STATE HEALTH POLICY

Briefing

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Findings from the ABCD Screening Academy: State Strategies to Support Practice Changes that Improve Identification of Children at Risk for or with Developmental Delays

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State Health Policy Briefing provides an overview and analysis of emerging issues and developments in state health policy.

States can support providers as they work to improve the delivery of child health and development services in primary care. While individual states' approaches to this support function is varied, collaborative strategies between primary care providers delivering preventive services and state agencies has great potential to transform the health care system for this population. This brief outlines ABCD Screening Academy members' approach to supporting provider improvements.

It is easier to improve the trajectory of a child's development early in the child's life.[1] Pediatric primary care providers who augment their medical judgment with a validated developmental screening tool more effectively identify children at-risk for developmental delay than those who use medical judgment alone.[2] In 2006, the American Academy of Pediatrics (AAP) recognized the importance of that evidence by recommending that physicians incorporate validated developmental screening tools into three well-child visits in the first 30 months of life.[3]

Recognizing how important it is to identify, assess, and treat developmental delay early and the opportunity for improvement created by the AAP recommendation, teams from 19 states, the District of Columbia, and Puerto Rico completed the ABCD Screening Academy (see text box on last page).[4] Screening Academy members[5], in partnership with NASHP and the Commonwealth Fund, worked intensively for 14 months to make the policy and practice improvements needed to change the use of validated screening tools as part of well-child care from a 'best practice' to a 'standard of practice.'

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This brief examines these efforts to change how primary care providers deliver care. NASHP provided Screening Academy members with information about the tools they could use to support practice change—and provided technical assistance to help them implement an approach to using those tools.

- The approach features three common elements: (1) public/private partnerships to enable teams to use their resources most effectively, (2) demonstrations to develop, test, and refine plans for statewide change, and (3) measurements to plan, incentivize and monitor change.
- The tools include distance and in-office training, one-time workshops and ongoing learning collaboratives, resources such as screening instruments, posters, and brochures that primary care providers could use in their offices—and incentives for provider participation in these activities.

Planning to support statewide practice improvement

By the close of the 14-month period of intense technical assistance, all Screening Academy members had made significant progress toward practice improvement. Together, the 21 members supported change in over 80 demonstration sites. Further, all are planning to spread these practice improvements across their states—and some were seeing early signs of success.

Role of Public/Private Partnerships

At the start of their efforts (and in accordance with the Screening Academy formula) all ABCD Screening Academy members formed public/private partnerships to plan and promote both policy and practice improvements.[6] Specifically, each member formed both a core team and a stakeholder group. The make-up of the core teams varied among the states, but all included Medicaid and a physician champion (often affiliated with the local AAP chapter[7]). Core team members took primary responsibility for carrying out the project activities. Each state also formed a broader stakeholder group that included representatives of other state agencies, medical and community resource providers, family representatives, local funders, and others interested in improving young children's development—again membership varied among the states. The stakeholder groups met regularly and participated in project planning, implementation, and spread.

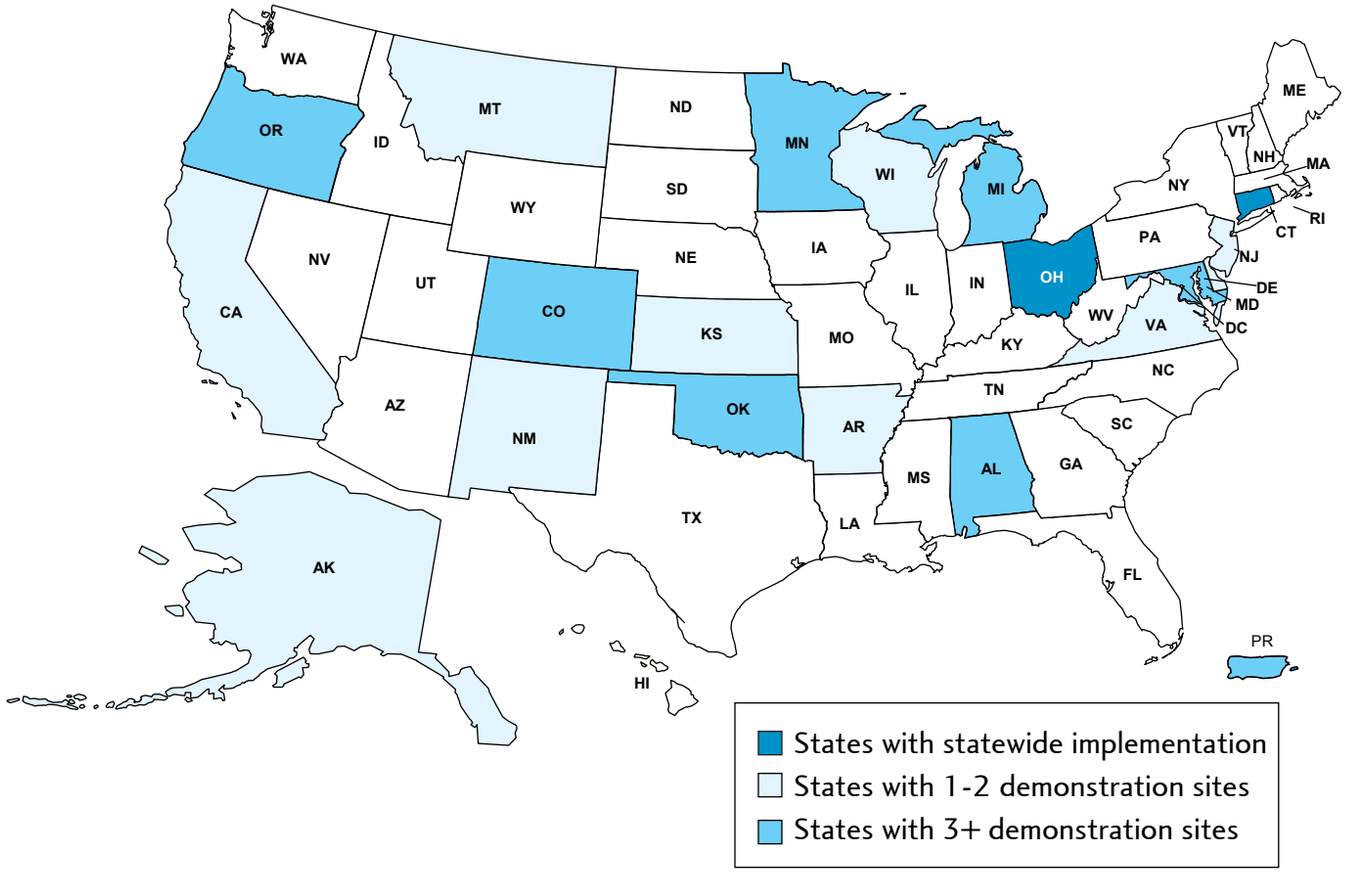
The core team and the stakeholder group brought different resources to the partnership, including organizational abilities, respect from their peers, experience in supporting practices seeking to change how they deliver care, and funding. The partnerships enabled ABCD Screening Academy members to pool resources so they could most effectively support practice change, first among a limited number of demonstration sites and then across the state. Examples of the types of resources these partners brought include:

- *Serving as a 'trusted source' for information.* For example, in Arkansas, local chapters of the American Academy of Pediatrics and the American Academy of Family Physicians featured information on ABCD and developmental screening using the Ages and Stages Questionnaire (ASQ) during their annual meetings. Presentations were also made at five Medicaid Managed Care Conferences held throughout the state. Large groups of Medicaid providers, including primary care physicians and their staff, attended these conferences.
- *Funding and direct support to practices*. For example, the ABCD team used funds from the Kansas Health Foundation *ABCD Grant for Developmental Screening* to purchase the Ages and Stages Questionnaire kits for on-site training at demonstration sites.
- *Facilitating access to follow-up services*. For example, Virginia's Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) developed and distributed a laminated referral guide, "Making a Referral – Who & How? Where?" for the Infant & Toddler Connection of Virginia Early Intervention program. The referral guide encourages screening using a standardized developmental screening tool.

Finally, many of these private/public partnerships have continued beyond the Screening Academy to improve the care of young children. For example,

- In Arkansas, the ABCD Stakeholder Committee merged with the Early Childhood Comprehensive Systems (ECCS) advisory group to form the AECCS Partnership Council. This Council includes representatives from the Arkansas Chapters of AAP and AAFP, Title V/MCH, Medicaid, Early Intervention, Behavioral Health, Child Care and Early Childhood Education, the Arkansas Insurance Commission, the Children's Trust Fund, Arkansas Children's Hospital, the University of Arkansas for Medical Sciences, the Arkansas Center for Health Improvement, and advo-

FIGURE 1: ABCD SCREENING ACADEMY MEMBERS USING DEMONSTRATION SITES TO SUPPORT THE USE OF A VALIDATED DEVELOPMENTAL SCREENING TOOL AS PART OF REGULAR WELL CHILD CARE



cacy groups. The Partnership Council meets every other month and has committed to continuing ABCD activities through its Medical Homes Workgroup.

- Through the Early Success Early Childhood Plan, the Delaware Early Childhood Council, promotes statewide initiatives for the medical home concept and for developmental screening of all young children. The Council and its purpose was codified by the Delaware legislature in 2007—and has committed to continuing to spread the practice improvements developed in its ABCD project.
- In Maryland, the Developmental Screening Advisory Group continues its quarterly meetings through The Parents Place of Maryland, an advocacy resource center for families of children with special health care needs. One of the major goals for this group is to improve developmental screening for young children and promote linkages with appropriate community-based services. Funds from the Maternal and Child Health Bureau through the State Implementation Grant for Integrated Community Systems for Children with Special Health Care Needs (CSHCN) will support widespread training of Maryland pediatric primary care providers in the implementation of standardized developmental screening by the Maryland Chapter of AAP using a "train the trainer" model. This will be accomplished in coordination with the Screening Advisory group. This broad group of stakeholders includes representatives from Medicaid, Medicaid MCOs, a private insurer, Title V, Early Intervention, Mental Hygiene Administration, Maryland AAP, Maryland Chapter AAFP, the National Association of Pediatric Nurse Practitioners (NAPNA), and advocacy organizations.
- The Oklahoma Key to Improving Developmental and Behavioral Services (OK-KIDS) interdisciplinary partnership includes representatives from the Oklahoma Chapters of AAP and AAFP, Title V/MCH, Medicaid, Early Intervention, Behavioral Health, Child Care and Early Childhood Education, the University of Oklahoma College of Medicine Department of Pediatrics, parent partners, and advocacy groups. The Partnership meets monthly and has committed to continue the ABCD plans.

TABLE 1: APPROACHES USED TO SUPPORT PRACTICE CHANGE

Member	Training				Resources	
	In-office training	Learning Collaboratives	Workshops	Other	Purchasing Screening Instruments	Explanatory material
Alabama	D S		S			D S
Alaska	D		D S	D S		D S
Arkansas	D S		D S	S	D	D S
California	D		D S			S
Colorado	D		D S	D S	D	D S
Connecticut					S	S
Delaware	D		D S	D	D	S
D.C.	D S		D S			D S
Kansas	D S		D S	S	D	D S
Maryland	D S		D S	S		D S
Michigan	D S		D S	S		D S
Minnesota	D S	D	S	S	D	D S
Montana	D		S			
New Jersey	D		S	S	D	S
New Mexico	D	D	D	S	S	D S
Ohio		S	S		S	S
Oklahoma	D,S		S	S	D,S	D,S
Oregon	D		D S	D S	D S	D S
Puerto Rico	D		S		D S	D S
Virginia	D		D S	D S	D	D S
Wisconsin	D		S			D S
Total using at demonstration sites	**19**	**2**	**12**	**5**	**10**	**15**
Total using as part of spread plan	**8**	**1**	**19**	**12**	**6**	**20**
KEY:	**D: The state used a strategy at demonstration sites**		**S: The state used a strategy for statewide spread**		**D S: The state used a strategy both at demonstration sites and for statewide spread**	

ROLE OF DEMONSTRATION SITES

All but two ABCD Screening Academy members established demonstration sites—primary care practices willing to serve as laboratories for improvement and a nucleus from which to spread successful improvements (see figure 1).[8] These sites committed to implementing developmental screening as part of designated well-child care visits; receiving and helping to refine training; contributing to evaluative activities; sharing their experience with the stakeholder group; and serving as 'champions' in statewide spread plans. In return, these practices had access to technical assistance (often including in-office training and on-going access to experts) helped to shape state policy—and knew their work could not only improve the delivery of care to their patients but lead to improvements across their state and beyond. Some examples of the role of the demonstration sites are:

- In Alabama, trainings at select demonstrations sites by developers of the ASQ enabled these sites to serve as models and facilitated the spread improvements to additional practices. Similarly, in Michigan, lead physicians are spreading screening among their practice partners by acting as 'physician champions' of early child developmental screening initiatives in their county or region.
- New Mexico's demonstration sites worked with the ABCD team leaders to design a poster series targeting both professionals working with young children and parents. The posters promote standardized developmental screening and referral to community resources and are being distributed statewide. Versions in both English and Spanish are posted on-line at www.envisionnm.org and are available for free download. Funding for the DSI poster series came, in part, from a partnership between New Mexico Department of Health/Family, Infant, Toddler Part C, IDEA, Program and New Mexico Human Services Department/Medicaid.

Role of Measurement

As described in a separate brief, all ABCD Screening Academy members engaged in measurement activity to support changes to practice in both the demonstration sites and statewide.[9] ABCD Screening Academy members used measurement in the demonstration sites for different purposes: to make the case for change, to develop and refine training targeted to provider needs, and to measure the effect of training and practice change. For example, Oregon's ABCD Project continues to evaluate and monitor improvements in screening rates in the Medicaid program using the data collected by participating providers and data from the Early Intervention program on referrals from primary care practices. Oregon plans to use this information to implement the use of maternal depression and family risk screening tools, improve reimbursement policies and referral resources, and assess the feasibility of revising policy to make maternal depression screening a component of well child care for both commercially insured and Medicaid populations.

Tools to Support Practice Improvement

Overall, all members reported significant progress in helping practices to better identify children by incorporating validated screening tools into regular well-child care. Members used various combinations of methods to support changes in the demonstration sites *and* for statewide spread of their practice improvements. The approaches used to support practice improvement fell into two main categories, (1) training, and (2) providing resources (see Table 1).

Overall, members were more likely to use workshops (20 members), explanatory material such as brochures and posters (20 members), and in-office training (19 members) to support the adoption of validated screening tools in primary care. Further, they were more likely to support demonstration sites through in-office detailing (19 members) while spread of practice improvements were most often supported through explanatory material (20 members) and workshops (20 members).

Training

ABCD teams used a variety of training formats to support providers' efforts to incorporate screening into standard office practices. These included in-office trainings, learning collaboratives, workshops, and presentations at grand rounds and/or during conferences focusing on child health and development. It also included development of web-based curriculums for providers and supporting staff designed to integrate screening tools into primary care. Of the 21 members, all reported using at least one training strategy either to support demonstration sites or as part of a statewide spread strategy.

In-office training

ABCD Screening Academy members reported the initial implementation of validated screening tools in practice was most often supported through in-office training sessions. In-office training programs are typically taught by peer educators (i.e., practicing health care providers) and developed in consultation with physicians and target multi-disciplinary teams within medical offices. Sessions are typically 60 to 90 minutes and are often followed by some form of technical assistance.[10] Confirming past ABCD findings, Screening Academy members reported that *using providers to help providers* understand how to incorporate screening tools into practice increases their adoption. All ABCD Screening Academy members who used demonstration sites also used in-office training, and seven of these used this approach as part of their spread plan.

- Arkansas, Kansas, Maryland, Minnesota, Puerto Rico and Virginia conducted multiple site visits to provider offices as follow-up to initial training sessions.
- Colorado hired a consultant to provide on-site training (office detailing) and technical assistance to the initial eight communities identified as demonstration sites.
- In the District of Columbia, an AAP representative provided on-site training to several private pediatric/family medicine practices, including several community health centers as well as conducting in-office training at the demonstration sites.
- Oklahoma used intensive longitudinal in-office detailing at five demonstration sites and placed a Practice Enhancement Assistant (PEA) on site to provide ongoing technical assistance for integrating screening into existing offices processes. This relationship worked under a business associate agreement and included mid-intervention chart reviews at the sites.

Learning Collaboratives

A learning collaborative is a long-term effort (often a year or more) that brings together a number of practice teams seeking improvement in a focused topic area. Learning collaboratives feature multiple sessions, ongoing technical assistance, sharing experience and lessons learned and frequent small-scale measurements to help determine if the intervention needs to be modified.[11] Three states used this method to support the use of screening tools.

Learning collaboratives in Los Angeles, California are helping primary care practices incorporate developmental screening into a preventive services system. This approach assists practices to sustain screening and follow-up and use this process to tailor well child care based on family risk and need. A pilot collaborative included early care and education providers as well as clinicians so that these professionals could work towards mutually reinforcing roles in parent engagement and developmental screening.

Minnesota used the Learning Collaborative model as a tool for supporting demonstration sites to implement developmental screening (see Putting the Pieces Together later in this brief for more details). The Minnesota team also worked to assist demonstration sites in integrating standardized screening tools into existing Health Information Technology (HIT) structures. The ABCD staff continues to collaborate with clinic/health system, technology, legal staff and Electronic Medical Records (EMR) vendors to incorporate the results from both web and paper-based screening tools into existing EMR systems.

Ohio developed and is implementing a 29 physician practice learning collaborative (in conjunction with the local AAP chapter) designed to improve both general developmental and autism screening and care referral process. The ongoing collaborative will include collecting and analyzing data on screening implementation (qualitative and quantitative) both pre- and post intervention.

Workshops

ABCD Screening Academy members used vital partnerships within existing child health initiatives and alliances with professional association to institute off-site workshops.[12] These workshops were designed to support and reinforce state policies supporting the use of validated screening tools. For example, the Delaware ABCD team hosted a day-long workshop with Francis Glascoe, the author of the Parents Evaluation of Developmental Status (PEDS) instrument as keynote. The workshop offered valuable information about the benefit of developmental screening using a validated tool and featured a presentation about the implementation of other validated developmental screening tools and the strengths/benefits of each tool. Also, providers from each of the demonstration sites discussed their experience with implementing a validated tool. The afternoon included a panel presentation by a parent with a child on the autistic spectrum; providers from the pilot sites; a developmental pediatrician from Child Development Watch, Delaware's Early Intervention program; and the medical director from one of Medicaid's managed care companies. The day ended with a pediatric psychologist presenting Delaware's future directions. Delaware's Insurance Commissioner was present for the workshop and as a result is very supportive of Delaware's ongoing ABCD initiatives.

Other Training Methods

Twelve Screening Academy members reported using another type of training in the demonstration sites, as part of a spread plan or in both. For example:

- Colorado's ABCD team hosted a web-assisted conference call on the benefits of using validated screening tools in

primary care facilitated by Dr. Marian Earls, ABCD physician champion from North Carolina as part of an initial statewide outreach to primary care providers and their community partners. There were 117 participants and following the webcast, a provider from Denver Health[13] discussed the use of the ASQ at her clinic. The results have been very encouraging; all 11 Denver Health sites began implementing the ASQ in late 2008.

- Michigan is designing a training curriculum that will include continuing medical education (CME) credits as an additional incentive for providers to participate.
- Virginia's and Kansas' Medicaid programs are each developing a web-based training for health care providers. Topics include requirements for developmental screening, recommendations for specific tools, and detailed information about billing and coding procedures related to developmental screening in primary care -- all of which will be included in revised Early Periodic Screening Diagnosis and Treatment (EPSDT) guidelines.
- The Northwest Early Childhood Institute and Oregon Pediatric Society is partnering with CareOregon, the largest managed care contractor for the Oregon Health Plan, to prepare a quality improvement curriculum adapting the Tennessee START program to Oregon's practice environment (see box). As an incentive for managed care contractors to increase preventive health services, providers will receive payments above capitation rates for participation in the Oregon training. The Oregon Pediatric Society is also working with the AAP to assure the training and implementation of the Oregon START program satisfies the AAP recertification requirements for a quality improvement practice.
- New Mexico's Developmental Screening Initiative submitted its training curriculum to the American Board of Pediatrics for certification as a quality improvement program. It is hoped that providers who participate will meet part of their recertification requirement for Part 4 of recertification required by the Board. (For more information visit http://www.aap.org/qualityimprovement/quiin//MOC.html.)
- Oklahoma is currently designing a website devoted to early childhood developmental and socio-emotional screening. The site will be hosted by the Department of Health. The Oklahoma Chapter of the AAP and University of Oklahoma Department of Pediatrics faculty are developing CME materials for primary care physicians for the site. Medicaid will include information about EPSDT guidelines and billing procedures.

THE TENNESSEE CHAPTER OF THE AMERICAN ACADEMY OF PEDIATRICS (TNAAP) DEVELOPED A FREE TRAINING FOR PEDIATRIC PRACTICES CALLED SCREENING TOOLS AND REFERRAL TRAINING (START).

START is an educational program developed by TNAAP to help pediatric care providers - including pediatricians, family physicians, nurse practitioners, nurses, and others - learn skills and strategies to implement routine developmental screening using validated screening tools as part of their health care procedures. It was adapted with permission from the Illinois Chapter of the American Academy of Pediatrics (ICAAP). This training is approved for 2.5 CME credits by both the American Academy of Pediatrics and the American Academy of Family Physicians. Nurses can earn 2.5 contact hours from the Tennessee Nursing Association (TNA).

RESOURCES

Nineteen of the 21 members provided resources to practices to support their improvement efforts. All 19 provided explanatory material such as brochures or posters.

Twelve, however, purchased (or plan to purchase) screening tools for providers—most often to support the work of the demonstration sites. Puerto Rico's Division of Medical Assistance, for example, purchased a multi-site license that allows all Medicaid providers throughout the territory to copy and use the ASQ and ASQ-SE as part of their standard well-child care.

All 19 provided explanatory material such as brochures or posters, including educational pamphlets and brochures on EPSDT for distribution in primary care practices, as well as referral network and care coordination 'toolkits'. For example:

- California is developing a website called "Developmental Checkups for California's Children" to offer guidance to providers from specific sectors (i.e., education, IDEA Part C, early child care, health, child welfare) on develop-

mental screening and early intervention. Another key resource is an Early Childhood Information Sharing toolkit that will provide key tools to clinicians and other specific sectors (i.e., education, IDEA Part C providers.) The toolkit will help providers use information from screens to make referrals. It will give them information on how to get feedback to the medical home. The toolkit will be housed on the developmental screening website.

- Colorado placed articles in the newsletters of both the Colorado Chapter of the American Academy of Pediatrics and the Colorado Association of Family Practitioners to educate members about standardized developmental screening and the technical assistance ABCD provides.
- Oregon developed and distributed a brochure for primary care providers that summarizes the tool selection process and recommends a screening schedule, describes the Medicaid billing processes, outlines referral procedures, and provides information on communicating with families about their child's development and referral to Early Intervention.

Putting the Pieces Together: How Partnerships in Minnesota Supported Practice Change

The role of partnerships in supporting practice improvement is particularly well exemplified by Minnesota's ABCD activities. Minnesota formed a robust stakeholders group that includes representatives from the Minnesota Chapter of the American Academy of Pediatrics, the Minnesota Department of Health, the Minnesota Department of Human Services, the Minnesota Academy of Family Physicians, the Minnesota Chapter of the National Association of Pediatric Nurse Practitioners, and will soon include representatives from the Minnesota Academy of Family Physicians, and the University of Minnesota. These stakeholders were closely involved in the planning, implementation and evaluation of activities to support both the adoption of standardized screening in the designated demonstration sites and the strategies used for statewide spread. For example, Minnesota is a recipient of a grant from Vermont Child Health Improvement Partnership[14] and the Commonwealth Fund to develop a quality improvement partnership in the state. Most partners involved in the Screening Academy also participated in the Minnesota Child Health Improvement Project (MNCHIP). The statewide spread of Minnesota's Screening Academy project has become a quality improvement project supported by the existing partnerships through MNCHIP.

To support improvement in the demonstration sites, the Minnesota Screening Academy stakeholder groups held two day-long learning collaboratives with teams from the nine demonstration sites. The initial learning collaborative was facilitated by physician champions already using validated tools in their practices. The ABCD team also provided follow-up technical assistance conference calls, published monthly newsletters with project information, assisted with evaluating the results in participating practices[15] and continued site visits as needed.

The approaches the partners in Minnesota plan to use to support statewide practice improvement include:

- Collecting data on demonstration sites' screening efforts and providing feedback to improve performance.
- Providing training on standardized screening at locations throughout the state.
- Working on the identification of a national Healthcare Common Procedure Coding System (HCPCS) Code to use when billing for mental health screening.
- Searching and applying for funding to support the ongoing work of the Screening Academy.
- Finalizing maternal depression screening coverage policy for individuals enrolled in Minnesota's Medicaid fee-for-service program.
- Supporting the practice teams in working with the publishers of the screening tools to integrate the use of the tools within an electronic medical record.

ABOUT THE ABCD PROGRAM AND THIS SERIES:

Since 2000, the National Academy for State Health Policy (NASHP) has administered the Assuring Better Child Health and Development (ABCD) program. During this time NASHP has administered three projects.

From 2000-2003 and 2003-2006 NASHP administered two 3-year, multi-state learning collaboratives to develop and test Medicaid-based models for improving the delivery of early child development services to low-income children and their families by strengthening primary health care services and systems. A total of eight states participated in the collaboratives.

Based on the work of these pioneer states NASHP formed the ABCD Screening Academy. Nineteen states, Puerto Rico and the District of Columbia participated in the Screening Academy. They worked, with the support of NASHP, to improve identification of children with or at risk for or with developmental delays. Participants developed and implemented (or are implementing) policy improvements designed to promote, support, and spread the use of a standardized developmental screening tool as part of regular well-child care. Screening Academy participants also supported selected primary care practices' efforts to incorporate standardized developmental screening tools into regular well child care—and continue to work to spread those improvements to other practices within their state.

This series of State Health Policy Briefs summarize the findings from the ABCD Screening Academy participants toward policy and practice level improvements and the results of these interactive processes as reported to NASHP in August 2008 by participating states. Each will also focus on the promising role of partnerships—broad stakeholder engagement—in initiating and sustaining a spread strategy to improve preventive care and developmental services for young children in primary care settings.

ENDNOTES

1 Edward L. Schor, *"EPSDT, Well Child Care and Children's Development,"* presented at the ABCD Screening Academy Learning Session, July 11-13, 2007, Houston, Texas.

2 Michael Regalado and Neal Halfon, *"Primary Care Services Promoting Optimal Child Development From Birth to Age 3 Years,"* ARCH PEDIATR ADOLESC MED/VOL 155, DEC 2001:

3 American Academy of Pediatrics, *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening* (July 2006).

4 Twenty two states, the District, and Puerto Rico were selected for participation in the ABCD Screening Academy. However, over the course of the Screening Academy, three states, Maine, New York and Rhode Island, withdrew due to staff turnover and/or changes in leadership and leadership priorities that precluded their ability to meet project requirements

5 In this brief, the word 'members' refers to the 19 states as well as the Distict of Columbia and Puerto Rico.

6 See the first brief in this series entitled, *State Policy Improvements that Support Effective Identification of Children At-Risk for Developmental Delays: Findings from the ABCD Screening Academy*

7 The AAP was a valuable partner for many ABCD Screening Academy members—lending weight to the evidence-based arguments for using a developmental screening tool and providing a respected vehicle for communicating with pediatric primary care providers. They were also an important partner at the national level—lending their expertise to both technical assistance events and offering ongoing consultation on the evidence and their policy statement to members.

8 Two states, Connecticut and Ohio chose a statewide implementation model and therefore did not establish demonstration sites.

9 See the second in this series of briefs, *Measuring Improvements that Support Effective Identification of Children At-Risk for Developmental Delays: Findings from the ABCD Screening Academy,* for more details

10 Helen Pelletier, *How States Are Working with Physicians to Improve the Quality of Children's Health Care*, (Portland, ME: National Academy for State Health Policy, 2006)

11 Ibid.

12 Workshops are typically held in local communities and attended by clinicians and office staff from multiple practices. Ibid.

13 Denver Health is Denver primary 'safety net' institution. Please see http://www.denverhealth.org/portal/ for more information.

14 The Vermont Child Health Improvement Program's (VCHIP) Improvement Partnerships Initiative, a program at the University of Vermont supported by The Commonwealth Fund and the Vermont Department of Health, works to build state and regional capacity for improving health care for young children. To date, VCHIP has worked with 12 states or regions to form new Improvement Partnerships.

15 See the second in this series of briefs, *Measuring Improvements that Support Effective Identification of Children At-Risk for Developmental Delays: Findings from the ABCD Screening Academy,* for more details

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It is important to note that the views presented here are those of the authors. Any errors or omissions are also those of the authors.

NATIONAL ACADEMY *for* STATE HEALTH POLICY

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The National Academy for State Health Policy (NASHP) is an independent academy of state health policy makers working together to identify emerging issues, develop policy solutions, and improve state health policy and practice. As a non-profit, non-partisan organization dedicated to helping states achieve excellence in health policy and practice, NASHP provides a forum on critical health issues across branches and agencies of state government. NASHP resources are available at: www.nashp.org.

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