



3 BY 3 DEVELOPMENTAL SCREENING PARTNERSHIP

A FIRST 5 SAN LUIS OBISPO COUNTY PROJECT

IMPACT OVERVIEW

WHY IS DEVELOPMENTAL SCREENING IMPORTANT?

- 1 in 4 children 0-5 are at risk for mental health, behavioral, or developmental delays
- Only 25% of children in Medi-Cal managed care were screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months before their first, second, or third birthday (DHCS 2020 Preventive Services Report)
- Early Intervention improves long-term developmental outcomes

► AB 1004, signed into law in 2019, stipulates that Medi-Cal providers adhere to the American Academy of Pediatrics' Bright Futures timeline for developmental screenings and use a **validated screening tool**.

PROJECT OVERVIEW

The 3 by 3 Developmental Screening Partnership (2019-2022) was funded by the San Luis Obispo County Behavioral Health Department using State of California Mental Health Services Act Innovation grant funds. The project tested methods for integrating early developmental screening into existing pediatric practices, providing children with three developmentally-appropriate screening encounters before the age of three years – at nine months, 18 months, and 24 or 30 months.

The project used the Ages & Stages Questionnaire, 3rd edition (ASQ-3) and the Ages & Stages Questionnaire: Social-Emotional, 2nd edition (ASQ:SE-2) questionnaire, standardized screening tools. Two methods for administering the tools were tested: self-administration by a parent/guardian prior to a pediatric visit and completion of the questionnaire with a health educator in the pediatric office. Two pediatric partners allowed for testing across demographics. Community Health Centers of the Central Coast (CHC) patients were primarily Medi-Cal members while Bravo Pediatrics patients mainly had private insurance.

PARENT FEEDBACK

"It has helped us focus on certain milestones, and ask questions in areas we are worried about."

"We are going to work on social and fine motor skills."

"We will get him into therapy and look into a possible autism diagnosis."

"It was reassuring to see his scores were in the normal ranges."

"I've never thought about fine motor skills before. And it made me think more about his behavior."

PROJECT OUTCOMES

- 2,000 ASQ-3 screenings
- 570 ASQ:SE-2 screenings
- 1,522 unduplicated children screened with the ASQ-3
- 517 unduplicated children screened with the ASQ:SE-2
- 22% of CHC ASQs and ASQ:SEs in Spanish
- Half of all children screened at Bravo Pediatrics with ASQ also screened with ASQ:SE
- At least 256 children were referred to additional services, including early intervention services, Help Me Grow support, and medical specialists

PROJECT FINDINGS

- 78% of parents/caregivers surveyed increased their knowledge of age-appropriate development
- 65% of parents/caregivers surveyed increased their knowledge of their child's social-emotional development
- Over 1/3 of parents/caregivers surveyed planned to do something different with their child based on their learning
- Pediatricians valued mental health screening and developmental screening
- A hybrid, flexible model for administering the developmental screening works best
 - While the Health Educator Encounter allows the greatest initial engagement, many parents preferred the Parent/Guardian Self-Administration method. Combining self-administration with the option for a Health Educator encounter and a phone number to call with questions appears to be the most responsive for families
 - Active dialogue/anticipatory guidance by the pediatrician during the well-child visit can also provide engagement for families
 - The screening method did not influence the referral type due to the workflow process of each clinic

POTENTIAL NEXT STEPS FOR FIRST 5 SLO COUNTY AND PARTNERS

1. COMMUNICATING 3 BY 3 FINDINGS AND ACCOMPLISHMENTS

2. SUPPORTING SCREENING ADOPTION WITHIN THE PEDIATRIC COMMUNITY

- a) Convening a Pediatric Town Hall and planning additional trainings/convenings
- b) Continuing to support institutionalizing screenings in pediatric settings
- c) Continuing to provide parent engagement materials to pediatric offices
- d) Conducting an updated audit of pediatric screening practices countywide

3. STRENGTHENING THE NEW HELP ME GROW CENTRALIZED ACCESS POINT (CAP)

- a) Working to expand referral information for pediatric offices and child care/early education providers
- b) Building connectivity between pediatric practices and the CAP (re: best ways to use CAP supports, when to refer to CAP, updated list of referral options, etc.)

4. ENGAGING FAMILIES AND CHILD CARE EARLY EDUCATION PROVIDERS

- a) Conducting parent outreach on developmental milestones and the importance of developmental screening
- b) Educating informal child care providers (family, friends, and neighbors) about developmental milestones and developmental screening
- c) Working with partners to increase training on and distribution of health literacy educational materials to child care/early education providers and to parents

5. PURSUING POLICY AND SYSTEMS CHANGE WORK

- a) Working with CenCal Health to increase screening goals and outcomes for Medi-Cal members and related support for providers
- b) Investigating ways to expand early intervention services
- c) Working with state partners to support potential legislative remedies to low private insurance reimbursement rates for developmental screening