hi, everybody. This is Ngozi Onunaku from the ACF Central Office. We want to thank you for joining the webinar today. We can see that a few people are still logging in, so we're going to wait just 1 more minute to let those folks dial in, and then we'll get started (pause).

Hi, everybody. And once again, this is Ngozi Onunaku from the ACF Central Office. We want to thank you again for joining today's webinar. We have just a few quick logistical announcements, and then we'll get started with our presentation.

So first, you may have noticed that all the lines are muted, and that's so we can avoid the distraction of background noises. If you have questions or comments during the webinar, you can type them into your question box. At the end of the webinar, we will attempt to answer as many questions as we can. I'll also mention that the slides will be available on line shortly.

I want to begin by saying we're very pleased to focus on the topic of developmental screening and share some fairly new resources with you. We know that quite a few of you have been focusing on the issue for a number of years now, and today we have Federal representatives, as well as representatives from two States, who will be presenting to you today on their work.

Our hope is that you learn something new and that we're all able to learn from each other.

I'll go ahead and pass it over to Moniquin Huggins, who's the Director of the Program Operations Division at the Office of Child Care, who would also like to welcome you.

Moniquin Huggins: Thanks, Ngozi. Hello, everyone. This is Moniquin Huggins, and I'm here on behalf of the Office of Child Care. I want to, as Ngozi said, welcome you to the call. We're very happy to have so many of our child care administrators join the call this afternoon.

We are really excited about the release of Birth to 5: Watch Me Thrive! We hope the information shared with you on the webinar will help you identify ways to continue to support and promote developmental screening in child care because we know that's very important for early learning and development.

So with that, I'm going to turn it over to Karen Heying, who is the Senior Advisor to the Office of Head Start. Enjoy the webinar. Karen (pause)? Karen, you may be on mute (pause).

Ngozi Onunaku: So if we can't; it looks like we have a little bit of technical difficulty. Karen was just on the call. And so what we'll do is go ahead and get started and maybe give Karen an opportunity to help provide some of the closing at the end.

So we're going to go ahead and kick it over to our presenters today, and our presenters will be Katie Beckmann from the Deputy Assistant Secretary's Office here at ACF and Christy Kavulic from the U.S. Department of Education. We also have two State representatives, Dina Lieser from New York and Jennie Mauer from Wisconsin. So we're going to go ahead and turn it over to Christy, who will begin the presentation.

Christy Kavulic: Thank you. We are here today to talk about the Birth to 5: Watch Me Thrive! Initiative, and we wanted to start by giving you a little context for why we developed the initiative.

As you probably recognize, there is the importance of screening. One in four children ages birth through 5 years are at moderate or high risk for developmental, behavioral, or social delay.

The American Academy of Pediatrics recommends screening for all children for developmental, behavioral, and social delays at 9 months, 18 months, 24 months, or 30 months. Yet, less than 50 percent of pediatricians use valid and reliable screening tools, and furthermore, not all children are screened by pediatricians. We know that children who have developmental delays are at greater risk for later emotional and behavior problems and poor educational achievement.

We also have recent data from CDC that estimates that approximately 1 in 68 children were identified with autism in 2010. This is reported in all racial, ethnic, and socioeconomic groups, and ASD is almost five times more common among boys than girls.

Almost half the children identified with ASD had average to above average intellectual ability, and what do know from the CDC report is that many children were not diagnosed until after age 4, even though children can be reliably diagnosed as early as age 2. Research shows that parents of children with ASD had developmental concerns even before their child's first birthday.

So we recognize that it takes a community to support children and their families, and pediatricians cannot do it alone. We have to look at all the individuals who touch children's lives and study where children receive their services.

So we need to think about child care, Head Start, mental health, child welfare, early intervention specialist education, and home visiting, with families at the center of that. So we must think about having a common language and common messaging across these settings so that we can

better support families and their children and provide the services to support them.

So we at the U.S. Departments of Education and Health and Human Services wanted to make sure all our youngest children are screened and given support early, and this is a priority for us. So we've launched a public awareness campaign of child development and the importance of families in this effort.

The Administration for Children and Families loves this effort and had the support of other agencies within HHS, which were the Administration for Community Living, Centers for Disease Control and Prevention, Centers for Medicare and Medicaid Services, Health Resources and Services Administration, National Institute for Child Health and Human Development, Substance Abuse and Mental Health Services Administration, and Office of Special Education Programs within ED.

So we came together to develop Birth to 5: Watch Me Thrive!, and this initiative was really a campaign to promote awareness of child developments, developmental behavioral screening, and referral and followup.

We built this initiative across four different key messages. The first is really about celebrating children's milestones. We know that every family looks forward to seeing a child's first smile, their first step, and first words and that regular screenings can help raise awareness of a child's development, making it easier to both expect and celebrate developmental milestones.

We also wanted to promote universal developmental and behavioral screenings. Just like hearing and vision screenings that ensure that children can hear and see clearly, developmental and behavioral screenings can track a child's progress in areas such as language and social and motor development and should be considered a typical part of a child's well-being.

We also wanted to identify possible delays and concerns early because we know with regular screening that families, teachers, and other professionals can ensure that young children get the services and supports they need as early as possible to help them thrive alongside their peers.

And we wanted to provide supports to enhance development. We know that families can support their children's development, and we wanted to provide some tools and guidance and different tips recommended by experts that can make the most of the developmental support children receive.

So we launched the Birth to 5: Watch Me Thrive! Toolkit; that's an electronic toolkit. The Web page is displayed on the slide, and it

comprises three different components. One is a compendium that reviews implementation, reliability, and validity characteristics of different screening instruments. Another is user guides designed for providers from multiple sectors and the communities in which they live. And the last is a collection of resources to bring awareness to parents and providers about healthy child development.

Katie Beckmann is going to talk through these different components and give you some examples of what's within them.

Katherine Beckmann: Thank you so much, Christy. I'm delighted to share more details about this initiative with all of you. Thank you for joining us.

The Birth to 5: Watch Me Thrive! compendium was created through a contract with Child Trends. We initially set certain inclusion criteria for an environmental scan that they did for us, and the inclusion criteria included that the screeners needed to be first-line screening instruments for children birth to age 5. They needed to be designed for the purpose of screening and not child assessment. The screening tools needed to cover multiple developmental domains.

They needed to be available for use by a variety of early childhood professionals, and we defined early childhood professional pretty broadly in this initiative. It includes early care and education providers but also pediatricians, home visitors, child welfare and mental health professionals, and homeless shelter and housing providers.

So we really wanted to make sure that all the programs that the U.S. Departments of Education and Health and Human Services supports, and all the providers who are supported within those programs, had a common resource from which they could choose a tool to screen in their own provider setting.

This list of screeners is not an endorsement by the Federal Government; it's merely an information source.

Once we had this list of 16 screeners that Child Trends provided to us, the Federal workgroup decided to overlay certain quality criteria because we thought it was important to be able to provide a resource to the field that gave a little bit more support in terms of what we believe are qualities.

Those criteria included family input; we thought that was essential in the screening process. I mentioned that multiple domains needed to be covered, and we believe that part of a comprehensive assessment includes social and emotional development. Finally, we required that all the tools that were included in this compendium had to have a sensitivity or specificity of .7 and above. So what that means is really the measure says what it's going to measure with a certain degree of accuracy. Next slide.

So we felt like it wasn't enough to release a compendium of screeners. We really needed to provide more support and give users guides to a variety of provider audiences. So as you can see on the screen, that includes ECE providers; it also includes early intervention service and early childhood special education providers and primary care, child welfare, home visitor, behavioral health, housing, and homeless shelter providers.

We developed a common message for all sectors that touch kids and families. They were designed so that they could assist providers in selecting screening instruments and learning about developmental milestones. They talk about the definitions of screening, monitoring, and surveillance. They support providers in how to engage families in the process.

What do you do if a child has a no-risk, a low-risk, or a high-risk at-risk screen? What do you do if there's a no-risk result but the family still has concerns? How and where do you refer if concerns are detected? How do you choose, again, the appropriate tool to fit the needs of the population that you serve?

What's especially important across these guides is a common message, but there's particular language that is provided that meets the needs of the particular audience that the guide is written for.

And the other thing that I wanted to mention is that we did create a community guide that is of particular relevance here, and I want to talk a little bit more in detail about that guide.

So the community guide provides broad community goals and strategies for successful developmental and behavioral screening initiatives. It also provides community examples from several Federal initiatives, and that includes early childhood comprehensive systems and Project Launch, specifically.

I should also mention that we did have a listening and learning session about 2 years ago, which some of you may have been involved in, with several community and county leaders to learn a little bit more about what was happening in the field in terms of barriers and successes in creating systems of care for children. And so we put all these lessons learned together, as well as the extensive experience of the Federal partners, and we put together these goals and strategies for you.

We believe that effective promotion and support of healthy child development and wellness is best achieved early in a child's life, with well-coordinated, multisector service and resources as well as ongoing partnership with families. I know that many of you support this same vision in the work that you do every day.

Public awareness of typical child development and risks for delay, developmental and behavioral screening, early identification of delays, as well as linkages to referral and followup services, can be delivered anywhere young kids and families spend time. So that means it can happen in the home and in the community through a range of programs and services.

As you're well aware, that includes child care and Head Start; children are required to be screened within the first 45 days of enrollment. It includes mental health, early intervention, and primary care—all the providers that I mentioned in an earlier screen.

So we see this guide as a means to help you in implementing a collaborative community-led or State-level universal screening effort to establish a streamlined coordinating system of screening, referral, feedback, and followup. We know that this is an incredibly complex undertaking, but this guide helps provide lessons and examples of communities that are working toward realizing that vision.

So I don't want to read through all these, but the guide does touch on how to engage community leaders, discover common stakeholder interests and goals, and raise public awareness about the importance of celebrating developmental milestones. It talks about cross-disciplinary training to relevant providers to really leverage common training across multiple programs and funding streams. Next slide.

It talks about ways to build systems and infrastructure; it talks about privacy assurances and about improving communications and destroying myths that may act as barriers to action; and it also talks about taking advantage of the medical or health home, health information exchange, and health care reform initiatives. So I want to touch on this a little bit in greater detail, because I'm sure you're all familiar with the Affordable Care Act.

Because of the Affordable Care Act, regardless of health insurance type—whether it's Medicaid, CHIP, or private health insurance—all children and families have access to preventive care without a copayment or coinsurance, even if the yearly deductible has not been met. So preventive health coverage includes services like vision, hearing, developmental and behavioral, and autism screenings, and families should rest assured that they can pay for these services.

Another example of how the Affordable Care Act supports this work—section 1945 of the health home State plan option provides 90 percent Federal matching funds for States to provide a health home option to coordinate care for Medicaid enrollees with chronic health conditions.

I mention this because some of the State advisory councils and other folks who work at the State level may have very strong partnerships with their

State Medicaid programs, and it is possible for those Medicaid programs to submit a waiver to the Centers for Medicare and Medicaid Services that can support health homes with chronic conditions, including developmental and behavioral disabilities.

So it does require a waiver because the chronic health condition hasn't necessarily been defined as a developmental and behavioral disability or delay, but it is possible to use these funds to target individuals with developmental and behavioral health needs. So I wanted to mention that.

So in addition to the compendium and the guides, we also brought together a collection of Federal resources. We know that many of you probably have initiative fatigue, so I want to stress that this initiative builds on existing Federal resources that include Bright Futures and Learn the Signs Act Early from our friends at the Centers for Disease Control.

In the past, some of these resources have been disseminated in silos by funding stream and by program, and we really wanted to break down those silos, cut these resources in different ways, and provide resources in one source for all the providers and families that we serve.

So the resources include information on developmental milestones. There are factsheets on specific developmental disabilities or delays, and there are specific resources that can be downloaded and handed out to families.

Speaking of which, we did create a new resource with the Centers for Disease Control. It's a passport for families. This initiative, as Christy mentioned, does promote universal screening as a regular part of growing up. And while we support universal screening, we did not support unnecessary redundant screening.

So we think that it's really important for families to be empowered and to have a resource where they can keep track of what screenings have occurred, when they occurred, and what the results were so that they can share action plans with the variety of providers that support their children.

Another important resource that was created in partnership with the National Institute of Child Health and Human Development and the Administration for Children and Families is a guide for early care and education providers on how to promote healthy development. We queried top researchers in the field and said, "If you could give one pick to families or early care and education providers or home visitors, what would that pick be, and how could they accomplish it with everyday items that they could find in their home? And so I urge you to take a look at that.

There are learning modules for early care and education providers in which you can receive continuing education units; there is guidance for where you can find local help; and there are hotlines and phone numbers

to reach your early intervention specialists. And there's a whole litany of information that's incredibly helpful.

So finally, I wanted to mention a little bit about the Survey of Well-Being for Young Children. It was asked of us to talk a little bit about it because several of you have heard of it and are interested.

I think first I should mention that this is not a Federal tool. It actually was created with funding from the Commonwealth Fund, and Ellen Perrin and Chris Sheldrick at Tufts University created this instrument.

As the Federal Government, we find it promising because it is very simple to use, and it is free and in the public domain. It was created with goals of having an integrated screening of child development that includes autism screening, behavioral and developmental screening, and a family risk screen.

Each of these components were validated separately, so they do not need to be used together to have a validated screen. That's especially important because the tool has actually only been validated in a clinical sample with a sample size of 900 children in Massachusetts. The tool was originally developed for use in pediatric settings, and so the family risk screen was created for that reason.

It's possible that some early childhood settings may not feel comfortable administering the family risk screen, but the other components of the tool certainly are important and have great promise in early childhood settings.

There's been validation that was performed in that sample size that I mentioned, and it's proven valid and reliable, consistent with the Ages and Stages questionnaire, the Bayley, and the PEDS. It's also shown valid and reliable as compared to the M-CHAT in terms of autism screening.

The SWYC is sensitive to cultural differences. It is a short parent survey, so there really is very little training that needs to be done to administer it. Parents answer the questions, reflecting on everyday activities that happen with their children, so there are no other resources or items that need to be purchased in addition to the screen.

And the SWYC is amenable to electronic format and cross-system data sharing.

So currently, there's been some money put toward developing an electronic version of the SWYC. It's been created for a 0-to-3 population and the 3-to-5 population is currently being added to it.

We are also interested in pursuing validation in nonclinical settings. There is a group in Palm Beach County that is spearheading this work to validate in nonclinical settings. They've partnered with Miami-Dade County and

Alameda County and Orange County in California and several other folks to look at this work.

They're interested in validating the SWYC in child care and Head Start settings, home visiting settings, and others but also to look at it from a systems perspective, with the idea that if everyone uses the same free, easy-to-use tool, the system will work more efficiently. So that has just begun.

And the Administration for Children and Families has funded a Tribal early childhood SWYC feasibility study. Currently, no screening tools have been validated in special populations, like Tribal populations, so we see a need for this, and we are doing an assessment to determine if cultural adaptation needs to occur. The hope is to pursue a larger validation study.

If you're interested in learning more about the SWYC, I urge you to go to [SWYC.org](http://SWYC.org). As I said before, it is housed at Tufts University, so you really should reach out to Ellen Perrin and Chris Sheldrick if you want to learn more about it.

So thank you so much for listening. And I look forward to your questions at the end of this webinar.

I'm going to turn it over to Dina Lieser to talk a little bit more about what's happening at the State level.

Dina Lieser:

Well, great. Thank you so much. It's a great honor to be with you today.

I'm still really wearing several hats, and I come at this through multiple vantage points, with one as a Co-Director of a national nonprofit called Docs for Tots. Our mission is to bring together children's doctors and communities to promote practices, policies, and investments in children from prenatal to age 5 that foster children's healthy development and future success—I know a priority for all of you on this call.

I'm also a very proud member of New York's Early Childhood Advisory Council, where I co-chair the Promoting Healthy Development Workgroup. I'm a practicing pediatrician, and I'm the chair-elect of the American Academy of Pediatrics' newly formed council on early childhood. Next slide.

So I wanted to share a little bit about some of the focus that we've had in New York through our Early Childhood Advisory Council.

At the very beginning, we were really clear at making sure that developmental screening was a priority for our council, and this was based on all that you heard. There's this great opportunity around screening and promoting healthy development and early referrals; however, there's this

incredible gap between best practices and recommendations and what's happening on the ground in terms of how often children get screened.

We began our journey by exploring best practices across States. As many of you, I'm sure, are involved with and know, there are some States and areas that have realized tremendous successes, and we really sought to speak to folks who are involved with those initiatives or in emerging and creating those initiatives. And everyone was really quite generous in sharing their lessons learned and resources.

We then at the State level convened stakeholders across systems in several ways prior to sort of convening a meeting that consisted of many folks from our advisory council, but then some of the other folks who we really knew that we needed to engage, thinking about Medicaid redesign and other areas to get folks in the same room.

But we also reached out and did focus groups with providers across the system. We surveyed providers across systems and spoke to parents about their experiences, about their barriers, and about their opportunities.

We then at the State level really tried to look at pockets of strength. Because despite our concerning statistics about the low percentages of children who were actually getting evidence-based screenings at recommended ages, there were some practices in communities that were doing really profound and incredible work, had champions, and had great lessons learned. We reached out, and we really learned about what was happening in all those areas.

We convened this group of folks for a meeting really to form a learning collaborative to highlight best practices. We were able to invite Neal Halfon to come speak to us, as well as all those folks, and to really help us think about moving that forward.

Based on input from the stakeholders that we convened, we made recommendations for what we are calling a screening system that included recommendations at multiple levels that you heard addressed today—everything from professional development across systems, from primary care, to early care and learning and beyond, to thinking about the many policy levers as payment as well and thinking about that aspect of screening.

We also felt that launching an outreach and education campaign, including one very focused on parents, which I'll speak to in a little bit, was a really important part of this. As we stand now, we're step-by-step moving these recommendations along.

So as part of our outreach campaign, one focus that we felt so strongly about engaging parents in was really severalfold. One is we felt that really empowering them to understand that screening itself was just as critical a

part of their child's well care as immunization, things that they really expect to be part of well child care, thinking that educating and empowering parents would actually create a consumer demand, so to speak, to help drive the system and to help promote best practices on the ground. So we felt that that was really important.

As we all are so aware of, that parent as first teacher to really highlight the great role and the opportunities to celebrate and promote milestones that parents have every day and to give them a strong sense of their role in that.

With the parent education outreach campaign, we really tried to do a very broad dissemination; it was really exciting work, and we worked with our Head Start Collaboration Director. This was really anchored in our State's advisory council, and it was a great opportunity to reach out to so many folks who touch parents on a daily basis.

So we did a broad dissemination to WIC, to libraries, to our resource and referrals, to Head Start, and to the early direction centers and really way beyond. We distributed it at our State's AEYC conference, and this is really ongoing. It's really exciting to see locally, walking into child care spaces, coalition meetings, and really seeing these outreaches available fairly widely. They were very, very well received.

We also targeted some messaging directly to early care and learning providers to highlight their incredible strength, both access to parents, their viewpoint, and their daily surveillance and observations that they are able to make, in terms of identifying areas of concern as well as promoting healthy development and, indeed, to support them in implementing screening on the ground within their programs as well.

And then we did a similar outreach campaign to primary care providers across the State, and when we did that, we also developed clear messaging, letters, and talking points; we also developed a parent brochure to really get and try to really explain what a screening is and to address some of the opportunities that they have within there.

I think this is a really great alignment in timing for the Birth to 5: Watch Me Thrive! initiative. One thing that we're finding on the ground is that these messages resonate. It's really an opportunity to bring stakeholders together. I think there's a lot of acknowledgment that early screening; early identification; and promoting healthy development through supporting, through education, through curricular, and through all sorts of varied opportunities are such critical pieces for the success of all children.

The resources that are available are extremely useful in that they speak to specific stakeholder audiences while really leading us toward having a shared message, which is such an opportunity to move the needle on an issue. When we know when families are receiving the same reinforcing messages across systems, it really works to move progress forward.

With examples like this, it's an opportunity to really create a learning community and to share successes across States and within your State. I think that it really brings a certain credibility when you're able to share within your States that this is indeed a strategic priority at the Federal level. It can really bring some opportunity to push this issue forward.

I also wanted to speak to—which was spoken to—the screening passport as a really wonderful example about the vision that we have for children. Bright Futures was developed as a vision for all children. It's not where a particular service happens; it's that it happened and keeping in mind that children can be screened in so many different places and thinking about the communications that happen across systems.

And then also to highlight some sort of a systems-building perspective, where does developmental screening tracking show up within your States or within your programs? For example, on State registries or on different forms that sort of need to be shared or spoken to when different parts of systems are speaking together. So that's sort of another opportunity to improve screening when you're measuring something.

I also wanted to highlight that building bridges between systems piece. Developmental screening and celebrating milestones is really a driver of systems-building and is a real opportunity to take a specific issue and address some of the opportunities that we have to enhance communications across systems. I think that really speaks to both the systems level and the program level.

For example, we began thinking about things like HIPAA and FERPA waivers embedded within child care forms. We got tremendous feedback on the ground from child care folks who were consistently saying that they had concerns and observations about child development. Sometimes the parent would take that in, and then there would a discussion with the medical home, and then there would be some reassurance and delay.

So this opportunity to—and desire to—improve communications between early care and learning and, for example, home visiting and the medical home offers a great opportunity in having really intentional ways to think about improving that at the system and program levels.

The issue of developmental screening really pushes us to leverage the unique strengths of the different systems that touch our families. For example, knowing that there's a lot of time spent with children within the child care and early learning venue, how do we sort of leverage the strength of that system? How do we make sure that the medical home is really part of the Birth to 5 vision? It's a place where there's near universal access to our youngest children.

And so bringing the medical home into the folds of ECACs is extremely important, and I think it offers this opportunity to address—I mean, there are some States and some communities that are doing really well with health integration. But it's also been cited as a challenge. So this really offers an opportunity to build some strength in terms of integrating health at the forefront of this.

And it allows—and something that we all know, I'm sure, from our daily work—but one thing that we keep getting reinforced is that building these bridges takes infrastructure; it takes leadership; it takes intentionality; it takes thinking about where the connections are; and it takes a real on-the-ground knowing of what the daily barriers are to those communications and how we need to sort of address that and move that forward.

These are also areas that can be realized at the program level. I think that—we've worked with many Head Starts, for example—working to bring more health integration and improved screening through health advisories, through collaboration, and through health consultation and community linkages.

This is also a great opportunity for parent engagement. It seems to really resonate, and it's a great opportunity to ensure that parents are really in the fold and can really fuel efforts at engaging parents, improving parent education, and integrating across systems.

I wanted to also take a moment to highlight where a variety of health champions can be identified, both locally and at the State level. Of course, in your community's simple asset mapping, you know your local resources. There may be champions on the ground who have reached out to you or who you know are in your community and really drilling down to that community level.

Think about your American Academy of Pediatrics chapter. Each chapter has a chapter child care contact who can be leveraged and reached out to and is there to help you think about these things—chapter leadership.

Academic medical centers are also another strength and opportunity. Thinking about the ambulatory departments and the developmental and behavioral departments—also at local hospitals and community pediatrics. And I also wanted to highlight opportunities to work with pediatric residents as an opportunity to really move this along.

Think about your federally qualified health centers as an important access point and partner, your local hospitals, and your local health institutions.

And again, I just really wanted to thank you for this opportunity to share. And I'm handing this over to Jennie now.

Jennie Mauer: Great. This is Jennie Mauer from Wisconsin, and I'm now the State Head Start Collaboration Director, but last Friday I was the Project Launch Coordinator for the State.

I'm just going to give—it's going to sound a little bit repetitive from New York. I think that screening is such a huge hot topic right now, and I think Wisconsin has taken a lot of the same steps that many other communities have taken.

So in addition to screening being a hot topic on a national level, it's really taken hold in Wisconsin. The Launch grant got started in Wisconsin at the same time that Wisconsin was adopting a quality rating system for child care, which is I think a really important contextual piece when we think about implementing screening strategies in Wisconsin. Next slide, please.

Broadly, Wisconsin strategies through Project Launch focus on a couple of different initiatives. One, at the beginning of Launch we underwent a focus group process, and we did focus groups with both parents who both had used the ASQ and who hadn't as well as child care providers.

We also funded and supported screening of children in home visiting sites through medical clinics and through child care. We did a lot of training with those different provider groups on how to use, specifically, the Ages and Stages Questionnaire.

We also developed a number of different promotional and best practice pieces related to the ASQ. Finally, we spent a lot of time partnering with other initiatives that were also working on advancing screening in our State. Next slide, please.

So just to kind of ground us a little—the focus groups were one of the earlier things we did with our grant. I just gave a sampling of some of the results from those focus groups, so I think it'll be no surprise to many folks on this call that we found that for parents, a screening tool was best introduced by someone who the family thinks is credible and a trusted source. I think that's an important consideration in crafting your system.

I think that goes along with that there's some mixed feelings and apprehension, and we have to really think carefully about how we develop our systems so that they're supportive of parents as the child's most important teacher and that they really nurture a relationship between a parent and a provider who might be supporting the implementation of a screening tool.

For providers, we got really great feedback from the child care providers in attendance at our focus groups, and I think they felt really positively about using the ASQ. We also found that the providers that were using the ASQ already had a lot of the infrastructure in place, which was (technical difficulty). Next slide, please.

So as we got further into our work, we found a number of (technical difficulty) focus groups that we funneled a small amount of resources toward doing training with child care provider teachers. And we had lots of providers attend the training; they really appreciated it. Then we went back and did surveys, even though (technical difficulty) implementing.

And when we asked them what were the barriers, we found that there were a couple of different key barriers. One was the expense of purchasing the ASQ test. The materials aren't incredibly expensive, but they're not without cost, and it really proved to be a barrier for child care providers that we had worked with.

A second challenge was that there were a number of competing priorities. Again, our State was just in (technical difficulty) quality rating system—we call it YoungStar—and that really created a number of other requirements that child care providers were trying to meet. So I think taking one more initiative was just (technical difficulty) the time.

We also found that (technical difficulty) centers really needed more support and guidance to implement the tool. And (technical difficulty) also found that even though a lot of (technical difficulty), there were a number of different (technical difficulty) conflicting messages (technical difficulty) as we (technical difficulty).

Ngozi Onunaku: Jennie, this is Ngozi. We're having a hard time hearing you. You're kind of cutting in and out.

Jennie Mauer: I'm sorry.

Ngozi Onunaku: I just wanted to make sure you were aware, but you were really clear in the beginning.

Jennie Mauer: Okay.

Ngozi Onunaku: So I think you started cutting out in the second bullet.

Jennie Mauer: Oh, no. Okay. Can you hear me now?

Ngozi Onunaku: Yes, we can. Yes, we can.

Jennie Mauer: Okay. I'll try to be very still. Is that better?

Ngozi Onunaku: Yes, it is. Thank you.

Jennie Mauer: Okay. So I think I was just highlighting the competing priorities. There was a lot going on with our quality rating system, and I think we found that providers really needed more support than just a one-time training if they were going to successfully implement it. Next slide, please.

So in response, Launch took a number of different steps to try to address these challenges. I think another contextual piece is that Launch—we really used a small amount of dollars to make all these changes happen. And we really relied on working with great partners to implement our different initiatives, so we really leveraged a small amount of dollars to implement our screening initiative.

So in response to the challenges that we identified, we allocated funds to purchase ASQ kits and really worked to distribute those to the most ready and the most needy of child care providers.

We also worked to implement a train-the-trainer program to train folks in the community so that if and when those competing priorities maybe died down a little bit, we'd have more trainers who would be prepared to work with child care providers on how to implement the ASQ.

We also implemented some technical assistance activities, working particularly with our Milwaukee Public School District. We also offered technical assistance to a number of other child care providers, but again, we found those competing priorities really served as a barrier.

We also created a readiness checklist to help us work with child care providers to help them decide whether or not it was the right time for them to take on a screening initiative.

And I think really interestingly, similar to the work that the Federal Government is doing with the Birth to 5 initiative, we also developed a number of best practice guidance materials. So I included a link there. We developed a number of tip sheets on similar topics, selecting a screening tool, working with parents, and working with partners, and we really tried to promote some consistent messaging, particularly about the importance of parents as really the first teachers of children and the importance of universal screening.

Finally, I wanted to mention we also developed a joint release of information that was both—that is both HIPAA- and FERPA-compliant, with the hopes of increasing communications about screening results, especially between our medical providers and our early intervention providers. Next slide, please.

Okay. So I think similar to the comments from New York, I think we're very excited to really get into the guidance from the Federal Government. I think we're hopeful to use some of the guidance to serve as a catalyst for policy change, and I think it'll give us an additional authority and platform to work from for our work here in Wisconsin.

I think I'm also really excited to explore the SWYC as a tool. I know it's not—there's still work to do to get it up and running and widely available;

but I think, given the barriers related to cost, I think it could be a really helpful thing to bring to Wisconsin.

And with that, I'll turn it over and hopefully you heard what I said.

Ngozi Onunaku: Thank you so much, Jennie. We're going to turn it over to Karen Heying to help us close and then get us kicked off for the Q&A portion. Karen?

Karen Heying: Yes. Hi. Hopefully people can hear me now.

Ngozi Onunaku: Yes, we can. Thank you.

Karen Heying: My apologies. Something was wrong with my buttons, I think, but anyway, on behalf of Head Start, I really do want to welcome people to the webinar as well.

I wanted to just say a couple of words about the Head Start collaboration offices and how they have been working diligently in their States around screening and assessment and working with communities to make sure that children are screened and moved on into a whole referral process as well. So I think we're very fortunate to be having those regulations that require us to do that, and I think we've seen the benefits of that.

So what I really want to do is to make sure that, as you heard both New York and Wisconsin talking about this, they have worked closely with their collaboration directors. And so I want to just put that out there for folks—that the collaboration directors are there for you—to help you get the community organized and to really help connect to resources. I just think that they're a wonderful group of folks who can talk about some of their experiences and move things forward. In some cases, I think some States have developed some MOUs to address some of the issues.

So I think that there are lots of opportunities available—working in the collaboration arena—that folks have already spoken about, and I really do want to stress that there's a lot of work to do. This is an exciting initiative, and I think that this is going to be beneficial to families across the country.

So I think we're going to move into our next piece.

Ngozi Onunaku: Thank you so much, Karen. So we got a couple of questions that came in, and we just want to read them so that folks who may have similar questions can hear the benefit of the answer.

So one question is, "Where can we locate the community guide that's being referenced?"

Christy Kavulic: All the materials are on the Birth to 5 Web site, which is on the last page of the slides. We'll turn to that so you have it. But the community guide is right on the front page. You can see it's [www.hhs.gov/watchmethrive](http://www.hhs.gov/watchmethrive).

Ngozi Onunaku: The second question is, "I was able to see the passport on line. Where can we locate learning modules for providers?" So is it safe to say that the learning modules are also on that same Web site? Both Christy and Katie are nodding yes.

Katherine Beckmann: There's a resource tab on the Web site.

Ngozi Onunaku: Okay. So what additional questions do you have for the presenters today? You can type it in and send us a note so that we can see it.

Okay. Another question that we got in is, "How have you promoted these materials with other organizations?"

Christy Kavulic: So that's a really wonderful question. I actually failed to mention that another really special piece of this initiative, aside from the coordination and collaboration across the Federal Government, was that we worked very closely with outside partners.

The American Academy of Pediatrics was an incredible partner in this. It was really important to us that we were in alignment with them. Autism Speaks also was a wonderful partner and Help Me Grow and several others. So we certainly are in sync with our outside partners.

Ngozi Onunaku: Okay. We've got another question. It says, "The validation information on the SWYC Web site is very limited. Is there more information available?"

Katherine Beckmann: So information about the SWYC validation has been published in three scientific journals. I would imagine—I thought they were accessible through SWYC.org, but if they are not, you can always write to Ellen Perrin at Tufts University to get more information.

Ngozi Onunaku: Okay. So there's another question that says, "Is there any connection between the Wisconsin Project Launch and the Wraparound Milwaukee systems of care for older children? Can you describe any collaboration between you?" So that's for you, Jennie, in Wisconsin.

Jennie Mauer: We unfortunately didn't get to work much with Wraparound Milwaukee, but it's certainly a program that we're aware of.

Ngozi Onunaku: Okay. Thanks, Jennie. So there's another question. Someone is interested in seeing the New York Early Learning Council recommendations for developing a system for screening. So Dina, can this be shared is the question?

Dina Lieser: Absolutely.

Ngozi Onunaku: And how would they obtain the info?

Dina Lieser: It's on our advisory council's Web site. It's ECAC—New York ECAC. If you look under the “promoting healthy development workgroup,” or if there's any mechanism to reach out to me, you could certainly e-mail me at [dina@docsfortots.org](mailto:dina@docsfortots.org) if you have any questions or any issue finding it.

Ngozi Onunaku: Okay. And we got several more questions, but it looks like we're at the hour. So what we're going to do is to take all the questions that we got, and we're going to follow up with all the participants today and make sure that we get you answers, or at least direct you to the right place so that you can get some followup on your questions.

So in the interest of time, we want to go ahead and close. We want to thank Christy Kavulic, Katie Beckmann, Jennie Mauer, and Dina Lieser for all the information that they shared today as well as Moniquin Huggins and Karen Heying for helping us open up and frame the discussion.

Finally, thank you, Head Start collaboration directors, State advisory councils, and child care administrators for participating today. Thanks very much. Have a good afternoon.