

# Approaches to Developmental Screening in Santa Clara County



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## Abstract

During the first five years of life, children are growing rapidly — physically, intellectually, and emotionally. This rapid growth and development provides the foundation for their future success in school and ultimately, in life. While children usually develop on a predictable path, there is a wide range of ages for reaching developmental milestones. Even taking into account this variance in timing, some infants and toddlers may get off track developmentally. The Centers for Disease Control estimates that 17% of children have a developmental or behavioral disability such as Attention-Deficit/Hyperactivity Disorder (ADHD), intellectual disabilities, or autism. Additionally, many children have delays in language or other developmental areas which can impact school readiness and in turn, success in school. When children receive formal developmental screenings, developmental concerns or problems are identified earlier, resulting in more effective intervention and treatment. Developmental screenings are conducted using simple, fast, accurate tools to identify children who have developmental concerns or problems that indicate a need for further evaluation or intervention.

In an effort to better understand developmental screening practices in Santa Clara County, the Santa Clara County Partnership for School Readiness (PSR), Kids in Common, a program of Planned Parenthood Mar Monte (KIC), and Applied Survey Research (ASR) surveyed 87 pediatric health providers from a variety of health settings in Santa Clara County. This survey data is offered as an exploratory look into the beliefs, attitudes, and practices of these providers, and as a first step toward gaining a better understanding of the current climate in pediatric health care settings in Santa Clara County with regard to identifying and addressing developmental delays and parent mental health issues.



## Developmental Screening and Why it is Important

During the first five years of life, children are growing rapidly — physically, intellectually, and emotionally. This rapid growth and development provides the foundation for their future success in school and ultimately in life. While children usually develop on a predictable path, there is a wide range of time for reaching developmental milestones. <sup>1</sup> Even taking into account this variance in timing, some infants and toddlers may get off track developmentally. Medical conditions, prenatal or birth trauma, or stressors in the environment can impede a child's growth.

The Centers for Disease Control estimates that 17% of children have a developmental or behavioral disability such as Attention-Deficit/Hyperactivity Disorder (ADHD), intellectual disabilities, or autism. Additionally, many children have delays in language or other developmental areas which can impact school readiness and in turn, success in school. In illustration of this, the Santa Clara County Partnership for School Readiness (PSR) has identified that one out of five children entering our local kindergartens fall far below teachers' desired proficiency levels in the social emotional skills that are associated with school success. <sup>2</sup>

Research tells us that early detection and intervention for children who are developmentally off-track can significantly improve functioning and reduce the need for lifelong interventions. <sup>3</sup> One in three infants and toddlers who received early intervention did not later present with a disability or require special education in preschool. In spite of the success of early intervention, only 50% of children with a developmental disability or a disabling behavioral problem are identified before they start school. <sup>4</sup> When we fail to identify children with a developmental issue early, we are missing an opportunity to provide support and intervention and improve lifelong outcomes. <sup>5</sup>

When children receive formal developmental screenings, developmental concerns or problems are identified earlier, resulting in more effective intervention and treatment. Developmental screenings are conducted using simple, fast, and accurate tools to identify children who have developmental concerns or delays.

Physicians routinely apply developmental surveillance — a less formal observation of the child — to check the child's progress. National studies indicate that when applied alone, developmental surveillance identifies fewer than 30% of children with developmental disabilities and fewer than 50% of children with serious emotional and behavioral disturbances. Developmental screenings are more structured than routine developmental surveillance. When specific, validated tools are used, the reliability of correctly identifying children with and without developmental concerns improves to 70-80%.<sup>6</sup>

Regular developmental screening with all young children has been shown to identify children who need help before a problem worsens. The American Academy of Pediatrics recommends that children receive at least three formal developmental screenings before the child turns three

### American Academy Of Pediatrics (AAP)

From: "Identifying Infants and Young Children with Developmental Disorders in the Medical Home; an Algorithm for Developmental Surveillance and Screening" (July 2006).

#### Recommendations

##### *For the Medical Home*

1. Perform developmental surveillance at every preventive visit throughout childhood, and ensure that such surveillance includes eliciting and attending to parents' concerns, obtaining a developmental history, making accurate and informed observations of the child, identifying the presence of risk and protective factors, and documenting the process and findings.
  2. Administer a standardized developmental screening tool for children who appear to be at low risk of a developmental disorder at the 9-, 18-, 24- and/or 30- month visits and for those whose surveillance yields concerns about delayed or disordered development.
  3. Schedule early return visits for children whose surveillance raises concerns that are not confirmed by a developmental screening tool.
  4. Refer children about whom developmental concerns are raised to early intervention and early-childhood programs.
  5. Coordinate developmental and medical evaluations for children who have positive screening results for developmental disorders.
  6. Initiate a program of chronic-condition management for any child identified with a developmental disorder.
  7. Document all surveillance, screening, evaluation, and referral activities in the child's health chart.
  8. Establish working relationships with state and local programs, services, and resources.
  9. Use a quality-improvement model to integrate surveillance and screening into office procedures and to monitor their effectiveness and outcomes.
- ##### *For Policy and Advocacy*
10. Provide appropriate payment for developmental surveillance, screening and evaluation.
  11. Teach child health professionals, through training and continuing education programs, to conduct developmental surveillance and screening as an integral responsibility of the medical home.

##### *For Research and Development*

12. Develop information systems and data-gathering tools to automate the algorithm recommended by this policy statement for ease and consistency of use.
13. Expand the evidence base for the effectiveness of developmental surveillance activities.

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years old at the 9-month, 18-month, and 24- or 30-month well baby checks. (See sidebar, page 2.) Some children may need more frequent checks if they have additional risk factors such as:

- The child was born prematurely or had a difficult birth.
- The child has a brother or sister with a developmental issue.
- The child was exposed to drugs or alcohol before birth.
- The child is low-income or has poor nutrition.
- The child has been abused, neglected, or is in foster care.<sup>7</sup>

Developmental Screenings can be conducted by pediatricians, nurses, teachers, or trained para-professionals using tools such as brief checklists, inventories, or parent-completed questionnaires. These routine screenings should include all areas of child development including:

- Large and fine motor skills;
- Hearing and seeing;
- Communication, speaking and understanding;
- Social-emotional development; and
- Problem-solving ability.

Primary care physicians are uniquely situated to conduct developmental screenings because they see young children at regularly scheduled intervals during well-baby and well-child checkups. Because of the availability of public insurance programs, even children in low-income families tend to have regular well-child check-ups.<sup>8</sup> Developmental screenings by pediatricians and other health care professionals are also recommended by the Centers for Disease Control and Prevention, Zero to Three, and the FIRST 5 Early Childhood Mental Health Collaborative.

## Survey of Developmental Screening Practices of Local Primary Care Physicians

In Spring 2010, the Santa Clara County Partnership for School Readiness (PSR), Kids in Common, a program of Planned Parenthood Mar Monte (KIC), and Applied Survey Research (ASR) conducted a survey to learn more about pediatric health care providers' beliefs, attitudes, and practices regarding two key issues that play a prominent role in shaping children's readiness for school:

- Identification of and referrals for children who have developmental concerns or delays, and
- Parents' mental health status and the role of pediatric health care providers in addressing these issues.

The goal of the survey was to get an exploratory look at how closely the actual practices of primary care physicians in Santa Clara County were following the American Academy of Pediatrics recommendations, as well as primary health care providers' beliefs and attitudes regarding developmental screening of children and mental health screening of parents and guardians.

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## Survey development

Drawing upon information from a number of state- and county-level initiatives and small-scale surveys, a comprehensive survey draft was developed by PSR, KIC and ASR staff. The draft was trimmed and edited to ensure that the survey length was not overly burdensome, but that all the core survey information needs were still met. Two separate rounds of a draft survey were circulated to four project advisors — all pediatric health care administrators and/or practitioners — for their feedback on the clarity (e.g., language and representation of concepts), relevance, and length of the survey. Advisor feedback was compiled and reviewed, and the survey was finalized, programmed into Survey Monkey, and launched on April 20, 2010.

## Data collection

To enhance survey participation rates, a small set of health care administrators/providers (including those who gave advice on early survey drafts) acted as data collection “partners” by sending out an email with a survey web link to their colleagues in their own provider network. This strategy was employed to personalize the request for feedback, thereby increasing the likelihood that providers would respond.

Representatives from six organizations distributed the survey link. (Some of these organizations had overlapping membership, so some providers might have received the link twice. The cover email included with the survey link instructed respondents to only complete one survey.) Open data collection spanned two months; the survey link closed on June 21, 2010.

## Completion metrics

A total of 87 providers completed surveys. Due to the distribution procedures employed in this study, exact response rates were not able to be calculated for all participating organizations. For those organizations in which a response rate could be calculated, rates ranged from 16% to 44%. Ninety-one percent of the respondents were medical doctors and 9% were nurse practitioners or physician’s assistants. Twenty-three percent worked in a group practice, 20% in a city/county or state government hospital or clinic, 19% worked in a health maintenance organization, 17% in a non-profit community health center, 9% worked in a medical school setting, 8% in a self-employed solo practice, and 3% in a nongovernmental hospital or clinic. Ninety-seven percent responded that they provide care for patients covered by Medi-Cal, Healthy Families and/or Healthy Kids. (Healthy Families is the California State Children’s Health Insurance program and Healthy Kids is the health coverage product developed for the Santa Clara County Children’s Health Initiative.)

It is important to note that this data is not able to be interpreted as representing the knowledge, opinions, and practices of all Santa Clara County pediatric health care providers. Rather, the survey data is offered as an exploratory look into the beliefs, attitudes, and practices of these providers, and is a first step toward gaining a better understanding of the current climate in pediatric health care settings in Santa Clara County with regard to identifying and addressing developmental delays and parent mental health issues. In one sense, this data may be likened to a focus group, in that it provides a precise and fairly rich summary of those whose responses were recorded, while lacking the ability to be representative of pediatric health care providers as a whole. At the same time, however, the survey data collection method is more rigorous and standardized than that of a focus group; moreover, with 87 survey respondents, this data describes the attitudes, beliefs, and practices of many more providers than would be gathered in focus groups.

## Local Pediatric Health care Providers’ Understanding of the AAP Guidelines and Their Current Developmental Screening Practice

The survey asked health care providers about their knowledge of the AAP Guidelines regarding developmental screening with the following results:

- 61% said they had reviewed or received information on the AAP Guidelines within the past two years.
- 12% said they had reviewed or received information on the AAP Guidelines more than 2 years ago.
- 96% said they generally agree or strongly agree with the AAP recommendations.
- 52% believed that universal screening should continue beyond 30 months of age.
- 60% believed that the AAP should be more explicit in identifying recommended screening tools.

The survey asked about the methods and tools used to help identify developmental concerns (See Figure 1). All of the respondents indicated that they use parent interviews, and most supplement that with some additional tools like checklists and information from teachers and schools. Forty percent indicate that they use one of the standard tools for screening.

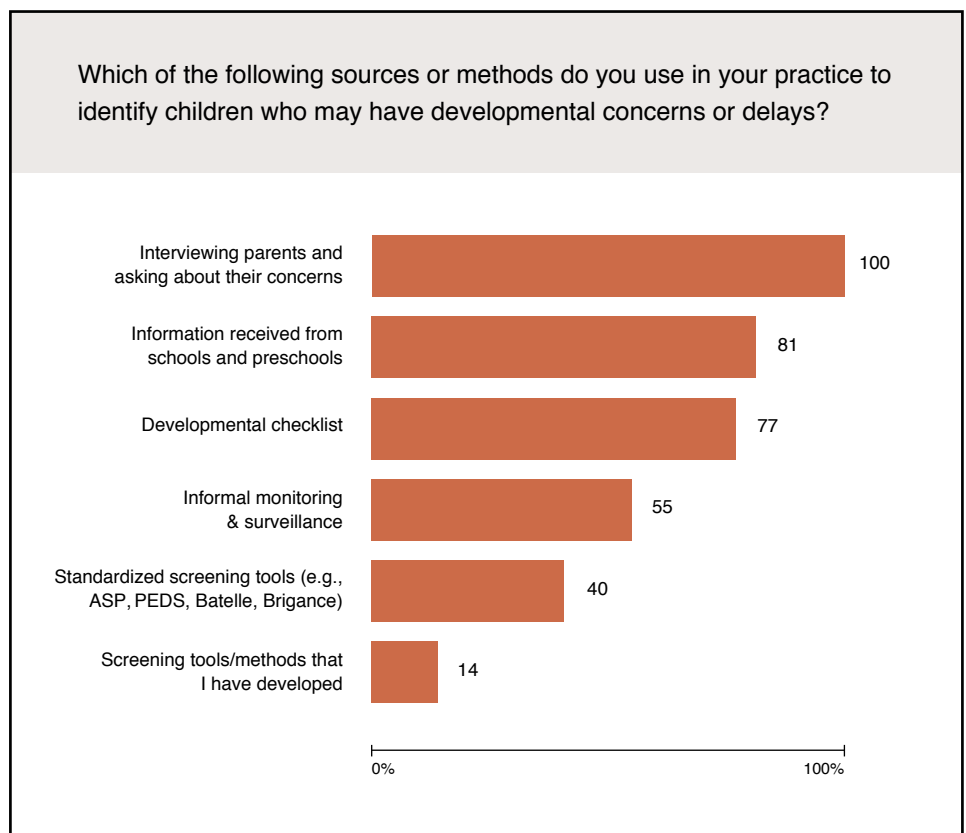
A follow-up question asked which of the standardized tools are being used. The responses listed by frequency of mention are:

- Ages & Stages Questionnaires® (23 responses)
- M-CHAT™ (10 responses)
- Denver (6 responses)
- PEDS (3 responses)
- There were 16 other responses for a wide variety of tools including: Bright Systems®; proprietary tools from Kaiser, and Sutter; Gesell; and the Bayley Developmental Assessment.

### Perceived Effectiveness of Current Screening Methods or Tools

The local health care providers were given a list of methods and tools used for detecting developmental issues or special needs and asked, “How effective do you believe each of these methods or screening tools is in detecting developmental issues or special needs?” In response to this question:

- 70% of those who completed the survey believed that interviewing parents about their concerns was “very effective” in detecting developmental



**Figure 1** — Methods used by Health Care Providers to Identify Developmental Issues

issues or special needs. An additional 30% felt this method was “somewhat effective.”

- 51% believed information received from schools and pre-schools was very effective in detecting developmental issues or special needs. An additional 44% believed this method was “somewhat effective.”
- 63% believed using a developmental checklist was very effective in detecting developmental issues or special needs and an additional 31% felt that this method was “somewhat effective.”

The timing and frequency of screening depended on which tool the health care providers used. The survey asked health care providers specifically about the Ages & Stages Questionnaires® (ASQ) and the Ages & Stages Questionnaires®: Social Emotional (ASQ:SE). The ASQ are evidence-based screening tools that are recommended by FIRST 5 Santa Clara County and the Santa Clara County Mental Health Department.

- 27% said “yes” in response to the question, “Do you ever use the ASQ/ASQ:SE in your practice?”
- Of those who answered “yes” to using ASQ/ASQ:SE, 66% said they used it “when something raises a concern” and 45% said they used it “with all children at specific well-child visits.”

## Understanding the Child’s Development in the Family Context

Environmental and other stressors can also affect the development of infants and young children. These stressors can lead to difficulties in impulse control, attention, concentration, and ability to stick with a challenging task. Some of these stressors include:

- Low birth weight;
- Physical and developmental disabilities;
- Poor nutrition;
- Parental depression, substance abuse, or other mental health issues that interfere with the development of positive relationships with their child;
- Poverty;
- Domestic discord and violence; and
- Childhood trauma, abuse, and/or neglect.<sup>9</sup>

Of these stressors, maternal depression is particularly significant. Depression can affect a mother’s ability to provide a safe, nurturing, responsive environment that supports an infant and child’s social-emotional development.<sup>10</sup> Maternal depression affects two central parenting functions: the management functions of parenting and the fostering of healthy relationships. Child development research has found strong correlations between maternal depression and the cognitive, social-emotional and behavioral development of young children.<sup>11</sup>

## Developmental Screening Tools Utilized by Santa Clara County Health Providers

- **ASQ/ASQ:SE** – The ASQ (Ages & Stages Questionnaires®) is designed to be utilized in many settings and its simple directions and clear drawings help parents indicate their children’s skills in language, personal-social skills, fine & gross motor skills and problem-solving. The questionnaire takes 15-20 minutes to complete and 2-3 minutes to score. ASQ:SE (Ages & Stages Questionnaires®:Social-Emotional) assesses social-emotional areas including self-regulation, communication, autonomy, coping and relationships and takes 10-15 minutes to complete. Product information available at <http://www.brookespublishing.com/store/books/bricker-asq/index.htm>.
- **PEDS** – Parents’ Evaluation of Developmental Status screening and surveillance tool detects and addresses a wide range of developmental issues including behavioral and mental health issues. This tool takes 2 -10 minutes to complete and provides decision support. Product information available at <http://pedstest.com/>.
- **Denver** – Denver Developmental Screening Test II is used to screen and monitor children at risk for developmental problems. Conducted by physicians, it contains 125 Performance-based and parent report items in four areas of child development including fine motor-adaptive skills, gross motor skills, and personal, social and language skills. This tool takes 10-20 minutes to complete and is scored by the physician. There is concern that this tool is reported to miss children with developmental delays. Product information is available at <http://www.denverii.com/Denver II.html>.
- **M-CHAT™** – The Modified Checklist for Autism in Toddlers is validated for toddlers between 16 and 30 months to assess for risk for autism spectrum disorders. The 23 question inventory is completed by parents and can be scored in 2–3 minutes. Product information available at <http://www.firstsigns.org/downloads/m-chat.PDF>.
- **Bright Systems®** – Developed and utilized by Kaiser Permanente, Bright Systems® includes several tools for physicians and parents including a spreadsheet of health supervision guidelines, age-specific information for parents, health questionnaires, an age-specific risk assessment tool and Safety Questionnaires. Product info available at: <http://xnet.kp.org/permanentejournal/spring00pj/brightreview.html>.

*Information on the ASQ/ASQ:SE, PEDS and Denver Developmental Screening Test came from Developmental Screening and Assessment Instruments compiled by Sharon Ringwalt (May 2008) and can be found at [www.nectac.org/~pdfs/pubs/screening.pdf](http://www.nectac.org/~pdfs/pubs/screening.pdf). Information on M-CHAT™ and Bright Systems® can be found at the websites listed above.*

Mothers who are depressed may be less able to bond with, form strong attachments to, respond consistently to, or nurture their young children. Depressed mothers may lack the energy to carry out consistent routines, read to their children, or simply have fun with their children by singing, playing, and cuddling with them.<sup>12</sup> Depressed moms often have very limited verbal interaction with their children. The quantity and richness of language exposure in the young child is intertwined with social-emotional development. If mothers are not talking, children are likely to suffer delays in the development of skills like being able to understand and express emotions. Children become slow to learn and practice empathy. These are all important pre-requisites for being able to self-regulate — an executive function that is strongly correlated with school success.<sup>13</sup>

### **Maternal Depression can pose a serious risk to young children and is highly treatable**

To improve outcomes for mothers and children it is important to identify maternal depression early and have interventions that focus on improved parent-child relationships and parenting practices.

Depression is highly treatable and is responsive to a combination of cognitive and interpersonal treatment strategies, peer-to-peer support groups and medication. Early detection leading to treatment can reduce the effect of depression on women and young children.<sup>16</sup> However, low-income women and women of color are less likely to seek and have less access to treatment. Focus groups conducted with low-income women from multiple ethnic groups indicate that these women may be reluctant to seek treatment for many reasons. Some women think the way they feel is “just the way it is” and that their depression is a reflection of their life circumstances. Others may be concerned with the stigma associated with admitting they have a problem. Others worry that the depression may put them at risk for having their children taken away and placed in foster care. Lack of access to health insurance creates additional hurdles for low-income women seeking help and treatment.<sup>17</sup>

Nationally, approximately 12% of all women experience depression in a given year. Many factors increase a mother’s risk for maternal depression: a prior history of depression, a family history of depression, hormonal changes that occur during and after pregnancy, genetics, a lack of enough food in the home, poor housing conditions, lack of financial support, an uninvolved husband or partner, and/or the absence of a community network.<sup>14</sup>

Low-income women are disproportionately affected by depression. Estimates of prevalence of depression in low-income women doubles to at least 25% per year and this percentage varies in different studies of programs that serve low-income mothers. In one study of 17 Early Head Start programs, 52% of the mothers reported depressive symptoms upon entry into the program. Depression in low-income women often co-exists with other stressors such as substance abuse, domestic violence, and prior trauma. The cumulative impact of these stressors places the child’s social-emotional development at even greater risk.<sup>15</sup>

## **Parental Mental Health Screenings in Pediatric Health Care Settings**

Because of the importance of maternal depression and other environmental stressors that impact a young child’s development, we asked the Santa Clara County health care providers about parental mental health screenings in the pediatric health care setting. The responses are below:

- 82% strongly agreed with the statement, “The mental health of my patients’ parents plays a significant role in children’s healthy development.”
- 79% strongly or somewhat agreed with the statement, “I feel it is my responsibility to be looking out for mental health issues in my patients’ parents.”
- 71% strongly or somewhat agreed with the statement, “It is appropriate for pediatricians to be one avenue for screening for parent mental health.”
- 47% strongly or somewhat agreed with the statement, “I feel I have enough knowledge and training to conduct mental health screenings of the parents of my patients.”
- 79% reported they gather information about parental mental health issues, either for-

mally or informally. Of those, most reported using informal questioning of parents and caregivers — only 17% reported using a formal screening tool.

- 41% felt it is not feasible for pediatric providers to screen for parent mental health issues.
- 72% felt there are not enough local and appropriate resources to help parents who have mental health issues.
- 47% felt they were not familiar with available local services for helping parents who have mental health issues.

Figure 2 reflects how easy or difficult health care providers find it to detect different types of family concerns that could impact a child’s development.

## Barriers to Developmental Screening in Local Health Care Settings

To help identify strategies that will lead to universal developmental screening, the survey asked Santa Clara County health care providers to respond to a series of questions related to barriers to screening. Figure 3 (page 9) shows how they rated various issues that may create barriers to identifying and/or treating these issues in their practice.

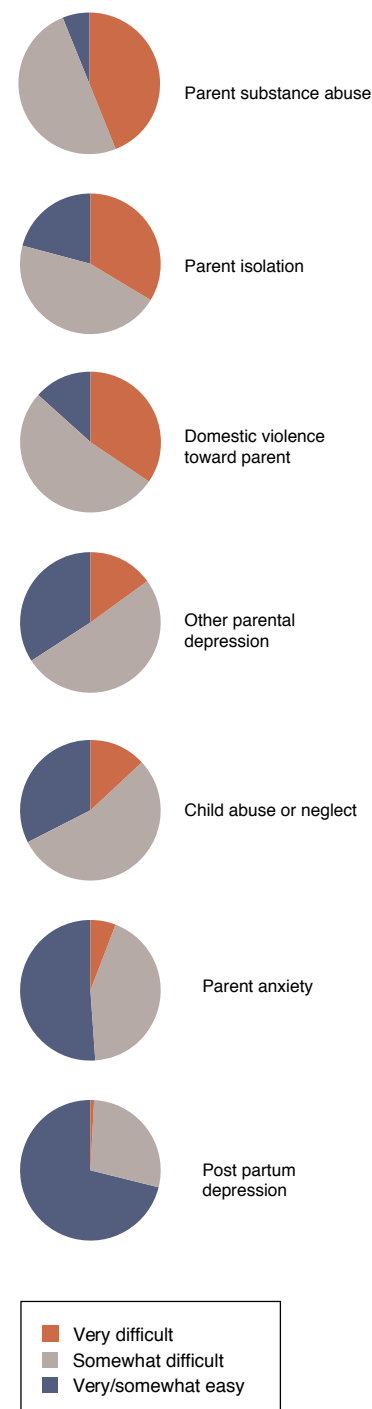
Having enough time to thoroughly screen a child is the biggest issue identified by 83% of the respondents. One respondent stated, “There are many, many, many recommendations for what we should do in each well visit and there is simply not enough time to do it all.” Another respondent stated, “To add even an at-home form that parents would fill out that required 10 minutes of physician time to score is not a viable option. If we had another level provider score this tool and provide us with the result(s) that would be great.”

Fifty-eight percent of the respondents felt there were too few services for treatment when issues are identified and 44% felt there were not enough education materials to share with parents. Related to this, 42% felt there were not enough materials in languages other than English. Forty-nine percent of respondents also expressed a concern about a lack of coordination across systems that serve children such as preschools, schools, and the regional center. Concern was also expressed about receiving feedback about the child once a referral is made. One respondent commented, “When we refer the patient, (if the patient gets seen) we are left out of everything.”

When asked what would be helpful to you in improving the care you provide:

- 82% said “More information regarding referral resources in my area.”
- 79% said “Simple education materials I can give to parents of my patients.”
- 74% said “Greater availability of materials (screening tools, parent information, etc.) in other languages.”
- 69% said “Assistance in improving collaboration and information-sharing across the different systems of care for young children.”
- 67% said “An easy to implement process for having parents fill out screening tools before visits.”
- 67% said “More information about recommended screening tools.”
- 39% said “More information about how to bill for screening procedures.”

**Figure 2 — Ease or Difficulty of Identifying Family Concerns as Reported by Health Care Providers**



## Moving Toward Universal Developmental Screening in Santa Clara County

Since 2006, FIRST 5 Santa Clara County has partnered with the Mental Health Department, County Office of Education, and a wide variety of community based organizations to implement a coordinated, community *Screening to Assessment, Referral and Treatment System (STARTS)* for children birth through age 5, especially for those children at risk of serious social/emotional, developmental, and behavioral delays.

FIRST 5 has made a significant investment in training a workforce of practitioners from different service systems to administer the ASQ/ASQ:SE developmental screening tool for families with young children. Currently, developmental screenings are conducted by trained staff in the Santa Clara County Superior Court system, FIRST 5's Power of Preschool sites, Head Start, the Child Welfare system, and through FIRST 5-contracted community based organizations.

STARTS includes the KidConnections Network of Providers, eight community based organizations located throughout Santa Clara County, that employ more than 65 professionals trained in the field of infant and early childhood development and behavioral health. The KidConnections Network receives screening results and provides assessment and treatment services. Additionally, the Infant NeuroDevelopmental (IND) Clinic at the Santa Clara Valley Medical Center provides neuro-developmental assessments for children under the age of one.

Access to the Santa Clara County STARTS system has been made simple for families who are not involved with the systems described above. A parent who has concerns about their child's development or behavior can call **1-800-704-0900** and get referred for a screening, assessment and treatment by any one of the KidConnections Network of Providers.

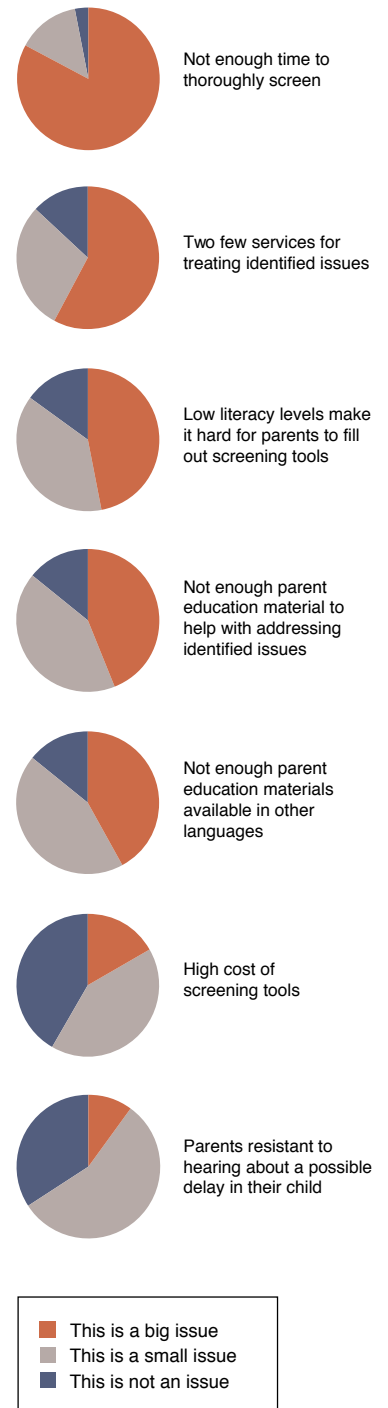
According to the California Health Interview Survey, fewer than half of Santa Clara County parents/caregivers have been asked by their child's doctor, health provider, or counselor if they had any concerns about their child's learning, development, or behavior. Additionally, only 24% of Santa Clara County parents/caregivers have ever filled out a questionnaire regarding their child's learning, development, or behavior.<sup>18</sup>

Since the developmental screening practices survey was conducted in 2010, local physicians have been moving towards a more systemized approach to developmental screening. For example, the Santa Clara County Valley Medical Center's pediatric department recently agreed to scan developmental screening results into children's electronic medical records.

Currently, FIRST 5 and its partners administer developmental screenings to families on paper forms. Recently, FIRST 5 embarked on a new project entitled the Computer Assisted Screening Initiative (CASI). CASI seeks to install computer tablets, uploaded with the ASQ and ASQ:SE software, within pediatric clinics. These computer tablets will further automate the screening process and make developmental screenings more engaging and user-friendly.

The implementation of the CASI addresses a number of barriers cited by pediatricians regarding in-office screenings and could exponentially increase the number of children who are screened for developmental delays. In addition, pediatricians will have immediate access to services for children identified with developmental and/or social emotional concerns. Most importantly, pediatricians can have more in-depth information on a child's development in order to refer them to the most appropriate intervention services.

**Figure 3** — Barriers to Developmental Screenings as Reported by Health Care Providers



## Conclusion and Next Steps: Changing Outcomes for of Santa Clara County Children through Developmental Screening

While most children are born healthy, there are obstacles that can compromise an infant or toddler's growth and development. When we are able to identify those obstacles early and provide a system of support to help the child and family, we can change the trajectory of life outcomes for the child. Children with developmental or behavioral issues who participate in early intervention programs prior to kindergarten are more likely to graduate from high school, avoid teen pregnancy, avoid delinquency and violent crime, be employed and living independently. The cost savings of these positive outcomes are estimated to be between \$30,000 to \$100,000 per child. For every dollar spent on early intervention there is an associated savings of \$7.00 to society.<sup>19</sup>

FIRST 5 Santa Clara County is setting the foundation to help support the implementation of universal developmental screening throughout Santa Clara County. Their approach includes building awareness of developmental screening in multiple settings such as strategically targeted medical settings that work with children who are high risk, publicly funded childcare centers, family resource centers and other community settings. Using the same screening tool in both medical and community-based settings will help parents and providers identify developmental challenges more quickly, and find more effective and timely interventions when appropriate. STARTS, KidConnections, training practitioners throughout the FIRST 5 system in the utilization of the ASQ/ASQ:SE, placing developmental screening results in children's electronic medical records, and the Computer Assisted Screening Initiative are all important actions that support the goal that all children in Santa Clara County receive regular developmental screenings.

In order to improve outcomes for young children, support their school readiness and eventual success in learning and life, it is important to maintain a continuously improving system of developmental screening and early intervention that can be activated to support children and families as soon as an issue is identified. The following recommendations will help with this goal:

### **1. Facilitate full implementation of the AAP Developmental Screening Guidelines and county-wide adoption of the ASQ/ASQ:SE as the screening tool of choice.**

Pediatricians and health care providers are a first line of support. According to the California Health Interview Survey (CHIS), in 2009, nearly 97% of children had health insurance and 86% had a routine health check-up within the past 12 months.<sup>20</sup> Developmental screening in the health care setting can be a particularly powerful strategy in Santa Clara County. Our investments in providing health insurance for children from low-income and immigrant families means even children from these traditionally underserved communities are seeing their doctor regularly.

### **Bay Area First 5 Recommendations for Policymakers Regarding Promoting Developmental Screening in Santa Clara County**

Bay Area First 5, a collaborative of the county First 5 Commissions from Santa Clara, Alameda, Contra Costa, Marin, Monterey, Napa, San Mateo, Santa Cruz, San Francisco, Solano and Sonoma, has developed recommendations for policy makers and communities. These include:

- Incorporate specific language into health care, early education, early intervention and child welfare regulations to ensure that all children receive regular screening according to the guidelines recommended by the American Academy of Pediatrics, including physical, cognitive, language and social-emotional development.
- Ensure through standards, financing, program accountability, etc. that pediatricians and other child services use appropriate, comprehensive methods to regularly screen for problems in development.
- Fund technical assistance and training for doctors and community service providers to support adoption of appropriate, comprehensive methods to regularly screen for problems in development.
- Ensure that children from vulnerable circumstances — children in the child welfare system — are connected to services that can assess their development and provide necessary services to address problems.
- Give parents the tools to act on concerns about their child's development.
- Engage local pediatricians, general physicians, child care providers, WIC and social service providers, and others in the community in monitoring child development.
- Ensure that local public agencies align with state and federal guidelines for delivery of developmental screening.
- Once a developmental concern has been identified, ensure that families receive assistance to find and access appropriate intervention services.
- Coordinate local screening activities to make and accept referrals, and training local United Way 2-1-1 helpline staff in the basics of developmental screening and referral. These actions will close the gap between the time a concern is first identified and when children receive services.

*From: "Developmental Screening, Bay Area First 5 Policy Brief." <<http://www.first5kids.org/files/Brief1.pdf>> Web. 18 May 2011.*

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In order to successfully implement universal developmental screening, we need to address the practical concerns that doctors have about both the screening and referral process by taking the following steps:

- Expand the community-based systems of early care providers who can help parents complete and score an ASQ/ASQ:SE and send those to the health care provider prior to the well baby/well child visit. This approach would have the added benefit of helping parents better understand their child’s development and more confidence in discussing issues with their health care professional.
- Build awareness of the existing community resources. Health care providers expressed concern about having the right places to refer families to when a developmental issue is identified, or when the provider thinks that the parents need additional support. Existing resources are not well-known — 72% of pediatric health care providers were unaware of 2-1-1 as a resource for providing referrals for parents and 67% percent were “not at all familiar” with KidConnections.
- Simplify the referral process when developmental or behavioral issues are identified. Some services are targeted only for low-income families and this increases the confusion about where to send families for more help. While FIRST 5’s work this past year has helped us make progress in this area, there is still need for a better referral and resource system.
- Establish systems to provide the health care provider with results of the referral process.
- Work with insurers and clinics to identify and address training, billing, and other issues that are current barriers to implementation of the AAP Guidelines and ASQ/ASQ:SE as the tool of choice.
- If shown to be effective, expand FIRST 5’s Computer Assisted Screening Initiative (CASI) and install computer tablets, uploaded with the ASQ and ASQ:SE software in pediatric health care settings throughout Santa Clara County.

**2. Help parents develop an understanding of how children grow and develop and how to seek support when their children’s development seems to be getting off track.**

- Develop educational materials in multiple languages that would help parents understand child development and direct parents to resources that will help them when they have a developmental concern.
- Provide outreach and prominent displays of materials that help parents get connected to screening, referral and other resources that will support their child’s development. This should include information about the impact of parental depression on child development and how parents can access mental health services. Place these displays in multiple settings such as pediatric health care clinics, child care classrooms, family support program offices, etc.
- Ensure websites such as 2-1-1, FIRST 5, school districts, the mental health department, and the San Andreas Regional Center. have information about access to developmental screening resources. Parents should be included in the design of these access points. It should be easy for parents who have concerns about their child to get help even if the parent does not use “developmental screening” language. Key words and questions should be developed that will get the parent to the right resource. These access points should be evaluated periodically in order to ensure accuracy and consistent messaging to parents.

Thanks to the efforts of FIRST 5 and its partners, we have made significant progress towards a universal developmental screening system. The implementation of these recommendations will take this system to the next level in order to help get all children in Santa Clara County on track for being safe, healthy, successful in learning and successful in life.

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## Acknowledgements

We would like to thank the following people who helped in this research and the development of this issue brief by reviewing and providing input to the design of the survey, distributing the survey to colleagues and health care providers and/or providing input to the final document:

**Janice Battaglia**, Santa Clara County Office of Education

**Dr. Lee Anna Botkin**, Santa Clara Valley Health & Hospital System

**Nancy Crowe**, Santa Clara County Office of Education

**Melanie Daraio**, FIRST 5 Santa Clara County

**Gabriela Deeds**, Santa Clara County Mental Health Department

**Jorge De Luna**, Community Health Partnership

**Howard Doi**, San Andreas Regional Center

**Dr. Heidi Feldman**, Stanford University School of Medicine

**Lynda Greene**, Educational Consultant

**Dr. Richard Greene**, Palo Alto Medical Foundation

**Dr. Lynne Huffman**, Stanford University School of Medicine

**Dr. Jay Jernick**, Stanford Family Practice

**Kathleen King**, Santa Clara Family Health Foundation

**Robert Kirkwood**, Bella Vista Foundation

**Julie Kurtz**, First 5 Santa Clara County

**Dr. Fernando Mendoza**, Stanford University School of Medicine

**Dr. Padmaja Padalkar**, Dept. of Pediatrics, Kaiser Permanente

**Jolene Smith**, FIRST 5 Santa Clara County

**Sherri Terao**, Santa Clara County Mental Health

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Endnotes:

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